At the breaking point

America’s emergency departments (EDs) are in crisis. Crowding, delays and diversions have increased to epidemic proportions. ED visits account for 11% of outpatient encounters, 28% of acute care visits, and 50% of hospital admissions.¹

Visits by older patients are often viewed as a driving force in demand for emergency care. While the data does not predict that the aging of the population will cause the number of ED visits to increase any more than would be expected from population growth, it does predict increases in ED visit lengths and hospital admissions from the ED to increase 23% faster than population growth by 2050.²

Slower throughput times mean waiting and boarding times increase. This leads to sub-optimal nurse to patient ratios, jeopardizing quality, safety, and patient satisfaction. Contributing to all of these problems is complex patients being sent home only to return again and again; or, seriously ill patients being readmitted for the same issues.

VITAS transitions your sickest patients

ED studies show that “treat and release” visits are more likely to result in fragmented care after discharge and can contribute to duplication of services, medication errors, conflicting care plans, higher costs and patient distress.³

Appearing in the ED more than once in a month for the same terminal diagnosis or condition is an indicator that the patient may need to transition to hospice care. For terminally ill patients, hospice can eliminate futile visits to the ED, extending their continuum of care and keeping them home.

When you refer a patient to VITAS Healthcare, we alleviate congestion by transitioning patients directly from the ED, before admission or aggressive treatment occurs. Our support reduces rehospitalization, lowers unreimbursed hospital admissions and frees up ED resources for appropriate patients. We keep your beds turning.

VITAS provides:

- An interdisciplinary hospice team—physician, nurse, hospice aide, social worker, chaplain, volunteer
- 24-hour access to VITAS staff who can answer questions and dispatch a team member to the bedside immediately
- An average of five-plus visits per patient per week
- Admission of clinically complicated patients, (e.g., full code, feeding tube, ventilator, BiPAP, Dobutamine cardiac drip, and palliative dialysis) for symptom relief

² Pallin DJ. “Population Aging And Emergency Departments: Visits Will Not Increase, Lengths-Of-Stay And Hospitalizations Will.” Health Affairs 2013. 32; no.7: 1306-1312.

Sources: National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey (NHAMCS. Note 2 in text); and Bureau of the Census

Notes: At each future time point, the change in each parameter relative to 2009 is compared to the change in population. As discussed in the text, the increase in hospital admissions is not due to shifting of admissions from other sources to ED-to-hospital admissions but rather constitutes new hospital admissions, as a result of the aging in the population.
Everyone benefits from a VITAS collaboration

The patients
Not every ED patient is hospice appropriate, but our clinical admissions nurses work with your staff and the patient and family to determine the best level of care, alleviate suffering and improve quality of life. Collaboration with VITAS creates compassionate care choices for your end-of-life patients.

The emergency department
VITAS expands alternatives for transitioning end-of-life patients. As a result, your patients are better served, and your ED becomes more efficient and responsive.

The hospital
Improving throughput and reducing rehospitalizations decreases the average length of stay for the sickest patients, lowers unreimbursed hospital admissions, and saves hospitals money. The Medicare Hospice Benefit mandates four levels of hospice care so your hospital can achieve those goals.

VITAS provides all four levels of hospice care
• Routine home care
• Intensive Comfort Care® (continuous care)
• Inpatient care
• Respite care

*When medically appropriate, VITAS can provide shifts of hospice staff for a brief period to help the patient remain at home through a difficult time, rather than transferring the patient to a hospital.

Discharge to home? Or discharge to VITAS? VITAS Breaks the Cycle

A referral to VITAS expands alternatives for transitioning your end-of-life patients.
Download Our App on Your Smartphone

- Provides immediate access to hospice clinical criteria
- Offers one-touch referral capability
- No referral paperwork
- Puts you in immediate contact with a VITAS hospice admissions professional if you prefer

Go to VITASapp.com

Contact your local VITAS representative for more information.

To refer a patient call 800.93.VITAS

VITAS.com/referral  

VITAS Healthcare