Attestation of Compliance
Health Care Authority
Olympia, Washington

Best practices to reduce unnecessary emergency room visits, as provided for in the Third Engrossed Substitute House Bill 2127.

I attest that our hospital adopted processes that meet the requirements (as described in the attached checklist) for the seven best practices to reduce unnecessary emergency room visits. I understand that my hospital's performance measures are public information and may be posted on the Health Care Authority and Washington State Hospital Association websites. As a member of the hospital's executive leadership, I am authorized to make this statement on behalf of our hospital.

Name Printed: _____

Signature: _____

Title: _____

Email Address: _____

Telephone: _____

Name of Hospital: _____

Date: _____

Please return this attestation and checklist, making sure you have checked each of the seven boxes on the Best Practices Checklist and have filled in the requested information.

Please return by June 15, 2012 to:

Health Care Authority
Attn: Thuy Hua-Ly
PDF: thuy.hua-ly@hca.wa.gov, or
Fax: 360-586-9551, or
U.S. Mail: P.O. Box 45502, Olympia, WA 98504-5502

Also, please fax or e-mail a PDF of the entire packet to the Washington State Hospital Association, Attn. **Barbara Gorham**, Policy Director, Access, at **barbarag@wsha.org** or fax to **206-577-1908**.

If you have any questions, please contact Barbara by e-mail or by telephone (**206-216-2512**).

Best Practices for Hospitals to Reduce Unnecessary Use of the Emergency Room by Medicaid Clients

As provided for in HB2127

Goal: Implement best practices in Washington emergency rooms for Medicaid clients, with the support and assistance of their emergency department (ED) physicians. The goal is to have hospital attestations on implementation of the best practices received by June 15, 2012.

A) BEST PRACTICE: ELECTRONIC HEALTH INFORMATION

Expectation: Adoption of an electronic system on a regional or statewide basis to exchange patient information among emergency departments of participating hospitals.

Process for hospitals to comply:

- Hospital has an electronic health information system to share information with other participating hospitals in the region or across the state. The system must identify patients with high utilization of the emergency department, including patients enrolled in the state's Patient Review and Coordination (PRC) program, so the information can be used to inform treatment.
- Exceptions are allowed in the following circumstances:
    - An electronic health system does not need to be implemented by June 15, 2012 if a purchase order has been completed and the hospital can attest that the electronic health system is expected to be operational prior to October 1, 2012. *Any hospital using this exception must forward its purchase order along with this attestation.*
    - Critical Access Hospitals (CAHs) are not required to purchase an electronic health system if doing so would pose a financial burden. Any CAH using this exception will work with the Emergency Department Workgroup to develop an alternative system. *Any CAH using this exception must forward its financial justification along with this attestation.*
- Hospital has a process to integrate the information from this electronic health information system into the hospital's system for providing care in the emergency department.
- Hospital has a process to generate data and reports from the electronic information system on ED utilization that can be shared with the Emergency Department Workgroup, composed of representatives of the Washington

State Hospital Association, the Washington State Medical Association, the Washington State Chapter of the American College of Emergency Physicians, and the state Health Care Authority.

- If the information system has not already been in use, hospital has an implementation plan that explains how ED personnel will be trained to use the system and trained on how to integrate the information into ED operational procedures.
- Hospital has processes to:
    - Identify frequent users at time of presentation to the emergency room (ER). ("Frequent users" include both Medicaid patients who have visited the emergency room five times or more in the past twelve months, as reported by the electronic health information system required by Best Practice "A," and Medicaid clients enrolled in the Patient Review and Coordination program); and
    - Ensure every hospital within the participating information network has access to treatment care plans for the patients in the information system.
- Hospital has a system of quality assurance and intervention and can routinely identify, report, and correct cases of noncompliance with this best practice.

☐ BEST PRACTICE "A" MET.

B) BEST PRACTICE: PATIENT EDUCATION

Expectation: Active dissemination of patient educational materials produced by the Washington State Hospital Association, Washington State Medical Association, and the Washington Chapter of the American College of Emergency Physicians which instructs patients on the appropriate settings for health care.

Process for hospitals to comply:

- Hospital has an education plan for emergency room users, which includes:
    - Active dissemination of educational materials instructing patients on the appropriate settings for health care services. These education materials are provided either at arrival or included with the patient's discharge instructions with brochures prominently displayed in the emergency department; and

- Hospital emergency department physicians' participation in a training on how to educate patients to help them choose an appropriate care setting. The Washington Chapter of the American College of Emergency Physicians will disseminate a presentation for ED directors which can be used to educate physicians.
- Targeted educational efforts for frequent users by emergency department physicians and/or other emergency department staff on appropriate care settings;

- Hospital has a system of quality assurance and intervention and can routinely identify, report, and correct cases of noncompliance with this best practice.

☐ BEST PRACTICE "B" MET.

C) BEST PRACTICE: PRC CLIENT INFORMATION

Expectation: Designation of hospital personnel and emergency department physician personnel to receive and appropriately disseminate information on Medicaid clients, including a list of clients enrolled in the Patient Review and Coordination (PRC) program and monthly utilization reports for those clients.

Process for hospitals to comply with this expectation:

- Hospital has designated a person to receive the PRC client list. The name, title, and contact information of the person to receive the list is:

  Name: _____

  Title: _____

  Email Address: _____

  Telephone: _____

- Hospital has processes to:
  - Identify frequent users at time of presentation to the emergency room. ("Frequent users" are defined as patients who have visited the emergency room five times or more in the past twelve months, as reported by the electronic health information system required by Best Practice "A," and Medicaid clients participating in the Patient Review and Coordination program); and
  - Disseminate PRC client list to appropriate hospital personnel;

    - Ensure that the most up-to-date PRC data is used by staff working with patients; and
    - Ensure care plans for PRC clients are available to ED practitioners.
- Hospital has identified the appropriate physician or hospital leader to coordinate care for the PRC patients, with a focus on communication with the assigned primary care physician. The name and contact information of this person is:

  Name: _____

  Title: _____

  Email Address: _____

  Telephone: _____

- Hospital has a system of quality assurance and intervention and can routinely identify, report, and correct cases of noncompliance with this best practice.

☐ BEST PRACTICE "C" MET.

D) BEST PRACTICE: PRC CLIENT CARE PLANS

Expectation: A process to assist Medicaid clients enrolled in the Patient Review and Coordination (PRC) program with their care plans. The process must include documented efforts to make an appointment for a PRC client to see the assigned primary care provider within a maximum of 72-96 hours of the client's emergency room visit when follow-up by a primary care provider is appropriate under the client's care plan.

Process for hospitals to comply with this expectation:

- Hospital makes documented efforts to contact the assigned primary care provider at the time the PRC client visits the emergency room.
- When a follow-up visit by a primary care provider is appropriate, hospital makes documented efforts to make an appointment with patient's assigned primary care provider within a maximum of 72-96 hours.
- When no contact was made at the time of the emergency room visit and no follow-up visit with the primary care provider is needed, hospital makes documented efforts to notify the assigned primary care provider within maximum of 72-96 hours that a visit occurred.

- Hospital relays any issues regarding barriers in access to the assigned primary care provider for a PRC patient to the Health Care Authority. The Health Care Authority will provide hospitals with the name of a staff member to contact. Hospital has a system of quality assurance and intervention and can routinely identify, report, and correct cases of noncompliance with this best practice.

☐ BEST PRACTICE "D" MET.

E) BEST PRACTICE: NARCOTIC GUIDELINES

Expectation: Implementation of narcotic guidelines that incorporate the Washington Chapter of the American College of Emergency Physician (ACEP) guidelines.

Process for hospitals to comply with this expectation:

- Hospital, along with its emergency department medical staff, has developed and adopted narcotic guidelines consistent with ACEP guidelines, including policies and procedures for the prescribing and monitoring of narcotics.
- Hospital's narcotic guidelines include directing patients to primary care and/or pain management services (including telemedicine consultation when available).
- Hospital emergency room prescribers' participation in training about the narcotic guidelines. The Washington Chapter of ACEP will provide a presentation to ED directors which can be used to educate prescribers about this requirement.
- Using its own internal data and that provided by the Health Care Authority, hospital staff provides education with any prescriber who excessively prescribes narcotics and/or is non-compliant with the adopted narcotic guidelines.
- Hospital has a system of quality assurance and intervention and can routinely identify, report, and correct cases of noncompliance with this best practice.

☐ BEST PRACTICE "E" MET.

F) BEST PRACTICE: PRESCRIPTION MONITORING

Expectation: Physician enrollment in the state's Prescription Monitoring Program. (The prescription monitoring program is an electronic online database used to collect data on patients who are prescribed controlled substances.)

Process for hospitals to comply with this expectation:

- Hospital ensures that 75 percent of its emergency department prescribers are enrolled in the state's Prescription Monitoring Program by June 15, 2012, with a goal of 90 percent enrolled by December 31, 2012. (This assumes the Prescription Monitoring Program remains functional.) Hospital asks its prescribers during enrollment to identify themselves with the hospital.
- Hospital will maintain documentation for its emergency room prescribers of enrollment by June 15, 2012 and an updated set by December 31, 2012.
- Hospital will educate and encourage members of the medical staff to enroll in and actively use the Prescription Monitoring Program.
- Hospital has a system of quality assurance and intervention and can routinely identify, report, and correct cases of noncompliance with this best practice.

☐ BEST PRACTICE "F" MET.

G) BEST PRACTICE: USE OF FEEDBACK INFORMATION

Expectation: Designation of a hospital emergency physician and hospital staff responsible for reviewing the state's Medicaid utilization management feedback reports and taking appropriate action in response to the information in the feedback reports.

Process for hospitals to comply with this expectation:

- Hospital has designated a quality manager and ED medical director or, when not available, an emergency room physician to receive and monitor these reports. The names, titles, and contact information of these people are:

  Quality Manager

  Name: _____

  Title: _____

Email Address: _____

Telephone: _____

ED Medical Director or, when not available, ER Physician

Name: _____

Title: _____

Email Address: _____

Telephone: _____

- Hospital agrees to acquire and report specified information in a timely manner to support the tracking of metrics that measure the success of the best practices identified above. Specific information metrics will be developed by the Emergency Department Workgroup, composed of representatives from the Washington State Hospital Association, the Washington State Medical Association, the Washington Chapter of the American Academy of Emergency Physicians, and the state Health Care Authority.
- Hospital has a plan which states how the information in the feedback reports shall be disseminated and integrated into emergency department practices.
- Hospital has a system of quality assurance and intervention and can routinely identify, report, and correct cases of noncompliance with this best practice. Hospital involves executive-level leadership, from both the emergency department and the hospital, in the system of quality assurance and corrective action.
- Hospitals will affirm that they have in place written policies, procedures, or guidelines to implement these best practices and are willing to share them upon request.

☐ BEST PRACTICE "G" MET.