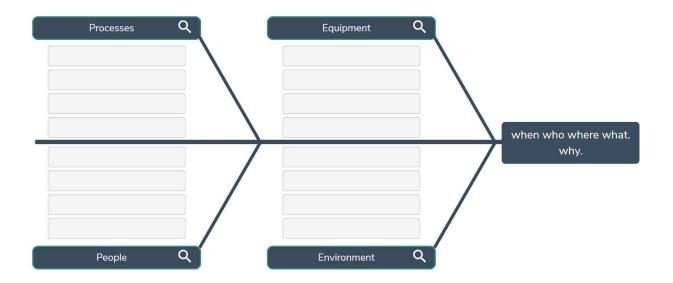
Reducing Preventable Emergency Department (ED) Visits

Problem Statement	Root Causes
Certain patients may be at high risk for ED visits and/or hospitalization	 Some patients have multiple comorbidities (e.g., COPD, need for supplemental oxygen, etc.) There is no formal process for risk stratification

Measurement:

- Baseline calculations:
 - How many patients with stage III or IV NSCLC are receiving active treatment (active treatment plan with chemotherapy, targeted therapy, immunotherapy, or radiation therapy) at the cancer center each month?
 - How many of those patients are making ED visits each month?
 - How many of those patients are being hospitalized each month?
- Identify the patients who made ED visits and/or were hospitalized; review their charts to answer the following questions:
 - What were their symptoms and/or diagnosis for ED visit and/or hospitalization?
 - What were their patient characteristics? (e.g., age, # and types of comorbidities, types of cancer treatment, etc.)
 - What proportion of these patients called the cancer center before going to the ED?
 - What could have been done to prevent the ED visit and/or hospitalization?
 - What proportion of these patients were readmissions to the hospital?
- Look for patterns or trends in the data

Discuss causes and effects:



Aim Statement (example):

• Over the next <xx> months, we will reduce ED visits by <xx%> among patients with stage III or IV NSCLC who are receiving active treatment at the cancer center

Potential Solutions

- Identify high-risk patients and provide more intensive care coordination, navigation, and symptom management
- Identify key risk factors (eg, socioeconomic, types of comorbidities, etc.) that may help the cancer team identify patients who are at greater risk for adverse reactions

This data collection sheet is a resource from the ACCC educational initiative, Fostering Excellence in Care and Outcomes in Patients with Stage III/IV NSCLC.