# Nurse Practitioner Can Reduce Unnecessary ER Visits

Adding a nurse practitioner (NP) to a busy hospital staff can decrease unnecessary emergency department visits, according to a study published in the latest issue of *Surgery* by researchers at Loyola University Health System. Researchers found that the nurse practitioner reduced ED visits by improving the continuity in care and troubleshooting problems for patients. The addition of an NP also resulted in an improved use of resources and financial benefits for the health system.

“This study demonstrates the important role that nurse practitioners have in our increasingly complex healthcare system,” said senior author Margo Shoup, MD, FACS, Division Director of Surgical Oncology, Loyola University Health System. “With resident work restrictions and changes in reimbursement, the addition of a nurse practitioner to a busy practice can fill a void and maintain communication and care after a patient is released from the hospital."

This study evaluated the addition of an NP to a department with three surgeons. Patient records were analyzed one year before and one year after the NP joined the staff. The two groups were statistically similar in age, race, type of surgery, length of hospital stay and hospital re-admissions. Patients were tracked after they were sent home from the hospital to determine how many unnecessarily returned to the ED. Researchers defined this as an ED visit that did not result in an inpatient admission.

Mary Kay Larson, BS, MSN, CNN, APRN-BC, is the nurse practitioner who was involved with this study. She communicated with patients and coordinated their discharge plan. Telephone conversations with patients increased by 64 percent during this time. Visiting nurse, physical therapy or occupational therapy services also increased from 25 percent before Larson joined the department to 39 percent after. These services resulted in significantly fewer unnecessary ED visits (25 vs. 13 percent) after she was involved.

“The major decrease in ED visits was due in large part to the communication I had with patients after they left the hospital,” Larson said. “I routinely checked on their progress and responded to their concerns by ordering lab tests, calling in prescriptions and arranging to care for them in the outpatient setting to maintain continuity in treatment."

In 2003, resident work hours were restricted to 80 hours per week by the Accreditation Council for Graduate Medical Education. Hospitals have had to make adjustments to ensure patients continue to receive the best possible care. LUHS found that adding an NP to this department helped to accommodate this change without jeopardizing patient care.

“Hospitals must continue to adapt to the changing healthcare environment,” said Dr. Shoup, who also is an associate professor in the Department of Surgery at Loyola University Chicago Stritch School of Medicine. “The addition of a nurse practitioner clearly represents a way that we can adjust to meet the increasing demands of patient care while we are being asked to do more with less."

Additional LUHS investigators involved in this study included lead author Lourdes Robles, MD; Michele Slogoff, MD, FACS; Eva Ladwig-Scott, MD; Dan Zank, MD; Larson; and Gerard V. Aranha, MD, FRCSC, FRCSC.

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