Select Provider Survey Results
from Congregate Housing/Nursing Facility/Assisted Living
Facilities, Primary Care Physicians, and Urgent Care Centers
Regarding Interactions with Emergency Departments

July 2010

- 10 out of 13 primary care physicians (PCPs) indicated they are “sometimes” notified if their patient uses the ED; while only 3 indicated they are always notified.
- Only 3 out of 13 PCPs indicated they follow up with the ED after patient referral.
- Only 5 out of 13 PCPs indicated that the ED notifies them when follow up care is needed.
- Congregate Housing for the Elderly – “We do not have resident health information. As independent senior housing, we cannot monitor resident health in any way nor may we maintain health information about the residents. Further, we may only know about a trip the residents take to the ED if they tell us, or if the ambulance arrives when we are in the office, or if they call the emergency pager.”
- Congregate Housing for the Elderly – “We can say that the hospitals have improved (but only slightly) at understanding that when they discharge a senior back to their independent apartment, they are returning to an environment with no health or other support services.”
- PCP – ED doctors don’t get information or images of patient’s previous MRIs or CT scans and must administer them again, costing the system potentially thousands of extra dollars per visit.
- Urgent Care Center – “We do not have a formal policy regarding ER referrals. After examination by a physician, if it is determined to be appropriate, nursing staff calls 911 for transport to an ED. Which ED the patient is referred to is dictated by various factors, i.e., diagnosis, specific care needs, patient preference, etc.”