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## Case Study: FastBack™ Emergency

### Innovative Emergency Department Training Offers Alternatives to Opioids

**Problem:** A middle-aged man, John\*, experienced severe chronic back pain. His wife had driven him to a midwestern hospital's Emergency Department three times over six months. Each episode led to an MRI, surgical consultation, and a few refills of oxycodone

**Solution:** John's hospital implemented Haig et al. Consulting's FastBack™ Emergency procedures. This detailed and codified process aligns everyone from the ED's front desk and nursing staff to physicians and discharge planners in an evidence-based approach combined with patient education. FastBack Emergency creates hard-wired referrals to physical therapy or a physical medicine and rehabilitation (PM&R) physician where appropriate, so patients can be rapidly discharged from the Emergency Department with fewer narcotics and less imaging.

**Approach:** FastBack Emergency's physical therapy offers competent therapists proven processes and protocols that increase primary care physicians' trust in their services and improves throughput in the therapy department. The handoff from ED to PM&R was seamless and helped unravel the reasons why John kept seeking emergency care for non-life-threatening situations.

**Outcome:** John's sense of panic was eliminated, so he stopped going to the Emergency Department. His pain was less and his opioids were discontinued.

**Lessons Learned:** Most people who come to the ED with back pain have both red flags for dangerous disease and yellow flags for disability risk. These are often not filtered well. The basic idea of PM&R and physical therapy helping the Emergency Department seems simple, but the clinical, logistical, political, and financial processes take real time and energy. When health systems use Haig et al. Consulting's inexpensive package and experienced consultation, they avoid trial and error and save hundreds of hours of work.

*\*Names have been changed to protect privacy.*