



2026 Setting the Pace

Speaker Information Form



Lisa Kelly MSNL, RN, CEN

Speaker Biography:

Lisa Kelly, MSN, RN, CEN has over 38 years' experience as an RN. She began her career at New York-Presbyterian-Cornell as a new graduate nurse in Med/Surg and has worked throughout these past 3 ½ decades in Ambulatory, Peri-op, Endoscopy, Emergency (ED), School Nursing and Case Management. She has been a member of the New York State ENA and is Board Certified in Emergency Nursing (CEN) for over 30 years and a BLS-Instructor for the Cornell Campus Department of Nursing Continuing Professional Development. As an RN-Case Manager in the ED, she connected with the Patient Centered Care Committee for the Social Work/Case Management Department at Cornell to promote and implement patient and family centered care values, educate staff on HCAHPS and patient centered care initiatives at NYP, and improve the culture of the organization. One such initiative is the Super High Utilizer Care Management Initiative.

In her current role as an RN-Clinical Post Discharge Agent at NYP's Discharge Call Center, Ms. Kelly further practices the governing principles of patient-centered care through ensuring dignity and respect, information sharing, participation, collaboration, and coordination of care. At the Clinical Communication Call Center, Ms. Kelly provides consultation, education, and strategic guidance related to patient questions and health needs via telephone, email, or text and is responsible to provide accurate, safe and relevant information and support to the patients who are contacting New York-Presbyterian Hospital for advice or have been recently discharged.

2026 NYSENA Setting the Pace Conference Presentation

Super High Utilizers in the Emergency Department: “Are They Back Again?” ED High Utilizer Strategic Care Management Interventions

Super-high utilizers (SHU) visit emergency departments (ED) with high frequency compared with other ED patients. Healthcare spending attributed to this group is disproportionately high. Multidisciplinary interventions designed for SHUs are known to reduce ED visits, hospital admissions, and healthcare expenditures, along with improving patient satisfaction and quality of life.

A retrospective review was performed of all adult patients over the age of 21 presenting to our ED from January 1, 2017, to June 30, 2020. A final subset of 15 SHU patients were selected for intervention in the program. Our team of ED social workers, RN case managers, ED physicians and colleagues from specialty services, such as internal medicine, hem/onc, and psychiatry, developed care plans for these 15 patients identifying modifiable factors contributing to their SHU status, such as sociodemographic and health characteristics including age, number of comorbidities, housing status, psychiatric/substance abuse history, and absence of longitudinal care. The care plans were then shared with the frontline ED staff and documented in the electronic medical record (EMR) to ensure 24/7 accessibility and consistent implementation.

Prior to our intervention, this SHU cohort visited the ED a total of 1,095 times, with a yearly total ED encounter average of 56 visits per year and a hospital admission rate of 27 percent, totaling 992 occupied inpatient bed days. Our intervention resulted in a 69 percent reduction in total yearly ED visits, and a 74 percent reduction in total yearly hospital admissions, and inpatients occupied bed days over the 2.5-year study period.

Participant Learning Outcomes:

- Identify appropriate target patients to intervene.
- Develop individualized care plans.
- Activate care plan regardless of provider team or time of day.
- Provide these patients with links to outpatient and community resources.
- Decrease ED inpatient boarding, ED overcrowding and improve patient throughput.

Bibliography:

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