

Emergency Department (ED) Admission

- **Barriers:**

- ED may admit patients who are being sent for a specific procedure that does not require hospitalization (e.g., revision of placement of a G-tube)
- Case manager may not be in the ED 24/7 to initiate the utilization review process
- ED is on "status" (diverting patients)

- **Proposed Solutions:**

- Pre-arrange with physicians to schedule appointments for specific procedures, thereby avoiding unnecessary admissions
- Meet and greet sessions between nursing home (NH) and ED staff
- Inform ED, when on "status," that the patient being admitted was originally an inpatient in the same hospital

ED Stay

- **Barriers:**

- ED receives incomplete information from the NH
- ED staff may lack awareness of what can be done at the NH
- Limited time and resources at the ED often result in sending patients for inpatient stay rather than implementing an adjustment to their medical plan

- **Proposed Solutions:**

- **NH should be precise and concise when transmitting information about a patient via telephone (e.g., SBAR [Situation, Background, Assessment, Recommendation]) and avoid providing the triage nurse with the entire history. Complete paperwork should be faxed, while the following information should be provided over the telephone:**
 - Reason for ED visit; current symptoms; diagnosis; weight; allergies; changes in behavior or condition; attending physician's name; family contact; living will; isolation
- ED staff needs to be educated about the services that can be provided at the NH

ED Discharge

- **Barriers:**

- NH unable to gather information about the ED visit in a timely manner

- **Proposed Solutions:**

- Implement a procedure that ensures a verbal report is received from the ED on the day of discharge. Making follow-up calls the next day will enable the NH to receive the lab and imaging reports
- Meet and greet sessions to build personal relationships
- Involve NH medical directors (who also often treat patients in the hospital)