



## Agreement for Emergency Medicine care of Patients needing Placement

### **Background:**

The Emergency Department has patients present who are unable to be discharged home as a result of functional capacity and concerns over safety or ability to care for themselves. On occasion, these patients can be placed in acute rehab and/or skilled nursing facilities directly from the Emergency Department thereby bypassing unnecessary Observation status admissions to the Internal Medicine and Family Medicine services. The challenge to this practice lies in the requisite timely PT/OT evaluations and recommendations, establishment of funding, and logistics and availability of obtaining such a bed. These placements frequently require more than 24-48 hours which is an inappropriate duration of care under the Emergency Medicine services.

### **Opportunity:**

With PT/OT and Care Management commitment to timely evaluation and prioritization, a larger subset of patients may be placed directly from the ED to rehab and SNFs. The ED agrees to admit straightforward placement patients without acute medical issues to the ED Observation for a maximum of one night to reduce ED length of stay and reduce the burden on admitting services for non-medical admissions. In return, once the ED Observation time is up (at 5pm the day following an overnight stay), or as soon as it is clear that disposition cannot occur within the specified time-frame of this agreement using the assessment of Care Management, the appropriate inpatient hospitalist teams agree to promptly admit these patients to Observation status on their service.

### **Criteria:**

- 1) Patient has no acute medical issues requiring inpatient medical services or admission. Note: this assessment is made by ED attendings.
  
- 2) Disposition is believed possible with a single overnight stay in the ED Observation unit. At any time when Case Management is clear that this will not be possible (e.g. on a Saturday afternoon, or based on lack of funding), the patient shall be admitted to the appropriate inpatient service rather than be admitted to the ED Observation unit. Unnecessary delays in the admission process must be avoided.
  
- 3) Completion of PT/OT and Social Work arrangements are generally necessary by mid-day of the disposition day, with transportation to be arranged from the ED by 5pm. A consult to PT/OT, including a call to the Rehab Services ED cell phone (385-3663) between 8AM and noon, is required to guarantee a priority consult for disposition recommendations. All patients who have stayed overnight in ED



Observation who have not been placed by 5pm will be admitted to the appropriate hospitalist service.

4) No acute medical issues may exist which would require management and/or adjustment of chronic medications outside the expertise of the Emergency Medicine service. The emergency medicine providers will continue all chronic medications as appropriate while in ED Observation.

5) All patients in whom disposition is not made by 5pm following an overnight stay will be admitted by the most appropriate inpatient service, and this admission will be prioritized in consultation with the ED attending to take into account length of stay along with acuity.

A blue ink signature of Dr. Pope Moseley, consisting of several sharp, angular strokes.

Dr. Pope Moseley  
Chair, Dept. of Internal Medicine

A blue ink signature of Dr. Martha McGrew, featuring a large, circular loop at the top and several horizontal strokes below.

Dr. Martha McGrew  
Chair, Dept. of Family &  
Community Medicine

A blue ink signature of Dr. Steve McLaughlin, characterized by a large, stylized loop and a long horizontal tail.

Dr. Steve McLaughlin  
Chair, Department of  
Emergency Medicine