

BEST PRACTICES TO FACILITATE PROMPT ADMISSIONS

Best Practice Process Individuals with Behavioral Health Concerns requiring Hospital Level of Care Presenting in Emergency Departments March 6, 2008

Process

- Yes/No answer given promptly by Inpatient facilities regarding bed availability (include gender, age, and desired level of care) before clinical information presented
- Timeframes:
 - For initial call: *Immediate response as to bed availability*
 - To accept patient: *within 30 minutes*
- Inpatient units to be transparent regarding anticipated discharges
- Verbal presentation by ESPs consistent with written information
- Flexibility for Inpatient facilities to receive written material
- Inpatient facilities may need medical information in writing
- Decision to admit should not be based on the written material (should be the same as the verbal info)
- Different information is needed to make decision to accept patient from that needed for treatment purposes
- Hard copy of physical work-up with labs should be forwarded by ESP
- Inpatient facility able to accept patient and hold bed until information received
- Inpatient facility able to take clinical information before patient medically cleared
- Receiving facilities have clear internal guidelines re: when physician review is needed
- Schedule discharges before noon
- Weekend discharges when possible
- Notify ESP when beds are open

Inpatient Facility Staffing

- Designated Admissions staff
- Funneled to one person during the day with a beeper (individual who is off-unit)
- Admissions staff person authorized to say Yes
- Have established open, trusting relationships with referral sources

Process when first person unable to accept patient

- Have someone accessible for consultation re: nursing, medical, milieu concerns (Physician on-call, Nursing Administrator)
- Hospitals develop internal procedures regarding CQI for declined admissions
- A process for higher level of review when weekend/evening charge nurse declines admission
- Track admission refusal data for common patterns in difficulty accessing services.

ED/Medical Clearance

- Kids – approve admission without medical clearance whenever possible
- Consult *Medical Clearance Alert*

ESP

- ESP to report accurately verbally and in writing (consistency)
- Get written evaluation to Inpatient facility once completed
- Feedback loop to hospitals' administration about admissions/rejections
- Have updated information on patients delayed in EDs before making calls
- Utilize connections to ED to obtain updates
- Make the updated patient status information clearly visible on referral forms
- Meetings with ESP and Inpatient to develop relationships