

Reducing Length of Inpatient Stay (LOS) for Patients Needing Placement: *Placement Pathway v2*

- EM physician
 - Evaluates the patient and determines there is no medical necessity for admission/transfer but is unsafe for discharge
 - Consults PT/OT (inpatient eval) for skilled needs assessment
 - Consults Social Work for placement options
 - Places InterQual request (for utilization management assistance) for transfer/placement options
 - Notifies DEM AOD of “Placement Pending” patient
 - Message via Teams with the WikEM template for these patients
 - If between 7a-4p and no response within 60 minutes, text or call the AOD
 - AOD will review for appropriateness and forward the information to the service line leadership via the Teams Placement chat
- UM contacts the health plan for disposition assistance
- Once the case is reviewed by the DEM AOD, the ED team:
 - Between 7am – 4pm, transfer of patient care to IM inpatient teams as follows:
 - Sunday, Monday, Wednesday, Saturday - Teams 1-6 (call next admitting team)
 - Tuesday, Thursday, Friday -Team 7,8 (Call Hospitalist)
 - For patients empaneled to Family Medicine (Lomita or Wilmington clinics), call the Family Medicine service
- Required documentation:
 - *Place in observation* order – not *Admission to* order
 - Remainder of orders remain same as for Inpatient status
 - Daily progress notes
 - Discharge summary required
 - Discharge orders required
- Patient status/category “Placement Pending”
 - ED assigned SW and UM support responsible for post-discharge placement
 - ED UM x65091
 - ED SW x66990, p310-501-1735 (limited night shift coverage)
 - After 24 hours in ED bed on Placement Pending status, patient will be admitted as Inpatient. UM staff will track duration of Placement Pending status.
 - If the Medicine/Family Medicine service identifies acute illness for which they desire inpatient admission, service should communicate with UM.