



POLICY/PROCEDURE TITLE: Admission for Safe Disposition Awaiting Placement	
ENTITY: <input checked="" type="checkbox"/> CMHC <input type="checkbox"/> CMMC <input type="checkbox"/> CMMG <input type="checkbox"/> BRIDGTON HOSPITAL <input type="checkbox"/> RUMFORD HOSPITAL <input type="checkbox"/> BOLSTER HEIGHTS <input type="checkbox"/> RUMFORD COMMUNITY HOME <input type="checkbox"/> ELSEMORE DIXFIELD <input type="checkbox"/> SWIFT RIVER FAMILY MEDICINE FAMILY MEDICINE	
CATEGORY: Clinical Staff	ORIGINATION DATE: 12/10/2021
OWNER GROUP: Clinical Staff	PUBLICATION DATE: 12/10/2021

SCOPE

This policy applies to all Central Maine Healthcare facilities, practices, entities, and services (“CMH”) and all CMH team members.

PURPOSE

1. To provide a structured procedure for emergency medicine patients who do not have an admission-level diagnosis but nonetheless cannot be safely discharged. Often, these are elderly/debilitated patients who require placement in assisted living, skilled nursing, or memory care facilities. This does not include behavioral health patients who have received medical clearance but are awaiting crisis evaluation, psychiatric evaluation, or hospitalization.
2. To define the standard work, timeline, and service-line expectations for the management of complex discharge patients who do not meet hospital admission criteria.

STATEMENT OF POLICY

Given the exigencies of the post-acute care environment in Maine, many of these patients board in the emergency department for several days. This increases the risks of patient harm events, delirium, and is a significant source of patient and family dissatisfaction. Conversely, admitting patients at this level is problematic for the institution, as these patients often have long lengths of stay, thus reducing access for acute admissions.

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PROCEDURE/PROCESS

1. All patients who have had a completed emergency medicine evaluation, are medically suitable for discharge from the acute care environment, but nonetheless cannot be safely discharged home or to the referring institution, will be deemed a complex discharge patient
2. Checklist for Complex Discharge Patients: **To be performed by attending emergency medicine provider.**
 - a. Medication reconciliation.
 - b. Code status.
 - c. Diet.
 - d. PT/OT order.
 - e. Utilization Review.
 - f. Case Management consult.
 - g. COVID PCR test
 - h. For holds >24 hours or significant medical complexity: Hospital Medicine and Family Medicine consult.
 - i. Daily ED provider progress note.
3. The patient will remain in the emergency department for up to **72 hours**, during which time the case manager and medical team will endeavor to secure appropriate placement, home services, or alternative suitable discharge planning.
4. **At 72 hours, unless a post-acute care disposition has been secured, the patient will be admitted to the hospitalist or family medicine teaching service. In addition, a 72-hour COVID PCR test will be performed. The patient will be bedded to an inpatient unit when a staffed bed becomes available.**

DISCLAIMER STATEMENTS

Extenuating circumstances may necessitate deviation from the terms of a policy. It is understood that emergent situations may occur, which require immediate resolution. Where applicable, appropriate documentation should be created to support the necessity for such deviations.

CROSS REFERENCES

Covid Testing and Retesting Policy

REFERENCES AND SOURCES OF EVIDENCE

N/A

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REVIEW/APPROVAL SUMMARY

SUPERSEDES: N/A	
REVIEW/REVISION DATES <i>(dates in parentheses include review but no revision):</i>	
APPROVAL BODY(IES): Incident Command	APPROVAL DATE: 12/7/2021

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