



emergenuity

The Emergency Department Over-Crowding  
Management Company

# Inappropriate ED Admitting Practices

---

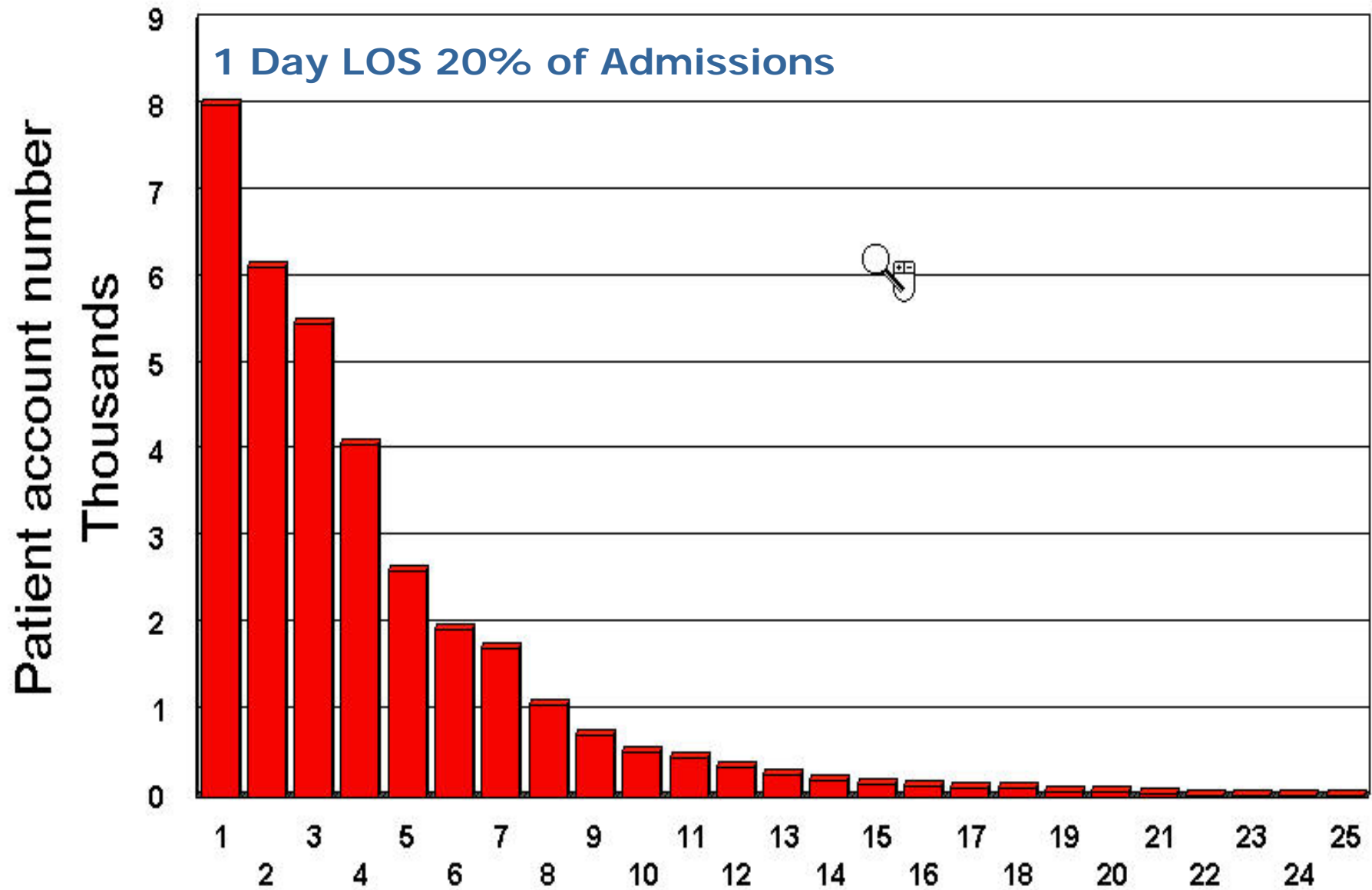
- Contribute to Emergency Department Over-crowding (EDO)
  - Misuse of hospital resources
  - Holding patients for admission
  - No Observation strategy so patients admitted
- Costs hospital money
  - Denials for short stays or too high level admits
  - Recovery Audit Contractors (RACs)
    - Recoup money for Medicare retrospectively
    - For admissions not deemed “medically necessary”

# Why the ED Is So Important

---

- 60-80% patients admitted from ED
    - 20% should not have been admitted
    - 20% are one day LOS
    - 35% were candidates for Observation
    - >30% admitted too high level of care
      - Creates risk of denial (medical necessity)
      - Retroactive payment through RAC program
      - Consumes one day LOS undoing miss-placement
-

# Length of Stay Distribution Chart 2005



# ED Physicians Control Admitting Practice

---

- Electronic ED Case Management Tool
    - Drives objective/accurate admit decision
    - Prints report in ED
      - Recommends admit/discharge and level of care
      - Lists clinical criteria supporting level of care
    - ED physician “sells” appropriate level
    - Collects data on admit physician over-rides
  - ED physicians control admit practice
    - “Gate Keeper” role
- 
- Help manage in-patient resources

# Patient Demographics

Date of Service 9/18/2006

Patient Account Number 100277

**OK**

Chief Complaint Fall

Patient Name Cresb Elizabeth

Date of Birth 11/12/1953

Age 52

Sex Female

# ED and Hospital Information

Weekday

Day

Weekend

Night

Case Manager Name Antoniotti, Maria

Primary Care Physician Ahlawat, Ranvir

Social Service Name Cowen, Rose

Admitting Physician Cauvin, Leslie

Patient presented from? Home

ED Treatment Area Main ED

ED Physician Singh-A (EDP)

Current Status of Patient  ER  Observation  Admitted

Demographics Suggestions

[Click Here for Next Page](#)

[Click Here to Go Back](#)

Find Other Record

# Clinical Information

Patient Account Number 100277

## Vital Signs

Temperature

98

Pulse

75

Respiratory Rate

18

Oxygen Sat

99

Systolic BP

138

Diastolic BP

66

## Critical Procedures or Intervention Required

Primary

Other

Secondary

Other

## Syncope/Arrhythmias

None

## EKG Interpretation

Normal (Negative EKG)

## Does Patient Have One of These Presumptive Diagnoses?

Chest Pain

## Additional Questions

Does the patient require a hospital stay greater than six hours for further treatment or monitoring?

Yes

No

Does the patient have risk factors or abnormal studies that require admission to med/surg?

Yes

No

## IV Inotropic, Antiarrhythmic, or Vasodilator Rx Required?

## Critical Lab Values

YES Click Here

If NO, please continue

Click Here for Next Page

Click Here to Go Back

# Critical Test Values

Patient Account Number

100274

## Abnormal Labs Values

WBC

Bands

HGB

HCT

Platelets

INR

PT

PTT

Troponin

LFT

ALT

Bilirubin

BNP

## Abnormal Chemistry Values

NA

K

CL

Bicarbonate

BUN

CR

Glucose

Lipase

Calcium

ETOH

## ABGs

ABG Time

ABG PH

ABG PCO2

ABG PO2

ABG HCO3

ABG Oxygen Sat

ABG O2 Administered

## Abnormal Radiologic Studies

CXR

CT

MRI

U/S

Other X-Ray

ECHO

Clinical Data Suggestions

[Click Here to Return](#)

[Find Other Record](#)



# ED Physician Instructions

Patient Account Number

100277

Patient Name

Cresb Elizabeth

Age

52

Patient does not meet admission criteria, but requires additional evaluation or testing.

Send Patient to:

**Observation**

# First Example Chief Complaint:

---

- Chest pain in 52 year old woman
    - Clinical criteria
      - Normal vital signs
      - Normal EKG
      - No “medical necessity” for admission
    - Report printed with ED physician instructions
      - Patient does not meet criteria for admission
      - But patient requires further evaluation or testing
      - Send patient to Observation Status
-

# Observation Status

---

- Diminishes ED Over-crowding
    - Avoid inappropriate admissions
      - Patients that should not have been admitted
      - One day lengths of stay
      - Patients admitted to too high level of care
      - Leaves resources for patients that need them
      - Decreases patients held in ED
  - Hospital avoids denials and RAC payments
    - Admitted patients meet “medical necessity”
    - Do not lose a day LOS undoing miss-placement
-

# Clinical Information

Patient Account Number 100277

## Vital Signs

Temperature  
98

Pulse  
75

Respiratory Rate  
18

Oxygen Sat  
99

Systolic BP  
138

Diastolic BP  
66

## Critical Procedures or Intervention Required

Primary  
Other

Secondary  
Other

## Syncope/Arrhythmias

None

## EKG Interpretation

EKG changes consistent with AMI

## Does Patient Have One of These Presumptive Diagnoses?

Chest Pain

## Additional Questions

Does the patient require a hospital stay greater than six hours for further treatment or monitoring?  Yes  No

Does the patient have risk factors or abnormal studies that require admission to med/surg?  Yes  No

## IV Inotropic, Antiarrhythmic, or Vasodilator Rx Required?

## Critical Lab Values

**YES** Click Here

If **NO**, please continue

[Click Here for Next Page](#)

[Click Here to Go Back](#)

# ED Physician Instructions

Patient Account Number

100277

Patient Name

Cresb Elizabeth

Age

52

The EKG interpretation indicates that this patient requires intensive care.

Send Patient to:

**Cardiac ICU**

# Second Example Chief Complaint

---

- Chest pain in 52 year old woman
    - Clinical criteria
      - Normal vital signs
      - EKG indicates AMI (heart attack)
      - Meets “medical necessity” for admission
    - Report printed with ED physician instructions
      - Patient meets criteria for admission
      - “EKG interpretation indicates need for CCU”
      - Send patient to Cardiac ICU
-

# Case Manager Follow Up

Patient Account Number

100277

Patient Name

Cresb Elizabeth

We recommended that the patient go to:

Observation

To which unit was the patient admitted?

Telemetry

Please rate the effort made by the ED physician to send patient to appropriate unit.

Average

Did admitting physician override?

Yes

No

Case manager agree with recommendation?

Yes

No

If No, what is your recommendation, and why?

Case Manager Documentation

Finish

Go Back

# Case Manager Follow-Up Creates Accountability

---

## Documents

- The tool's recommendation for level of care
- How well the ED physician "sold" the level
- The level selected by admitting physician
- Admitting physician over-rides

## In this case:

- Tool recommended Observation
  - Admitting physician selected telemetry
  - Patient admitted to 2 levels too high
-