

### Emergency Department (ED) Admission

• **Barriers:**

- ED not aware patient is receiving home health agency (HHA) care and does not ask about home health services
- HHA does not know patient is at the ED
- Patient does not know the contact information of the HHA and/or does not offer that information to the ED staff
- Patient and his/her family don't follow HHA Emergency Plan or don't understand it

• **Proposed Solutions:**

- ED should ask patient if they are receiving home health services - add a place on the ED form to collect that information (put a system in place)
- Meet and greet sessions between HHA and ED staff

### ED Stay

• **Barriers:**

- ED receives incomplete information from the HHA (e.g., medication list, recent laboratory results, change in patient status)
- ED staff may lack awareness of what can be done at home (e.g., the kind of home care services patients can receive from the HHA)
- ED unwilling to send the patient home (unsure if the patient can follow up with his/her primary care physician that day or the next, so they will admit the patient to the hospital)
- Limited time and resources at the ED often result in sending patients for inpatient stay rather than implementing an adjustment to the patient's medical plan
- Case manager may not be in the ED 24/7 to keep patients out of the hospital

• **Proposed Solutions:**

- Offer short-term stays in sub-acute care (if the patient was in the hospital within the past 30 days)
- ED notifies inpatient home care coordinator when a home health patient is in the ED
- ED should ask the patient if he/she is receiving home health services and obtain all information
- HHA should fax patient information to the ED when notified that one of their patients is in the ED
- Meet and greet between HHA and ED staff
- ED staff education should include:
  - Importance of preventing avoidable admissions
  - Needs of chronic care patients and the capabilities of home health

### ED Discharge

• **Barriers:**

- ED doctor is not comfortable prescribing home care because he/she would then be responsible for the patient's care at home and HHA can't follow general discharge instructions without orders (Medicare regulation). This can cause the patient to be readmitted. Necessary medication has not been ordered.
- Patient doesn't remember and panic/anxiety ensues. Patient doesn't notify the HHA, so the HHA doesn't know the patient was in the ED. Even if the HHA finds out, the patient's discharge information may not be comprehensive

• **Proposed Solutions:**

- Discharge reports should be faxed to the HHA for all home health patients that are discharged from the ED
- Meet and greet to build personal relationships
- HHAs should constantly re-educate patients regarding their emergency plan