First Point of Contact: U.R. in the E.R. – Getting Patient Status Right the First Time

July 23, 2015

3rd National Physician Advisor & U.R. Boot Camp

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U.R. Role in the E.D.

- Can be a wide scope – imperative to define role
- Can be pulled in different directions – discharge planning, e.g. rides home, setting up equipment, nursing home transfers, psychiatric placements
- If SW presence in E.D. – ensure differentiation of duties/responsibility
- Vital that U.R. have "physical space" in the E.D. – interact with Providers, nursing, EMT, other ancillary disciplines.
- Must be able to keep "pulse" on all activity in E.D.

Ideal U.R. Workflow in the E.D.

- Monitor patient activity occurring in the E.D.
- Identify patients that potentially need “hospital care”.
- Review/follow clinical presentation and findings/treatments of identified patients – follow care in E.D. until determination of disposition can be made.
- Apply appropriate level of care criteria, e.g. InterQual®/MCG.
- Once “decision to admit” is made – confer with E.D. and/or attending provider on appropriate status.

Conferring with Attending Provider

- U.R. staff – should confer with attending; ask appropriate questions – if patient can be placed as observation/outpatient in a bed when appropriate – if patient to be placed as "outpatient" status in hospital – develop process to notify patient/decision maker/
- Consider time element – anticipate care to cross 2 midnights?
- Be cautious about "recommending" status as this is Provider's decision but collaboration should occur.
- When Provider decides status differently than U.R. views patient – U.R. should ask for additional documentation and hand off to "floor" U.R. to follow.

Best Practices

- Establish collaborative practices with Social Work – if patient presents for social reasons; see if alternative plan can be developed and safe transition plan from E.D. can be developed.
- Develop rapport with EMT to notify of any social issues identified in the home.
- Set up triggers for readmissions – both 30 day and rapid readmissions - establish processes for evaluating patients.
- Develop "hand-off" mechanism for E.D. U.R. to floor U.R.

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