

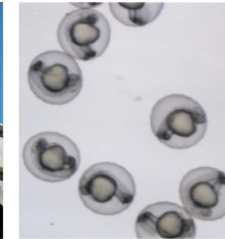
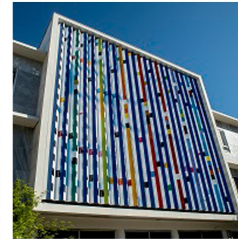
# Emergency Department & Care Transitions

## Overview and Education

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**UAB** MEDICINE



## Objectives

- Purpose, Role, and Scope of Care Transitions in the Emergency Setting
- What can a Care Transitions do for our patients?
- Care Transitions Documentation
- Psych vs. Medical – Who do I refer to?
- PES specific services
- Care Transitions On-Call
- Tasks and Time Expectations
- Communication Methods

# Purpose, Role, and Scope of Care Transitions in the ED

## Care Transitions as a Whole

- Linkage
- Advocacy
- Coordination/Collaborating
- Social Network interventions
- Resource Information
- Follow up
- Enhancing Cost-effectiveness, Quality and Safety

## Care Transitions in the ED

- Proactively plan for discharges and transfers
- Facilitate discharges back to the community
- Preventing social admission or readmissions
- Facilitating access to community resources
- Assisting with ED turnover/discharge

## RN Case Managers & Social Workers

- Needs assessments
- Medication assistance: Good RX, HR meds, patient assistance programs
- Ambulance transportation back to SNF/rehab
- Assessing for abuse/neglect (DHR/APS)
- Addiction Medicine referral to substance abuse treatment with Resource Recovery Center
- Suboxone: must enroll at UAB Main. (HED can give info for RRC and verify peer support)
- Path Clinic Referral
- Charity Care application assistance
- Domestic violence (SANE) assessment
- Community resource assistance:
  - Food pantries, soup kitchens, transportation packet, shelter and boarding home list, 211, LIHEAP application
- Info for veterans (Aid and Attendance)
- Can send referral to HHC/Hospice via Care Port (HHC must have PT/OT evaluation with referral)
- Referral for DME (Walker, RW, Nebulizer, etc.)
- Referral for infusion set up
- Home Wound Vac. Services, home oxygen, ostomy care and supplies
- Transportation arrangements
- Sexual assault
- Sex-trafficking
- Homelessness resources
- Placement and Home Services
- Clinical milestone dialogue with Attending
- Emotional support/reflective listening

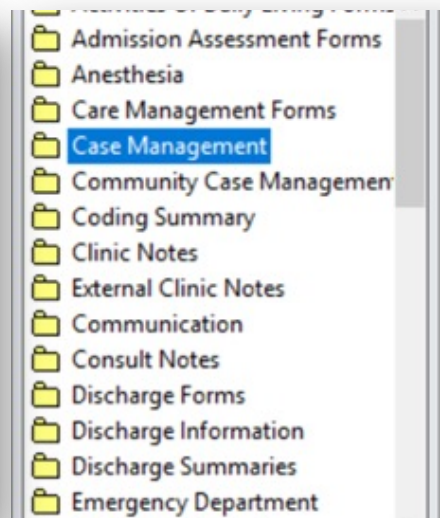
# Care Transitions Documentation Location

Bed	BiReg	AcName
POD8,66		PAINT, PAINT
POD8,66		QUESTION, QUESTION
POD8,66		RAISIN, RAISIN
POD8,66		SAND, SAND
POD8,66		TALK, TALK
POD8,66		URBAN, URBAN
POD8,66		VEHICLE, VEHICLE
POD8,66		WIZARD, WIZARD
POD8,66		XMEN, XMEN
POD8,66		YARD, YARD
POD8,66		ZINC, ZINC

**Select your patient**



**Reports and Documents**



**“Case Management” Folder**

Document
2/13/2023 20:25 CST Nolin, Michaela LMSW
2/7/2023 7:54 CST Wall, Mar
2/7/2023 7:53 CST Wall, Mar
2/6/2023 10:00 CST Wall, Ma
2/6/2023 9:40 CST Wall, Mar
2/3/2023 11:33 CST Wall, Ma
2/3/2023 8:47 CST Wall, Mar
1/31/2023 14:15 CST Smith, I
1/31/2023 14:12 CST Smith, I
1/31/2023 8:10 CST Wall, Ma
1/23/2023 9:50 CST Wall, Ma
1/23/2023 9:45 CST Wall, Ma
1/20/2023 10:15 CST Wall, M
1/17/2023 12:31 CST Wall, M
1/14/2023 14:16 CST Blackm
1/14/2023 14:16 CST Blackm

**Select the document you wish to review**

There should be recommendations made at the end of the note (which is usually listed as DC plans/recs).

# Psych vs. Medical

Who do I need to talk to?

Patient  
A

- Primary ED physician is Psych

PES

Patient  
B

- Primary ED Physician is Medical

Care  
Transitions

# PES Services

- Community Service Officer/Police Hold 353
  - (Requires mandatory psychiatry consult)
- Inpatient Psychiatric admission
- JBS Appointments

# Time Expectations for Tasks

\*See Spreadsheet\*



## On Call Available Tasks

- UBER transportation
- High Risk medications
  - No controlled substances
  - Must be picked up, in person, by onsite RN
- DHR/APS report
- Call boarding homes for patient pick up
- Mitigate emergent patient needs and provide recommendations for social service/resources to prevent a social admission
- Arrange transportation for dialysis patients admitted through the ED
- Arrange return transportation to post-acute care facilities

# Communication with Care Transitions Staff

## Vocera Groups:

- ED CARE TRANSITIONS – UED
- ED CARE TRANSITIONS – HED
- ED CARE TRANSITIONS – ON CALL

## Benefits:

- Vocera messages can be sent directly from your phone or a desktop!
- Safe and Secure
- Eliminates dependence on the ED Care Transitions Calendar!
  - Any staff member that is present will receive the group message and be able to reply.

\*If there are no “available” staff members in the UED or HED group use the On Call group\*

**Thank you!**