Barriers to Discharge - Escalation Criteria and Pathways (When Disagreement)

ED Pathways

Criteria	Example	Escalated By	Tier 1 Escalate To	Tier 2 Escalate To	Tier 3 Escalate To	Expected Action
Disagreement regarding patient's medical need for admission	Patient's medical needs could be met in outpatient clinics	Hospitalists or Care Management[1]	ED Medical Director and Chief of Hospital Medicine via Email or Phone Call	DOS (ED and Medicine) via Email or Phone Call	Chief Medical Officer[2] via Phone Call or Email	Discharge or Admission
ED Social Admit* none during 5PM-8AM (keep in CDU vs. place upstairs)	Patient has no medical criteria for hospitalization, but social/safety concerns	Hospitalists or Care Management[1] or ED Attending	ED Medical Director and Chief of Hospital Medicine via Email or Phone Call	DOS (ED and Medicine) via Email or Phone Call	Chief Medical Officer[2] (Risk/Legal involvement as necessary) via Phone Call or Email	Decision on Admission vs. Discharge

Notes:

- If no disagreement on a patient's admission, no escalation is necessary.
- When escalating, frontline staff will first escalate to their leadership prior to escalating up.
- If agreement is reached at a lower tier, no additional escalation is needed
- * ED Social Admit pathway will have a 20-hour maximum stay in the CDU to create a satisfactory discharge plan prior to placing patient in an inpatient bed upstairs

[1] Hospital Care Management: Nights and weekends will call on-call supervisor

[2] CMO: Nights and weekends escalation should go to the clinical backup and AOC

Hospitalized Patient Pathways

Criteria	Example	Escalated By	Tier 1 Escalate To	Tier 2 Escalate To	Tier 3 Escalate To	Expected Action
Patient has "safe" D/C options and refuses	Care Team recommends post-Acute placement, home health, hospice, that patient does not want or has an accepting facility, and they don't like/want it	Acute Care Charge Nurse, Attending Provider or Care Manager[1]	Nursing call Acute Care Director[2] Providers call DOS Care Management call HCM director[1]	Medical Director of Patient Flow/Care Management[3], DOS/chief of medicine, and ACNO[4] via email or phone call	Chief Medical Officer[5] and Chief Nursing Officer, Chief Financial Officer, and Chief Operating Officer via Phone Call or Email (if necessary, legal and risk)	D/C
Patient wants a choice we do not agree with	Patient wants to go "home", but Care Team recommends a higher level of care that the patient does not want	Care Management[1]	Attending via Secure Chat or Email	Medical Director of Patient Flow/Care Management[3] via Email	DOS and Chief Medical Officer[5] (Risk/Legal involvement as necessary) via Phone Call or Email	D/C
Any team member is recommending pursuing guardianship (do not start on weekends)	Provider/Nurse/Care Manager questioning Patient's capacity, and wants to pursue guardianship (prior to any guardianship letter being written)	Provider/Nurse/Care Manager[1]	Care Management Manager/Director[1] (to review for what options/barriers there are)	Chief Financial Officer, Chief Medical Officer[5], Chief Legal Officer (review options for decision medically, legally, financially)		Determine if guardianship should be pursued and patient remain in-house until that time or discharge

Notes:

- If agreement is reached at a lower tier, no additional escalation is needed
- For all Officer roles, a designee could be chosen instead. Frontline staff will escalate to their leadership first prior to escalating up.

[1] Hospital Care Management: Nights and weekends will call on-call supervisor
[2] Acute Care Nursing: Nights and weekends try director first, and if no answer, try clinical backup
[3] Medical Director of Flow/HCM: Nights and weekends contact clinical backup and AOC
[4] ACNO: Nights and weekends try ACNO first. If on vacation, whoever is identified as backup
[5] CMO: Nights and weekends escalation should go to the clinical backup and AOC