Non-Emergency Return to Hospital Prevention Protocol

- All non-emergency return to hospital discharges must review through the discharge Gate Keeper Program.
- All Return to Hospital discharges cannot be prevented. However, the center's goal is to ensure all appropriate interventions are implemented onsite prior to any hospital transfer, educate and develop protocols with attending physicians regarding the center's clinical capabilities, implement systems and protocols to reduce use of unnecessary emergency transport, and ensure the highest quality of care, services and clinically appropriate response.
- The Gate Keeper Program consists of the following:
    - Nursing completes a full assessment of each resident upon identification of a potential need for a discharge and prior to the potential discharge.
    - Assessment is reviewed with Gate Keeper Administrative Nurse immediately regardless of the time of day.
    - Nurse and Gate Keeper Administrative Nurse walk through any missing elements of assessment, as well as walk through nurse to physician communication prior to communication with the attending physician.
    - Focus is placed on services/interventions the center can provide onsite and are reviewed with the attending physician by Gate Keeper Administrative Nurse after the physician is contacted by phone. (Exp. onsite medical intervention/management, telehealth visit, etc)
    - Focus is placed on ensuring full report with details provided to the attending physician to assist he/she to better access stability of resident and implement potential preventive interventions to avoid unnecessary Return to Hospital and/or 911 calls to municipal emergency support services.
- Each discharge to the hospital, admitted and/or returned to center, are reviewed by the Quality Assurance Nurse to ensure the Gate Keeper Protocol was followed in detail, and there are no missed opportunities to have prevented the Return to Hospital and/or unnecessary Non-Emergency Transport.
- If variances are found. The involved staff are educated and provided further detailed training to enhance the likelihood of a preferred successful intervention upon the next opportunity.
- If the attending physician is found to be barrier to the Gate Keeper Triage process and/or noncompliant with this critical process, the center's executive level administration arrange follow-up meetings, discussion and education in an effort to achieve future successful intervention opportunities and avoid Non-Emergency Transport.
- Resident care staff are routinely educated regarding conditions that warrant a 911 emergency call for transport to an acute care hospital, that require a need for a life-threatening intervention. These conditions may include but are not limited to:
    - Acute Severe Chest Pain - where nitro is not appropriate intervention
    - Stroke like symptoms
    - Respiratory Distress with no relief from respiratory intervention
    - Acute Injury - need emergent medical attention
- Additional tools utilized to help assess emerging needs and reduce Return to Hospital discharges including but are not limited to:
    - Interact II- Hospital Prevention Assessments
    - Stop and Watch- Tool to identify changes in condition early
    - Interact- Post Hospital Admission Quality Assurance Review
    - Tele-Health visits
    - Onsite Nurse Practitioner visits