

ED to Hospital Admission Prevention is to SWARM

Regions Hospital Emergency Department, St. Paul MN

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What is to SWARM? Team approach to identify, expediate support and resources to patients with no Acute admission needs but deemed unsafe to discharge.

Background

With bed capacity constraints a daily struggle both within the Emergency Department and hospital; focus is on having the patient in the most appropriate setting.

Discharge planning and Case Management referrals were occurring after completion of medical work up. This created a missed opportunity to coordinate discharge planning; increasing patient time in the ED or leading to inappropriate admissions.

Patients with social needs only, were being admitted and taking up hospital beds for non-medical needs.

ED Providers feel conflicted when the medical workup is negative and there are concerns for patient safety at discharge. They felt their only option was to admit.

Aim

Early SWARM activation of team members at the start of ED care provides critical time for team members to focus/plan/activate a transition plan to avoid an admission.

- Educate the ED care team on the SWARM process, provide training, and support for difficult conversations with patient/family.
- Increased consults to ED CM early in ED encounter.
- Increase saved days by diverting admissions.
- Increase referrals/admissions to Transitional Care Units (SNF).
- Implement Physical Therapy consults in the ED.
- Identify accountable metrics for tracking SWARM process and outcomes.

Approach

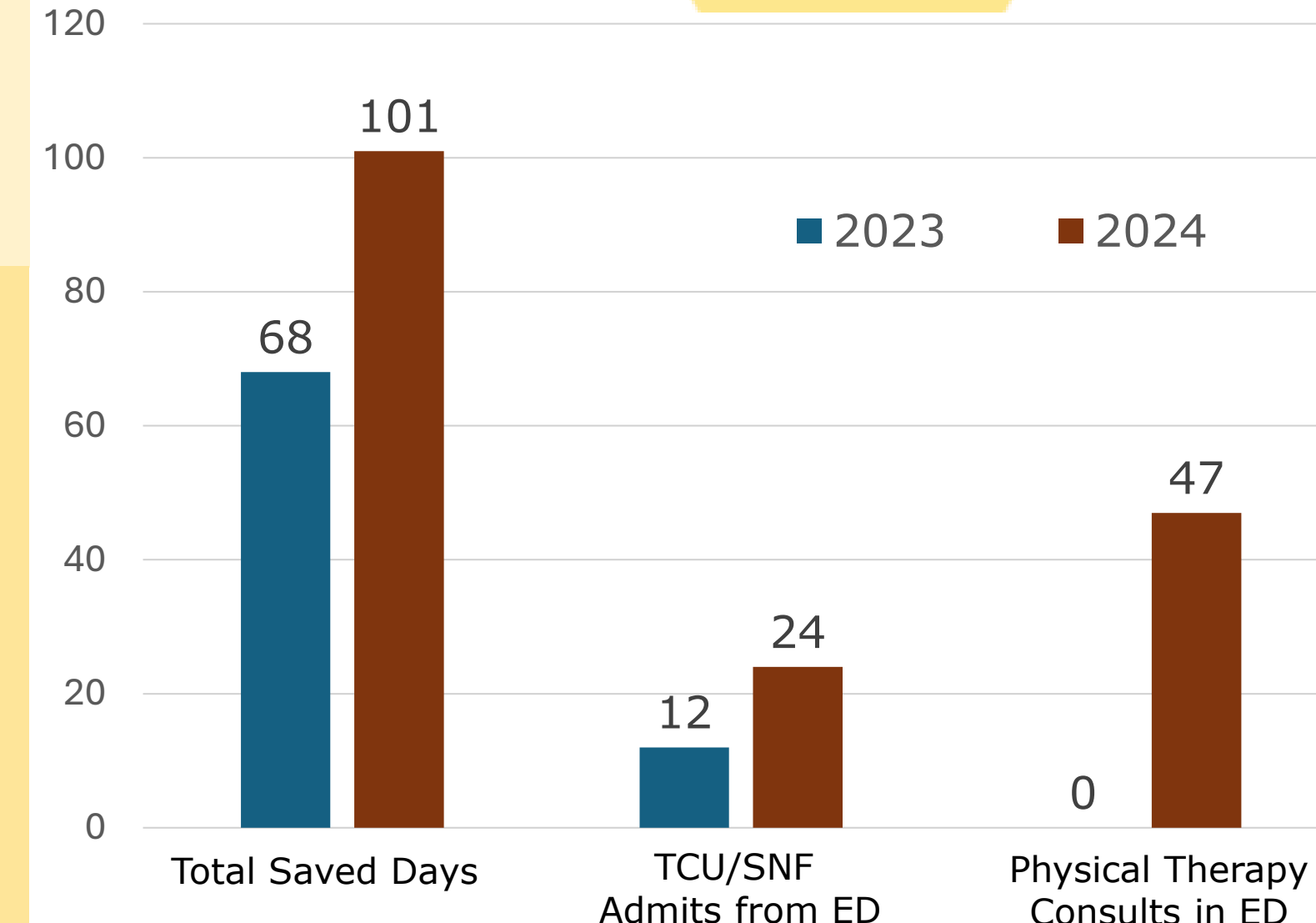
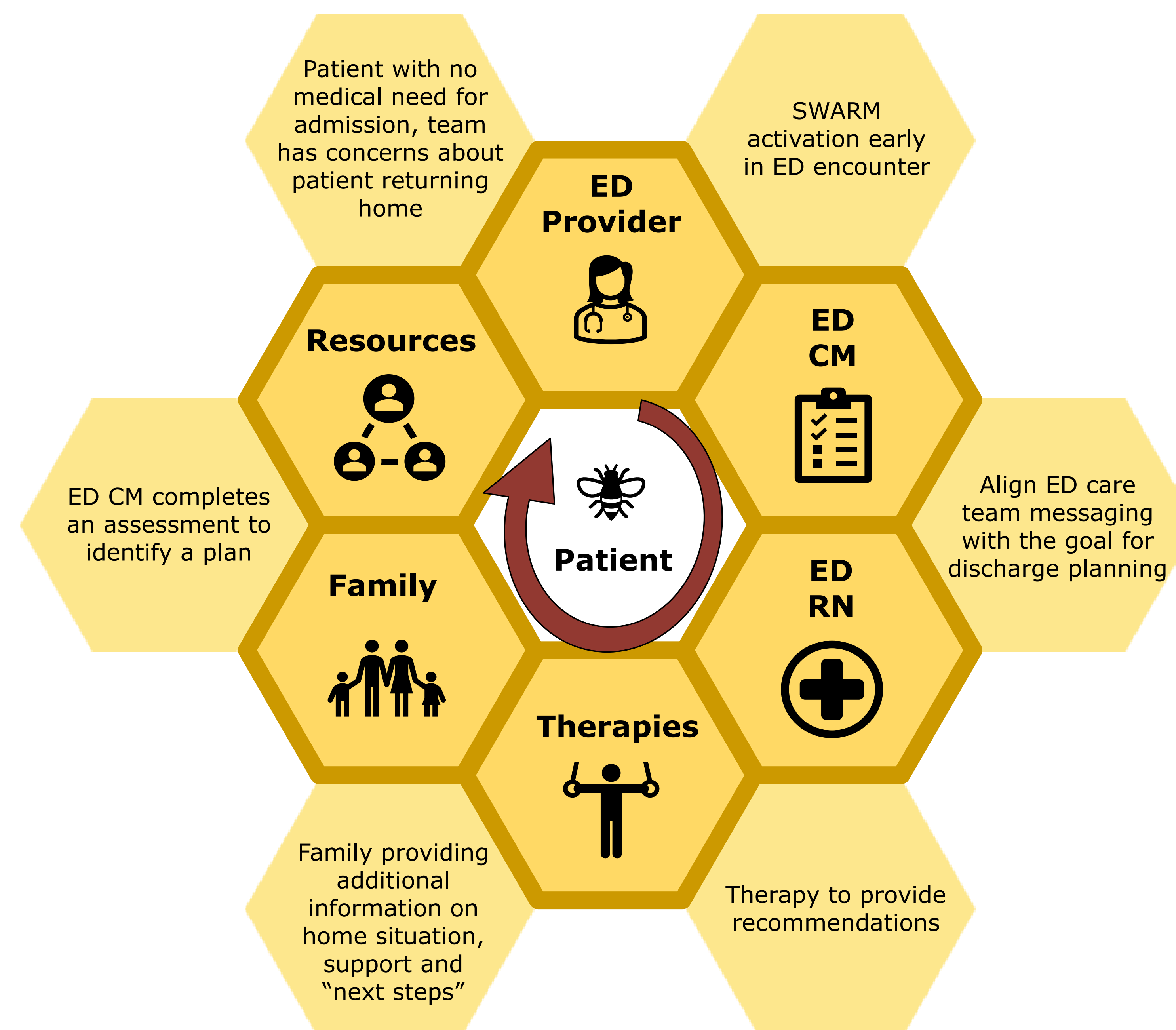
Education to ED Providers, ED RNs and ED CMs with goal to refer early.

- Anticipated non-medical diagnosis, negative workup.
- Psychosocial complexities that make it difficult to discharge.
- Key Phrases: "I can't take care of myself", "I want to be admitted so that someone can care for me".
- Family expressing: "I can't take care of them anymore", "patient can't come home".
- Frequent ED visits and hospital admissions.
- Patients with care plans.
- Educate family on expectation to remain in ED and participate in SWARM process.
- Residency simulation of a SWARM.
- Update the ED CM consult order.
- Initiate Physical Therapy consult in the ED.
- Develop tracking form with goal of EPIC build.
- Identify resources for transition planning.

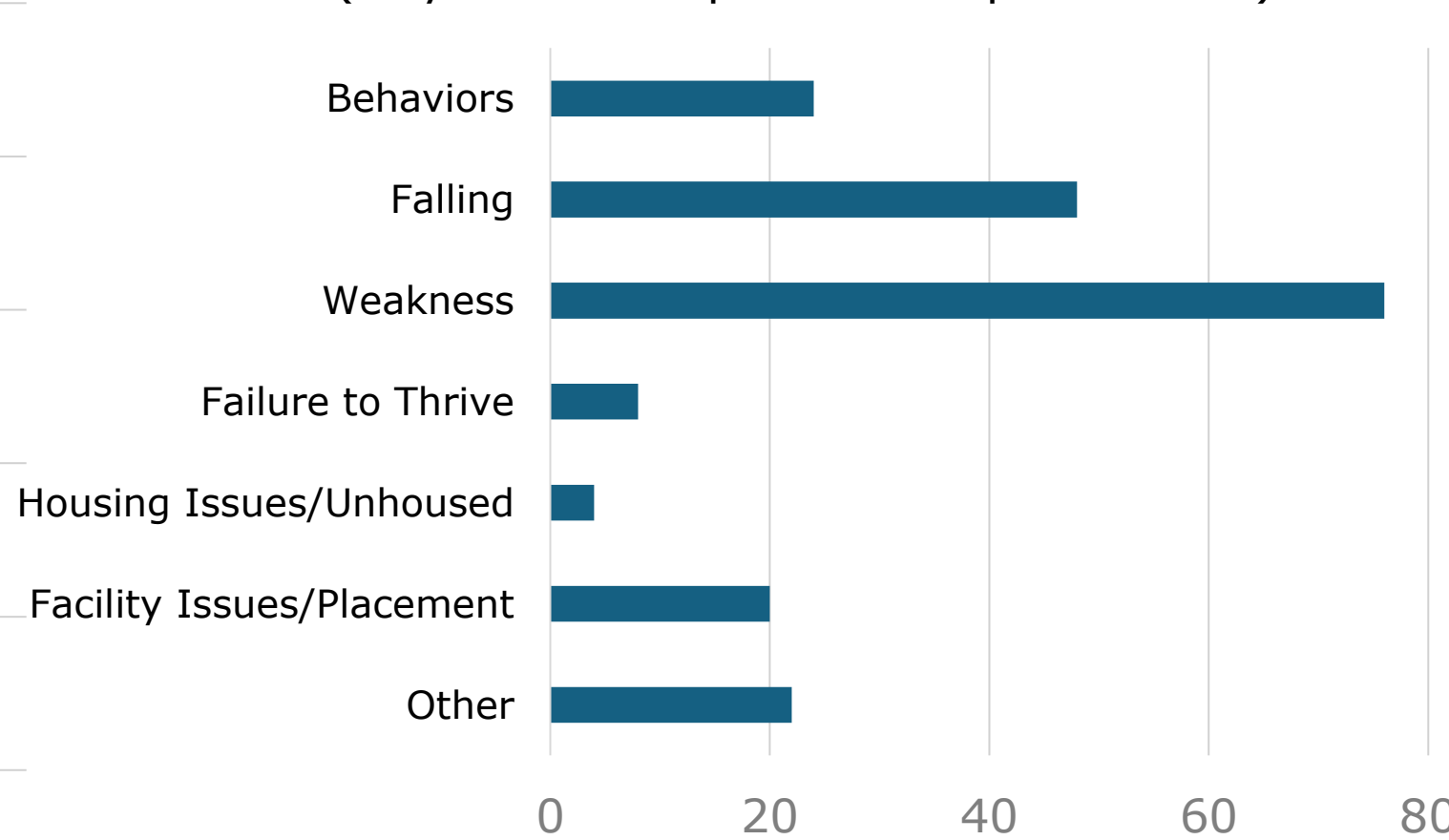
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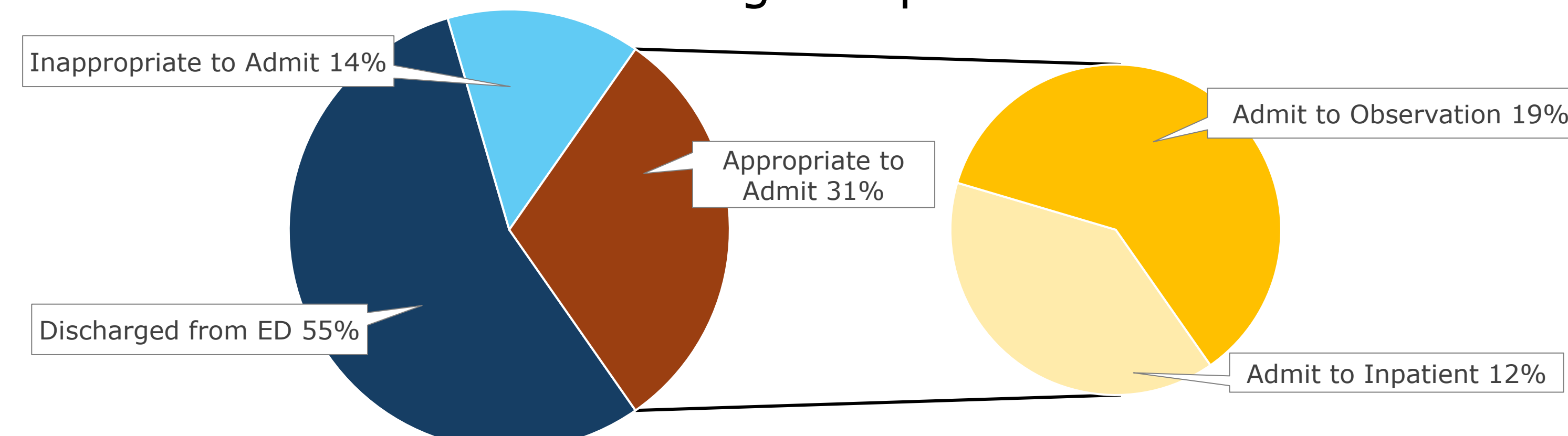
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Reason for Regions ED SWARM (May have multiple reasons per SWARM)



Discharge Disposition



Outcomes

Data Period - April 2024 to December 2024

- Total number of SWARM activations - 183 with 179 unique patients served
- Decreased admissions for patients not needing acute care and discharge from ED - 55% (101)
- Saved days attributed to SWARM process - 101 (attributed one day per avoidance)
- Increased number of Transitional Care Unit (SNF) admissions directly from the ED - 50% (24)
- SWARM patients that were appropriately admitted to Observation or Inpatient status - 31% (56)
- Inappropriate Observation admissions - 14% (26)
- Average time to SWARM activation was 3 hours (quickest was 10 minutes)
- Physical Therapy response time was 30 - 45 minutes

Summary

- 101 admissions were diverted from the ED, despite ED CM department experiencing staffing concerns (5 new CMs).
- Physical Therapy consults were implemented with an impressive response time of 30-45 minutes from consult.
- ED Providers identifying SWARM needs during after-hours and placing consults.
- Patients that were admitted had a CM assessment and discharge planning initiated in the ED which met our goal of early discharge planning.
- Unable to access Saved Day data due to system change in data tracking.
- Time of SWARM activation averaged 3 hours; which included waiting room time and hours when ED CM not present.
- Inappropriate admission reasons:
 - No Transitional Care Unit (SNF) bed available that day.
 - Patient needing pre-admission screening Level II review required by the State of Minnesota for bed placement.
 - Transitional Care Unit (SNF) admission staff not available after-hours or weekends.

Future

- Health Care System is looking at a rapid response home team to support SWARM patients discharging to home.
- Change start time of SWARM activation when patient is in ED bed.
- Continue to work on data extraction for reporting, move away from manual reporting.
- With an increase in ACO, VBC, and Dual coverage plans, explore opportunities for direct admissions to Transitional Care Units (SNF).
- Enhance our partnerships for after-hour and weekend admissions to Transitional Care Units (SNF).
- Opportunity to add Occupational Therapy consults in the ED.