

# ***Escalation Form***

## ED Discharge Escalation Form

PATIENT DETAILS			
First.Last Initials:		MRN:	
Date of Admission:		Unit/Bed#:	
CHRIS #:		Age:	

Admitting Diagnosis:

Summary of patient needs:

Cognition:

Functional Mobility:

ADLs:

IADLs:

Behaviours:

Specialized Medical Needs (Dialysis, Chemo, TPN, wound care, ISO considerations):

Home Environment/Social/Financial Considerations:

Does this patient require/experience any of the following:

- |  |   |   |                                     |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Mechanical Lift   | <input type="checkbox"/> Feeding Assistance | <input type="checkbox"/> Secure (wandering)   | <input type="checkbox"/> Suctioning |
| <input type="checkbox"/> Two Person Assist | <input type="checkbox"/> Feeding Tube       | <input type="checkbox"/> Secure (behavioural) | <input type="checkbox"/> Trach      |
| <input type="checkbox"/> 1 Person Assist   | <input type="checkbox"/> Dysphagia          | <input type="checkbox"/> 1 : 1                |                                     |
| <input type="checkbox"/> Independent       |   | <input type="checkbox"/> Cognitive Impairment |                                     |
| <input type="checkbox"/> Supervision       |   |   |                                     |

Admitting Location (e.g. home, RH, AL, HCC, etc.):

Does the LTCH have the 1:1 funding? ☐ Yes ☐ No

Is the patient capable? ☐ Yes ☐ No ☐ Unknown

If deferring, then to who?

If pt is not capable, who is the SDM/POA?

Is community BSO involved? ☐ Yes ☐ No

Has the patient been referred to geriatric psych? ☐ Yes ☐ No

Has the patient been seen by a geriatrician? ☐ Yes ☐ No

Is there a current care plan in place (and can we see it)? ☐ Yes ☐ No

Supports in place  
before admission:

Admission Hx within  
past year (dates)

## ED Discharge Escalation Form

Discharge Options- please demonstrate why all have been ruled out for the exception of LTC:

**What are the barriers to this patient going home with enhanced services?**

**Is RH/Assisted Living appropriate?** ☐ Yes ☐ No (explain why)

**Is TCB appropriate?** ☐ Yes ☐ No (explain why)

**Does the patient require a secure site?** ☐ Yes (explain why) ☐ No

**Behaviours present that prevent discharge?** ☐ Yes (explain why) ☐ No

**BSO charting details:**

**TCB/LTC Discharge Plan**

(Provide details if able – e.g. choices, accommodation, local or OOR, PG&T involvement, etc.):

**If Available:**

HCCSS RAI Ax Characteristics:

InterRAI-HC Date:

Personal Support Care Group:

Crisis Risk Level:

**Escalating to:**

Level 1: ☐ ED Manager ☐ Flow Manager ☐ OH@Home Manager

Level 2: ☐ ED Director ☐ Flow Director ☐ OH@Home Director

Level 3: ☐ EVP

# ***Blaylock Tool***

# Blaylock Discharge Planning Risk Assessment Screen

For Emergency Department Use

Affix patient label within this box

SCREENING DATE (M-D-Y) \_\_\_\_\_

Circle all that apply and total. Refer to scoring index for recommendations regarding discharge planning.

<b>Age</b>	55 years or less	0	<b>Functional Status</b> (can select multiple)	Independent in ADL's	0
	56-64 years	1		<b>Dependent in:</b>	
	65-69 years	2		Eating/Feeding	1
	80+ years	3		Bathing/Grooming	1
<b>Living Situation/ Social Support</b>	Lives in LTC	0	<b>Behaviour Pattern</b> (can select multiple)	Toileting	1
	Lives only with spouse	1		Transferring	1
	Lives with family	2		Incontinent of bowel function	1
	Lives alone with family supports	3		Incontinent of bladder function	1
	Lives alone with no support (i.e. RH - if patient lives alone at retirement home)	4		Meal Preparation	1
	Nursing Home/ Residential Care (TCB & Assisted Living)	5		Responsible for own medication administration	1
<b>Number of Previous Admissions/ ED Visits</b>	None in last 3 months	0	<b>Sensory Deficits</b>	Handling own finances	1
	One in last 3 months	1		Grocery Shopping	1
	Two in last 3 months	2		Transportation	1
	More than two in last 3 months	3		Appropriate	0
<b>Number of Active Medical Problems</b>	Up to 3 medical problems	0	<b>Mobility</b>	Wandering	1
	3 to 5 medical problems	1		Agitated	1
	More than 5 medical problems	2		Confused	1
<b>Number of Drugs</b>	Fewer than 3 drugs	0	<b>Other</b>	Other	1
	3 to 5 drugs	1		Ambulatory	0
	More than 5 drugs	2		Ambulatory with mechanical assistance	1
<b>Cognition</b>	Oriented	0	<b>Ambulatory with human assistance</b>	Ambulatory with human assistance	2
	Disoriented to <u>some</u> spheres (person, place, self, time) <u>some</u> of the time	1		Non-ambulatory	3
	Disoriented to <u>some</u> spheres (person, place, self, time) <u>all</u> of the time	2		None	0
	Disoriented to <u>all</u> spheres (person, place, self, time) <u>some</u> of the time	3	<b>Sensory Deficits</b>	Visual or hearing deficits	1
	Disoriented to <u>all</u> spheres (person, place, self, time) <u>all</u> of the time	4		Visual and hearing deficits	2
	Comatose	5			
<b>Total Score:</b>			<b>Name/Signature:</b>		
<b>Scoring Index</b>					
Blaylock MOBILITY score of 1-2		AAN enters verbal orders for and Voceras PT and/or OT			
Pts age 65+ with Blaylock total score of 11+		AAN enters verbal order for and Voceras GEM NP			
Pts with Blaylock total score of 10+		AAN enters verbal order for and Voceras any of: OH@Home Coordinator, NH Case Manager, PT, OT, SW, GEM NP, SLP			
Pts with Blaylock score 20+		AAN begins ED Discharge Escalation Process. Fills out ED Discharge Escalation Form			

# ***AAT Checklist***

## Discharge Checklist to Request Admission Avoidance Team

**Ensure all items have been completed before starting the Admission Avoidance Team Process (next page)**

For ED Nurse:

Yes	N/A	
		Baseline mobility ax by nursing using WeMove criteria has been completed (as appropriate)
		Patient has been offered meal/snack as appropriate

For ED Physician:

Yes	N/A	Ensure all items have been completed before submitting an Admission Avoidance Nurse Consult
		All diagnostics reports have been reviewed and documented by ED physician
		All necessary lab results have been reviewed
		All notes have been released (at least in draft)
		Weight-bearing and range of motion orders are completed (as applicable)
		Pain management has been established and meds administered (as required/applicable)
		Home medications have been given (as appropriate/applicable)
		O <sub>2</sub> requirements met by previous home O <sub>2</sub>
		Pt confusion is <u>not</u> acute (dementia = no reason to admit; acute delirium = reason to admit)

Once all items have been reviewed, proceed to page 2

# Discharge Checklist to Request Admission Avoidance Team

## Page 2

**ED Physicians to complete the following orders to initiate the Admission Avoidance Team Pilot Process:**

- ☐ Submit a Discharge Order
- ☐ Submit a Discharge Planning Order
- ☐ Submit the following Overnight/Weekend Hold Orders as this patient may remain in the ED for several hours while the Admission Avoidance Team works on coordinating their discharge

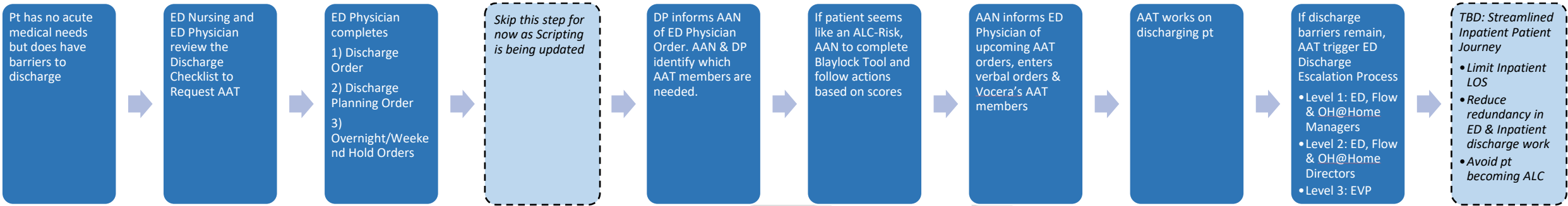
### **Overnight/Weekend Hold Orders**

- ☐ Communication Order: Diet Order
- ☐ Diabetic Considerations (e.g. Cap sugars from Quick Orders)
- ☐ Nurse to mobilize daily BID, and pt up for meals
- ☐ BPMH Consult to Pharmacy and medication orders
- ☐ Vitals qshift




# ***Full Protocol***




Appropriate Admissions – Pilot Roles and Responsibilities






Summary of Changes & Role Responsibilities

Role	New Changes	Where to Find Resources	Where to Give Feedback on Pilot
ED Physicians	<div>1. Complete actions on the Discharge Checklist to Request AAT once you have a patient with no acute medical needs but does have barriers to discharge</div> <div>2. Complete the Discharge Order</div> <div>3. Complete the Discharge Planning Order and speak with the Discharge Planner (this step triggers the Discharge Planner to connect with the Admission Avoidance Nurse to start coordinating the Admission Avoidance Team. This step also means that physicians will no longer be ordering anyone else from the AAT themselves (e.g. QRT)</div> <div>4. Complete the Overnight/Weekend Hold Orders</div> <div>5. <i>*Skip this step for now as the Scripting is currently being updated*</i> Physicians can read out Scripting to patients and families informing them they are to be discharged and that the AAT will support their discharge coordination</div> <div>6. Co-sign verbal orders from AAN regarding which members from AAT will be used</div> <div>7. <i>This process may result in more TOCs between ED Physicians overnight. When TOC'ing, inform the next physician that the AAT is working on this patient or that the patient is being held for the AAT</i></div>	<div>• Electronic copies sent via email</div> <div>• Electronic copies on ERDocs</div> <div>• Physical copies at SCS ED Physician's Office</div> <div>• Physical copies at SCS ED Nursing Stations</div>	<div>• Share at Morning Huddles or Rounds</div> <div>• Inform your Site Lead</div> <div>• Submit feedback electronically at any time on this <a href="#">MS Forms Survey</a></div> <div></div>
ED Nursing	<div>1. Complete actions on the Discharge Checklist to Request AAT when there's a patient the physician wants to request the AAT for (i.e. for pts that do not need to be admitted for acute medical needs and thus can go home but have other barriers to discharge that require addressing)</div> <div>2. Complete tasks ordered from the Overnight/Weekend Hold Orders</div>	<div>• Electronic copies sent via email</div> <div>• Physical copies at SCS ED Nursing Stations</div>	<div>• Share at Morning Huddles or Rounds</div> <div>• Tell your SCS ED Manager or Clinical Supervisor during your shift</div>




## Appropriate Admissions – Pilot Roles and Responsibilities

Role	New Changes	Where to Find Resources	Where to Give Feedback on Pilot
			<ul style="list-style-type: none"> <li>Submit feedback electronically at any time on this <a href="#">MS Forms Survey</a></li> </ul> 
<b>Discharge Planner (DP) aka Case Manager</b>	<ol style="list-style-type: none"> <li>You will receive a Discharge Planning order from the Physician. Once you've received this order, inform the Admission Avoidance Nurse and work with them to determine who from the larger Admission Avoidance Team should work on supporting this patient's discharge.</li> <li>When needing to escalate discharge barriers to leadership, work with the Admission Avoidance Nurse &amp; OH@Home Coordinator as appropriate to complete the new ED Discharge Escalation Form</li> <li>Work with the Admission Avoidance Nurse &amp; OH@Home Coordinator to request escalation via email to the ED, Flow, &amp; OH@Home Managers (attach the completed form &amp; CC Deline Anthony pillai)</li> </ol>	<ul style="list-style-type: none"> <li>Electronic copies sent via email</li> <li>Physical copies at SCS ED Nursing Stations</li> </ul>	<ul style="list-style-type: none"> <li>Share at Morning Huddles or Rounds</li> <li>Tell your Manager</li> <li>Submit feedback electronically at any time on this <a href="#">MS Forms Survey</a></li> </ul> 
<b>Admission Avoidance Nurse (AAN)</b>	<ol style="list-style-type: none"> <li>Work with the Discharge Planner to determine who from the larger Admission Avoidance Team should work on supporting this patient's discharge.</li> <li>Complete the new Blaylock tool for pts you think might be an ALC-risk. Complete the scoring index actions based on the patient's score. Once finished with the form, provide it to the ED Clinical Supervisor to collect</li> <li>Enter verbal orders <b>and</b> Vocera the identified AAT members (this can include ordering QRT)</li> <li>Inform the ED Physician of the verbal orders</li> <li>When needing to escalate discharge barriers to leadership, work with the Discharge Planner &amp; OH@Home Coordinator as appropriate to complete the new ED Discharge Escalation Form</li> <li>Work with the Discharge Planner &amp; OH@Home Coordinator to request escalation via email to the ED, Flow, &amp; OH@Home Managers (attach the completed form &amp; CC Deline Anthony pillai)</li> </ol>	<ul style="list-style-type: none"> <li>Electronic copies sent via email</li> <li>Physical copies at SCS ED Nursing Stations</li> </ul>	<ul style="list-style-type: none"> <li>Share at Morning Huddles or Rounds</li> <li>Tell your SCS ED Manager or Clinical Supervisor during your shift</li> <li>Submit feedback electronically at any time on this <a href="#">MS Forms Survey</a></li> </ul> 




Appropriate Admissions – Pilot Roles and Responsibilities

Role	New Changes	Where to Find Resources	Where to Give Feedback on Pilot
Physiotherapy/Occupational Therapy (PT/OT)	<ol style="list-style-type: none"><li>The AAN will Vocera you to begin working on discharging this patient</li><li>Your role is NOT to “pass” or “fail” this patient for discharge. It is to support coordinating any services required for discharge</li><li>Inform the AAN if you find there are barriers to discharge that require escalation to a manager or above (see Escalation Algorithm for more details)</li></ol>	<ul style="list-style-type: none"><li>Electronic copies sent via email</li><li>Physical copies at SCS ED Nursing Stations</li></ul>	<ul style="list-style-type: none"><li>Share at Morning Huddles or Rounds</li><li>Tell your Manager</li><li>Submit feedback electronically at any time on this <a href="#">MS Forms Survey</a></li></ul> 
Social Work (SW)	<ol style="list-style-type: none"><li>The AAN will Vocera you to begin working on discharging this patient</li><li>Inform the AAN if you find there are barriers to discharge that require escalation to a manager or above (see Escalation Algorithm for more details)</li></ol>	<ul style="list-style-type: none"><li>Electronic copies sent via email</li><li>Physical copies at SCS ED Nursing Stations</li></ul>	<ul style="list-style-type: none"><li>Share at Morning Huddles or Rounds</li><li>Tell your Manager</li><li>Submit feedback electronically at any time on this <a href="#">MS Forms Survey</a></li></ul> 
Geriatric Emergency Medicine (GEM) NP	<ol style="list-style-type: none"><li>The AAN will Vocera you to begin working on discharging this patient</li><li>Inform the AAN if you find there are barriers to discharge that require escalation to a manager or above (see Escalation Algorithm for more details)</li></ol>	<ul style="list-style-type: none"><li>Electronic copies sent via email</li><li>Physical copies at SCS ED Nursing Stations</li></ul>	<ul style="list-style-type: none"><li>Share at Morning Huddles or Rounds</li><li>Tell your Manager</li><li>Submit feedback electronically at any time on this <a href="#">MS Forms Survey</a></li></ul> 


### Appropriate Admissions – Pilot Roles and Responsibilities

Role	New Changes	Where to Find Resources	Where to Give Feedback on Pilot
<b>Speech Language Pathologist (SLP)</b>	<ol style="list-style-type: none"> <li>1. The AAN will Vocera you to begin working on discharging this patient</li> <li>2. Your role is NOT to “pass” or “fail” this patient for discharge. It is to support coordinating any services required for discharge</li> <li>3. Inform the AAN if you find there are barriers to discharge that require escalation to a manager or above (see Escalation Algorithm for more details)</li> </ol>	<ul style="list-style-type: none"> <li>• Electronic copies sent via email</li> <li>• Physical copies at SCS ED Nursing Stations</li> </ul>	<ul style="list-style-type: none"> <li>• Share at Morning Huddles or Rounds</li> <li>• Tell your Manager</li> <li>• Submit feedback electronically at any time on this <a href="#">MS Forms Survey</a></li> </ul> 
<b>OH@Home Coordinator</b>	<ol style="list-style-type: none"> <li>1. Inform the AAN &amp; DP if you find there are barriers to discharge that require escalation to a manager or above (see Escalation Algorithm for more details)</li> <li>2. When needing to escalate discharge barriers to leadership, work with the AAN &amp; Discharge Planner to complete the new ED Discharge Escalation Form</li> <li>3. Work with the AAN &amp; Discharge Planner to request escalation via email to the ED, Flow, &amp; OH@Home Managers (attach the completed form &amp; CC Deline Anthonypillai)</li> </ol>	<ul style="list-style-type: none"> <li>• Electronic copies sent via email</li> <li>• Physical copies at SCS ED Nursing Stations</li> </ul>	<ul style="list-style-type: none"> <li>• Share at Morning Huddles or Rounds</li> <li>• Submit feedback electronically at any time on this <a href="#">MS Forms Survey</a></li> </ul> 
<b>SCS ED, Flow, &amp; OH@Home Managers</b>	<ol style="list-style-type: none"> <li>1. Review the ED Discharge Escalation Form when you receive it via email. Attempt to remove barriers to discharge.</li> <li>2. Determine if patient needs to be admitted or continues to stay in ED under Hold Orders. Inform ED Team of decision</li> <li>3. If needing to escalate further, update the Escalation form with any relevant new information and email the next level of leadership (attach the completed form &amp; CC Deline Anthonypillai)</li> <li>4. If your teams share with you any feedback on the pilot, please share this with Deline Anthonypillai</li> </ol>	<ul style="list-style-type: none"> <li>• Electronic copies sent via email</li> <li>• Physical copies at SCS ED Nursing Stations</li> </ul>	<ul style="list-style-type: none"> <li>• Email or call Deline Anthonypillai</li> <li>• Submit feedback electronically at any time on this <a href="#">MS Forms Survey</a></li> </ul> 

### Appropriate Admissions – Pilot Roles and Responsibilities

Role	New Changes	Where to Find Resources	Where to Give Feedback on Pilot
<b>ED, Flow, &amp; OH@Home Directors</b>	<ol style="list-style-type: none"> <li>1. Review the ED Discharge Escalation Form when you receive it via email. Attempt to remove barriers to discharge.</li> <li>2. Determine if patient needs to be admitted or continues to stay in ED under Hold Orders. Inform ED Team of decision</li> <li>3. If needing to escalate further, update the Escalation form with any relevant new information and email the next level of leadership (attach the completed form &amp; CC Deline Anthonypillai)</li> </ol>	<ul style="list-style-type: none"> <li>• Electronic copies sent via email</li> <li>• Physical copies at SCS ED Nursing Stations</li> </ul>	<ul style="list-style-type: none"> <li>• Email or call Deline Anthonypillai</li> <li>• Submit feedback electronically at any time on this <a href="#">MS Forms Survey</a></li> </ul> 
<b>EVP</b>	<ol style="list-style-type: none"> <li>1. Review the ED Discharge Escalation Form when you receive it via email. Attempt to remove barriers to discharge.</li> <li>2. Determine if patient needs to be admitted or continues to stay in ED under Hold Orders. Inform ED Team of decision</li> </ol>	<ul style="list-style-type: none"> <li>• Electronic copies sent via email</li> <li>• Physical copies at SCS ED Nursing Stations</li> </ul>	<ul style="list-style-type: none"> <li>• Email or call Deline Anthonypillai</li> <li>• Submit feedback electronically at any time on this <a href="#">MS Forms Survey</a></li> </ul> 
<b>SCS ED Clinical Supervisor</b>	<ol style="list-style-type: none"> <li>1. Collect completed Blaylock Tools daily and scan and email copies to Deline Anthonypillai</li> <li>2. Attend morning huddles/rounds to answer questions and collect feedback. Share feedback collected with Deline Anthonypillai</li> </ol>	<ul style="list-style-type: none"> <li>• Electronic copies sent via email</li> <li>• Physical copies at SCS ED Nursing Stations</li> </ul>	<ul style="list-style-type: none"> <li>• Email or call Deline Anthonypillai</li> <li>• Submit feedback electronically at any time on this <a href="#">MS Forms Survey</a></li> </ul> 

Appropriate Admissions – Pilot Roles and Responsibilities

Role	New Changes	Where to Find Resources	Where to Give Feedback on Pilot
SCS ED Physician Site Lead	1. If your physicians share with you any feedback on the pilot, please share this with Deline Anthonypillai	<ul style="list-style-type: none"><li>Electronic copies sent via email</li><li>Physical copies at SCS ED Nursing Stations</li></ul>	<ul style="list-style-type: none"><li>Email or call Deline Anthonypillai</li><li>Submit feedback electronically at any time on this <a href="#">MS Forms Survey</a></li></ul> 
SCS Allied Health Manager	1. If your teams share with you any feedback on the pilot, please share this with Deline Anthonypillai	<ul style="list-style-type: none"><li>Electronic copies sent via email</li><li>Physical copies at SCS ED Nursing Stations</li></ul>	<ul style="list-style-type: none"><li>Email or call Deline Anthonypillai</li><li>Submit feedback electronically at any time on this <a href="#">MS Forms Survey</a></li></ul> 