

West County Health Centers, Inc.
Clinical Protocol

Clinical Protocol:	RN ER Case Management
Staff Role:	RN

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Protocol Summary: Comprehensive, proactive case management for all patients who have had known recent ER visit.

ER Transition Care

- 1) ER record (get ER record if aware from pt or census) reviewed.
- 2) Looking for date and diagnosis.
- 3) Look into eCW for TE, documents or encounters to see what is already in place for this condition.
- 4) Triage diagnosis and assessing need for follow up.
 - a. Low risk – no need for intervention. Ex. Condition handled completely by ER staff (sprain ankle, simple URI)
 - b. Medium risk – infection, wound, trauma, pending labs, sutures, fracture, medication change, etc. potential follow up or tracking needed. Phone call or office visit should be established.
 - c. High Risk - Elderly, pregnant, young children, multiple co-morbidities, HIV, serious infections, cardiac condition, serious pulmonary condition, vascular event (DVT, TIA), significant new diagnosis, significant medication concern. – Phone call to triage current status and appointment within 48hrs or earlier.
 - d. Recurrent ER visits – consider referral to high risk case management team (Dave Murphy).
- 5) Communication with Care Team (to be determined by need) –
 - a. By TE or in Document notes for FYI.
 - b. Note in HPI for future Progress note.
 - c. Care conference
- 6) Tracking
 - a. Follow up on pending labs, DI or other care items initiated in ER visit.
 - b. Update chart for items completed in ER visit (Immunizations, procedures, allergies, medications, tracked labs)

Effective Date: 9/1/2011	Revision Date:
Supervisor Approval: <i>Initial</i>	Medical Director Approval: <u> JLC </u> <i>Initial</i>