

Service Line Agreement — Prolonged Emergency Department Length of Stay (PLOS)

Ontario & Fontana Medical Centers

Summary

Non-admitted medical patients who remain in the Emergency Department over 24 hours and who are not expected to leave within the next 12 hours will have a Hospital Medicine consult requested and be admitted to observation status under the medicine service.

Agreement Between

Emergency Medicine, Hospital Medicine, Care Without Delay (CWD), AAMD over Hospital Based Services, and Area Medical Director.

Objective

To provide consistent, compassionate, safe care for patients who do not have medical indication for hospitalization but have barriers to discharge such that they must remain in the hospital setting pending safe disposition.

Scope

This SLA applies to all patients with an ED length of stay of 24 hours or greater at Ontario and Fontana Medical Centers who do not have a medical indication for admission but cannot be safely discharged. Applies to both members and non-members of Kaiser Health Plan.

Exceptions

Does not apply to: admitted patients awaiting bed assignment, psychiatric patients with no medical need for admission, or pediatric patients.

Agreement Description

All patients presenting to the ED will be seen, evaluated, and treated by an ED physician and nurse. Appropriate medical work-up will be performed to evaluate need for admission or consultation.

Patients identified by ED staff as having no medical need for admission but with disposition barriers will be escalated to the multidisciplinary team in real time. Medical social worker, case manager, CWD physician, geriatrician, and hospice liaison should be involved as early as possible when indicated.

All patients remaining in the ED for 24+ hours without a discharge plan will receive both a case management/discharge planning consult and a social services consult at minimum.

All patients remaining in the ED for 24+ hours will be discussed in the morning Care Without Delay huddle daily. If the multidisciplinary team identifies a PLOS patient without secured disposition within the next 12 hours, the CWD physician will be consulted. If CWD physician agrees the patient meets

criteria, the ED physician will request a Hospital Medicine consult.

On weekends or days without local CWD coverage, the ED case manager will discuss qualifying patients with the on-call CWD physician. This workflow is valid 7 days a week — weekends should not delay initiation.

The Hospital Medicine consultation will be requested and completed during daytime hours 7 days a week. All reasonable attempts should be made to avoid after-hours consultation unless medically indicated.

After consultation, the patient will have Hospital Medicine assigned as their primary team and be admitted under observation status. This supports physician-level continuity, improved patient care, family communication regarding disposition barriers, and streamlined multidisciplinary communication.

The ED physician will sign off at this point but remains available for acute medical decompensation including airway emergencies and code blues per current practice.

The AAMD and AMD will be notified during daytime hours of any patient admitted for disposition barriers.

If a PLOS patient at any point decompensates and meets admission criteria, they will be consulted/admitted per the usual ED-to-Hospital Medicine consult workflow.

Signatories

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Dr. Kinner Bhavsar — Physician Director, Care Without Delay

Dr. Aqueelah Richmond — Assistant Area Medical Director, Hospital Services

Dr. Timothy Jenkins — Area Medical Director