Safely Discharging Challenging Patients

A Hospital/Community Collaborative

Erie County Medical Center (ECMC)

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Our Process

Step 1
- Our first step was to restructure our Care Management Team. We enabled the social workers to be the team leads for these patients. This became their primary area of focus.
- Our discharge planners focused on the high turnover patients who could safely return to the community with an easier transition.

Step 2
- Our next step was to reach out to our community partners. We needed to reconnect with our community providers and make them more aware of our presence and the patients we serve. We reinforced how important they, as providers, are to our partnership in providing all of our patients choice.
- In the past year we have met with over 63 Skilled Nursing Facilities, Adult Residences, Home Care Agencies and other community providers.

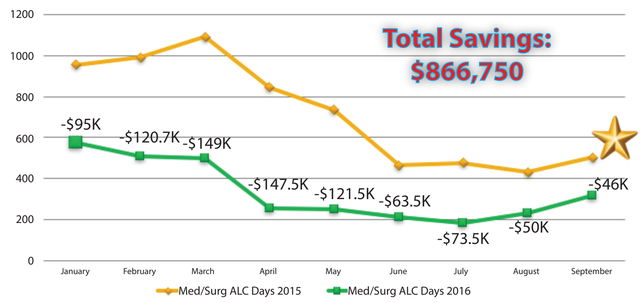
Step3
- To maintain these relationships with our community providers, we continue to meet with them on a regular basis. We review our current processes for areas of opportunity for improvement.
- The community providers, in turn, are very engaged in our needs and often ask what else they can do to assist us in the transition of our patients to the next level of care.

ECMC is a Level 1 Trauma Center and Safety Net Facility. We service a challenging patient population with complex psychosocial problems. In January of 2015 we had 41 patients awaiting a safe discharge plan who no longer required acute in-patient services (ALC status). Today that number is 7. Reducing the number of patients on ALC Status has resulted in a significant impact on hospital throughput.

Who are our community partners?

Transitions Accomplishments

Total ALC Patient Days



Decreasing Alternative Level of Care Census

Decrease in ALC Census