

What is an ED Admission?

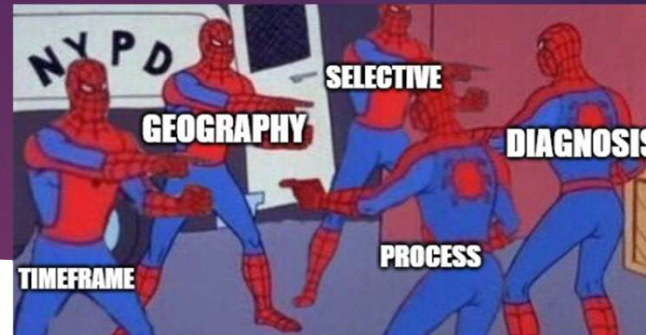
Variability of ED Admission Definitions in Hospital at Home Programs

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Take home point

There are multiple definitions for ED admissions used across HaH programs. This complicates the ability to reproduce and understand ED admission metrics across programs. ED admission definitions should be studied and characterized



Introduction

Expanding emergency department (ED) admissions is essential for scaling Hospital at Home (HaH), with potential benefits including improved patient outcomes, reduced inpatient capacity strain, enhanced ED throughput, and stronger financial performance. However, inconsistent definitions of “ED admission” across programs complicate measurement, hinder comparability, and limit generalizability.

Methods

We performed a qualitative review of operational practice, expert opinions, and literature for ED admission definitions

Results

Five distinct phenotypes of ED-to-HaH admissions emerged:

- Geography-Based:** Patients physically located in the ED per electronic health record (EHR) designation, including traditional ED boarders.
- Selective Pathway:** Patients identified in the ED for HaH who require additional care such as procedures or active monitoring, often temporarily managed in observation units.
- Process-Oriented:** Patients transferred to HaH from the ED before completion of key EHR milestones, such as admission or bed request orders.
- Timeframe-Defined:** Admissions occurring within a defined window from ED presentation, typically prior to the first inpatient midnight in alignment with CMS policy.
- Diagnosis-Driven:** Admissions based on diagnosis-specific protocols that prioritize direct ED-to-HaH care.

Conclusion

Variability in ED admission definitions impacts interpretation of metrics like admission volume, ED/inpatient admission mix, patient outcomes, and financial modeling. Broader effects include ability to impact hospital capacity, diagnosis-driven admissions, and patient satisfaction—especially via reduced ED hold times.

Clear, consistent ED admission definitions are critical for benchmarking and evaluating HaH programs. Definitions should be disclosed or standardized to enable comparative analysis and guide program development.

What's next

1. Survey HaH programs who participate in the HaH Users Group to characterize ED admission definitions
2. Understand consensus outcomes via each definition
3. Consider standardizing or defining ED admissions for the care model at large

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References

1. Webster LW, Cox MD, Fazio JR, Felix HM, Greenwell HR, Botella RM, Maniaci MJ, Grek AA. Bypassing the Brick-and-Mortar Hospital: Increasing Direct Admissions from the Emergency Department to Inpatient Hospital-at-Home. *American Journal of Medical Quality*. 2024;39(3):99–104.
2. Rothman RD, Delaney CP, Heaton BM, Hohman JA. Early experience and lessons following the implementation of a Hospital-at-Home program. *Journal of Hospital Medicine*. 2024;19(8):744–748.
3. Hernandez C, Herranz C, Baltaxe E, Seljas N, González-Colom R, Asenjo M, Coloma E, Fernandez J, Vela E, Carol-Sans G, Cano I, Roca J, Nicolas D. The value of admission avoidance: cost-consequence analysis of one-year activity in a consolidated service. *Cost Effectiveness and Resource Allocation*. 2024;22(1):30.