

SNF to ED Transfers

This use case covers the transfer of Skilled Nursing Facility patients to an Emergency Department and the subsequent possible transitions to an acute care facility and eventually back to the SNF.

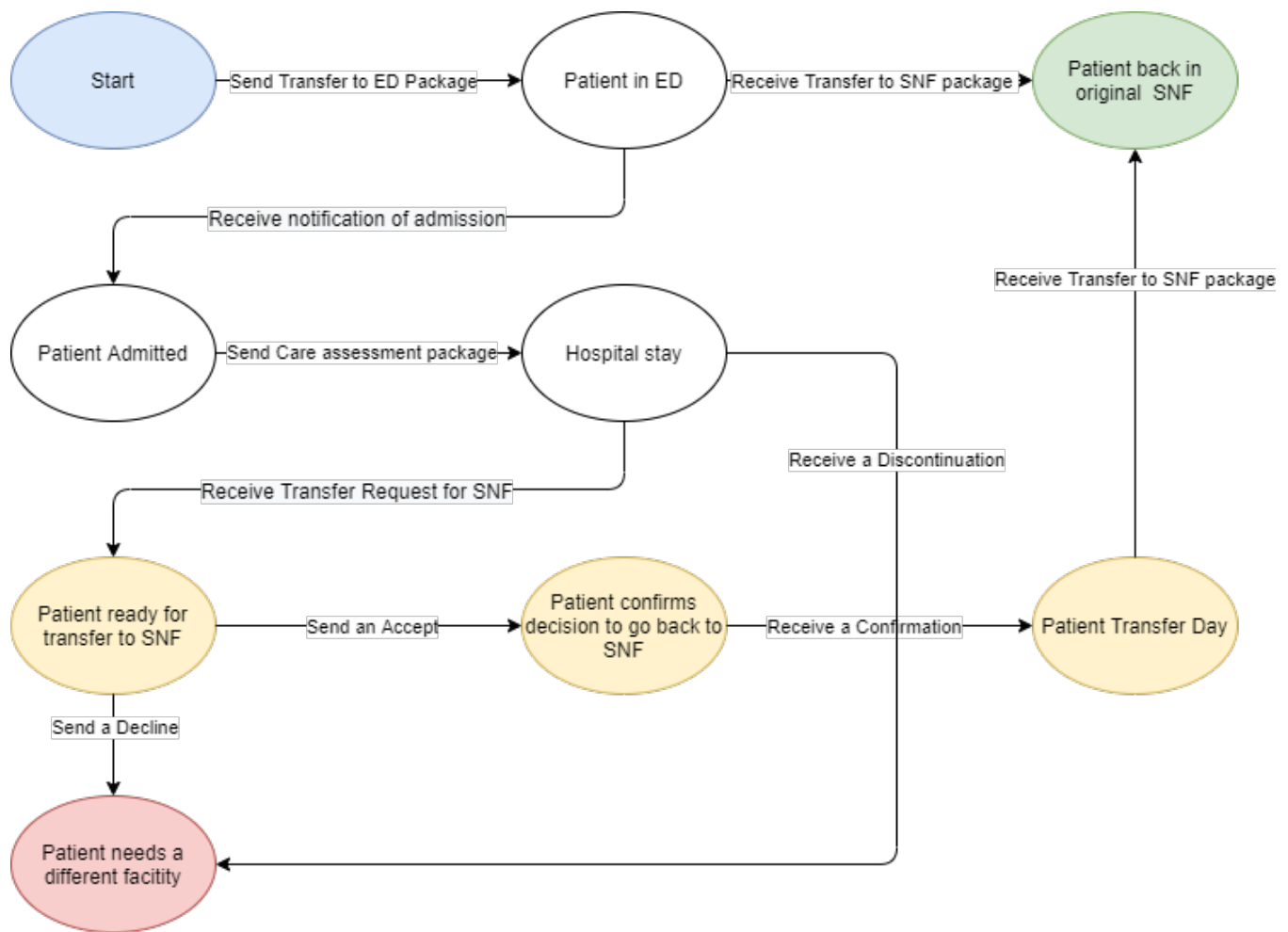
- [Background](#)
- [General Flow Diagram](#)
 - [Interaction details](#)
 - [SNF Sends Transfer to ED package](#)
 - [SNF Receives Transfer ED to SNF package](#)
 - [SNF Received Hospital Admission notification](#)
 - [SNF Sends Care Assessment Package](#)
 - [SNF Receives a Discontinuation](#)
 - [SNF Receives a SNF Transfer Request](#)
- [The SNF to ED Transfer](#)
 - [Transfer notification](#)
 - [Clinical information](#)
- [The ED to SNF Discharge](#)
 - [Closing the loop](#)
 - [ED Clinical Summary](#)
- [The Hospital Admission](#)
 - [Admission notification](#)
 - [Supplemental Clinical Information from SNF](#)
- [Discharge to Facility - Same SNF](#)
 - [Discharge Notification](#)
 - [Clinical Information](#)
- [Discharge to Facility or Home - Different SNF](#)
 - [Notification to Initiating SNF](#)
 - [Start a 360XL referral/transfer to the new SNF](#)

Background

Transfers from Skilled Nursing Facilities (SNF) to an Emergency Department (ED) are the result of a clinical emergency. The goal of this implementation guide is to enable the information sharing from the SNF to the ED, and the information sharing as the result of the two general outcomes of the ED visit: return to the SNF, or admission to the hospital.

TODO: Why 360X, what does it mean

General Flow Diagram



SNF To ED Transfer transitions from the POV of the SNF

Interaction details

SNF Sends Transfer to ED package

SNF Receives Transfer ED to SNF package

SNF Received Hospital Admission notification

SNF Sends Care Assessment Package

Use Interact's forms as guidance

SNF Receives a Discontinuation

SNF Receives a SNF Transfer Request

The SNF to ED Transfer

Transfer notification

Clinical information

The ED to SNF Discharge

Closing the loop

ED Clinical Summary

TODO: Can be a Consultation Note, an after-visit summary (CCD), could be a C-CDA Discharge summary

What needs to be there: [Holly Miller, MD](#)

The Hospital Admission

Open question: How do we keep the ED information and the hospital information in sync for the following steps to occur? Do we need to specify an (optional?) transaction?

Admission notification

TODO: Use the admission notification from the Direct Standards Notification IG

Supplemental Clinical Information from SNF

TODO: Review the contents of this Nursing Unit-centered information.

Discharge to Facility - Same SNF

Discharge Notification

TODO: Add notification information

Clinical Information

TODO: In many cases a Discharge summary is available

Discharge to Facility or Home - Different SNF

Notification to Initiating SNF

TODO: what to send

Start a 360XL referral/transfer to the new SNF