

ADMISSIONS FLOW

Short Call, Long Call, Day and Night Float

This policy is designed to:

- a. Outline Medicine Admission Patient Flow at UMMS and the VA
 - b. Outline Alternative Admission Placement if medicine is capped
 - c. Outline patient "ownership" between the ED and Medicine
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1. Short Call:
 - a. At **UMMS**, the short call team admits from 7am-12pm on Monday-Friday.
 - b. At the **VA**, the short call team admits from 7am-12pm Monday-Thursday and 7am-2pm on Friday.
 2. Long Call: At **UMMS and the VA**, the long call team admits 10 patients from 12 pm - 7 am or as soon as the short call team caps. The long call team will stop taking admissions at 7pm on their long call day. Day float will admit medicine patients between 7 pm and 9 pm. The long call team cannot accept patients prior to 7am on their long call day.
 3. If the Long Call team caps on a weekday:
 - a. At **UMMS**, 4 patients can be admitted to the following day's short call team by either the day float or night float team.
 - b. At the **VA** if the long call team has capped on a weekday then 4 patients can be admitted to short call and 4 patients to the following day's long call after 9pm that night.
 4. Night float admissions: NF admits start at 9 pm at both the **VA and UMMS**.
 - a. At the **VA**, the night float resident can admit up to 4 patients into the following day's long call team and can admit no more than 10 total patients.
 - b. At **UMMS**, the night float resident can oversee 10 patient admissions. Medical consults performed by the resident do not count towards this cap of 10. **No patients can be admitted to the following day's long call team at UMMS during the week.**
 5. Med ID: At UMMS, the Med-ID Gold and Silver teams will admit patients with any type of infectious disease as one of their admitting diagnoses up to a census of 13. These diagnoses may include but not limited to: fever, endocarditis, pneumonia (actual or suspected), wound and soft tissue infections, cellulitis, CNS infections, UTI/pyelonephritis, septic joint among others.
 - a. Patients with infectious disease diagnoses may be admitted at any time of the day/night **and need not wait until the medicine services reach their census maximum.**
 - b. When the census is 14 or higher, only patient with HIV related illnesses are admitted up to a team cap of 18.
 6. VA Friday admission/transfer policy: Before 1 pm on Fridays, the VA Chief Resident will meet with the lead attending of the ECS and decide upon the likelihood of the long-call Medicine team capping that night. If there is a high likelihood of the long-call team being capped by ECS admissions, then the Chief Resident will need to take the following steps to ensure patients are safely triaged and managed by the medicine teams:
 - a. All transfers from outside hospitals to Medicine at Baltimore VAMC will be put on hold until Saturday, even if previously accepted.
 - b. Alert acting head of ECS to the need to directly admit appropriate patients to Perry Point.
 - c. Alert acting head of ECS to the need to admit any appropriate patients to a surgical service instead of medicine.
 - d. Attempt to divert any appropriate outside hospital transfers to Perry Point instead of to Baltimore VAMC.

7. VA Cardiology Team Admission Flow
 - a. If the census is twelve (12) or more, the team will accept standard cardiology patients, including but not limited to, acute MI, ACS, CHF requiring inotropes.
 - b. If the census is eleven (11) or less, the team will accept any chest pain with coronary artery disease or heart failure.

8. Weekend Admissions: No short call exists on weekends.
 - a. **Weekend UMMS Admission:** After the Friday or Saturday call team caps at 10, the SACR may admit 2 more patients as hold-overs to the following day's long call team.
 - b. **Weekend VA Admissions:** On Friday and Saturday nights, the long call resident at the VA can admit 10 new patients (through the ED or via outside transfers) plus 2 unit transfers (a transfer from another in-house service is considered a new patient). The long call team will only take 10 admissions and the holdovers will be passed to the following day's (Sat or Sun) long call team. Please note - the interns on the weekend long call team can admit no more than 5 patients each. This 10 + 2 rule applies to the residents only.

9. Admission ownership: It is understood between the Emergency Department and the Department of Medicine that once a patient is accepted to medicine, the primary physician responsibilities transfer to medicine as well. If a patient is waiting in the ED for a bed, the accepting medicine team is responsible for orders, evaluating new complaints, etc. The ED nursing staff should carry out admission orders as needed, i.e., daily medications. Given the proximity of the ED staff to the patient, should an arrest occur, they would be first responders in running the resuscitation efforts while the medicine team was notified.

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