

### Pilot Program of DoIM HM and DFCM IPS collaboration for census overflow:

- FM teams will admit/transfer IM patients once the non-Zinc IM combined census is greater than or equal to 90 patients.
- IM patients refers to those patients who would be traditionally admitted to IM based on existing primary care physician-based pathways.
- The two FM teams will have a combined cap of 20 patients. Below this cap, admits/transfers of IM patients to FM can occur. Maximum of 2 admits/transfers per 12-hour shift, or 4 maximum per 24-hours. This will occur 7 days a week, with census caps reassessed every shift at 7am and 7pm.
- FM will admit patients from the ED, transfer COVID-19 negative patients from Zinc, and transfer ICU downgrades.
- Admissions/transfers will always go to the Admitting FM team to perform, which can be found on Amion.
- For ED admissions going to FM, the IM triage attending will perform triage and place "Admit/Observation" and "Bed Request" orders. IM triage will then contact the admitting FM attending/senior resident, or the night resident at night, to complete the remainder of the admission.
- For COVID-19 negative patients from Zinc and ICU downgrades going to FM, the IM triage attending will perform triage and place a "Transfer to" order. IM triage will then contact the admitting FM attending/senior resident, or the night resident at night, to complete the remainder of the transfer.
- The oncoming FM admitting resident will inform the triage attending of the combined FM census at the beginning of each shift, at 7am and 7pm. This will then be recorded as a combined "FM" on the triage spread sheet, so that they could be put into the regular admission flow.
- When the combined FM census is 30, FM will send all further admission requests from the ED to IM for the remainder of that shift. This will be re-evaluated at the beginning of the next shift, as there will likely be discharges over the course of the day. If the next admission is a pediatric patient or a cardiac patient (NSTEMI, CHF exacerbation, etc), FM may opt to transfer a currently admitted patient in place of the new admission.
- Repatriation:
  - IM patients admitted by FM due to census reasons will remain with FM until discharge.
  - FM patients admitted by IM due to census reasons should "optimally" be transferred back FM as soon as possible when census numbers allow. When FM's starting 7am

census is below 30, IM should contact FM and request to transfer patients back to FM, which FM can accept or decline based on the following considerations:

- FM admission flow: if FM already have admitted enough patients during the shift to get their combined census up to 30, then it is reasonable for IM to continue to care for the patients to avoid excess disruptions in the continuity of care of multiple patients
- For patients with expected discharge within 24 hours, it is reasonable for IM to continue to care for the patient to avoid disruption in continuity of care at the critical transition from acute-care to post-acute-care.
- Patients with LOS of 48 hours or more should have interim summary written by the transferring service.

- This will take effect as of 8/24/2020.