

DoIM HM and DFCM IPS Collaboration for Census Overflow
(Non-Covid Overflow Pathway threshold numbers effective 5/21/21)

Background

This document outlines collaboration for census management between the Department of Internal Medicine Division of Hospital Medicine (DoHM) and Department of Family and Community Medicine Inpatient Service (IPS).

Definitions

- “IM patients” = patients who would be traditionally admitted to IM based on existing primary care physician-based pathways
- “FM patients” = patients who would be traditionally admitted to FM IPS based on existing primary care physician-based pathways
- “COVID patients” = patients who are COVID +, patient under investigation (PUI) or COVID-recovered
- “FM teams” = Family Medicine inpatient teams A and B
- “FM admitting team” = the day’s admitting team as found in Amion
- “IM teams” = Internal Medicine resident and non-resident inpatient teams

Non-COVID Overflow Pathway

Trigger: if combined non-Zinc IM teams \geq 100 patients and combined FM teams’ census $<$ 24

Action: FM admitting team will admit/transfer up to 2 patients per 12 hour shift (7am-7pm, 7pm-7am) onto FM teams. Patients can either be COVID or non-COVID at the discretion of the IM triage attending.

COVID Overflow Pathway

Trigger: if Zinc combined censuses are at 90% capacity or greater and combined FM teams’ census $<$ 26

Action: FM admitting team will admit/transfer up to 2 COVID patients per 12 hour shift (0700-1900, 1900-0700) onto FM team.

If both triggers are met within a 12 hour period, FM admitting team will perform a maximum of 2 admissions/transfers per 12 hour shift (7am-7pm, 7pm-7am) or 4 per 24-hours.

Description

- Process 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 as a result of meeting overflow triggers, the IM triage attending will perform triage and place "Admit/Observation" and "Bed Request" orders. IM triage attending will then contact the admitting FM attending/senior resident, or the night resident at night, to complete the remainder of the admission.

- For ICU transfers going to FM as a result of meeting overflow triggers, the IM triage attending will perform triage and place a "Transfer to" order. IM triage attending 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.