

**ADDENDUM TO OVMC ADMISSIONS POLICY:
ADDITIONAL GUIDELINES FOR INTERNAL MEDICINE ADMITS FROM DEM**

1. Initial contact with IM service: The IM service will be contacted via the “Consult to Hospital Medicine” order or the standing pager number in amion.com. The provider holding the pager will obtain a sign-out from the DEM on the patient, including what level of inpatient care is requested.
2. The hospitalist attending/resident or designee will then have a one-hour period in which to review the chart, evaluate the patient, and notify any other providers that need to assist in caring for the patient. If assigning the patient to another on-call team, the hospitalist will notify that team verbally or via text page. By the end of this one-hour period, the hospitalist or designee should place an inpatient bed request (or observation status request), with the admitting attending and level of care.
3. If there is a question as to whether the patient should be cared for on Observation status versus inpatient admission, the initial order should be for Observation, as this can be changed to an admission at any time. Once admitted, patients cannot be changed back to Observation status.
4. The provider or team to which the patient is assigned by the hospitalist will have up to one hour to evaluate the patient, discuss with the ED provider, and write admission orders. Thus, no more than 2 hours should elapse between the initial call to the IM service and admitting orders being placed. Subsequent to the admitting orders being placed, any changes in level of care, including upgrades to ICU, will be ordered by the admitting team, and any changes in admitting service will be initiated by the inpatient team.
5. Boarding status will be signified on the FirstNet tracking board by an admission request (red dot), admission orders (hospital symbol), and replacement of the ED providers’ initials with “IP attending” and “IP resident.” The primary covering provider should be listed on the banner bar of the patient’s chart.
6. If, after the initial conversation between DEM and IM, there is agreement that the patient should be admitted to ICU or to a non-medicine service, the DEM provider should make the appropriate changes to the admission request and call the appropriate service for admission. For example, the patient is on a vasoactive drip that can only be administered in ED or ICU or has a diagnosis that goes to a different service per the institutional guidelines.
7. If the initial discussion between DEM and IM results in disagreement over the disposition of the patient, and that disagreement cannot be resolved after discussion with the DEM attending, the IM hospitalist or designee will evaluate the patient in-person and make a disposition decision on that basis. If the patient requires ICU admission, the hospitalist or designee will write the order and contact the ICU on-call to accept the patient. If not accepted to ICU, the IM service will assume care for the patient after an appropriate period of evaluation as per the admissions policy.
8. Emergency Critical Care (ECC) response is defined in the ECC policy. This is available 24 hours a day for all boarding inpatients in the DEM, and can be initiated by the primary team, nursing, or other provider at any time. ECC response does not change the boarding status of the patient; any changes must be carried out by the primary admitting team.
9. For ICU admits boarding in DEM, ICU will act as the primary team once they have had sufficient time to evaluate the patient, write orders, and discuss the case with the fellow or attending. Thus, it may take more than 2 hours for this transition to take place. If the ICU resident is caring for 15 or more patients during the hours of midnight to 7am, any further ICU boarding admissions will be cared for by DEM physicians until 7am, with ICU as a consult. The ED team is available at all times to assist with unstable boarding patients via the Emergency Critical Care (ECC) process.
10. Admissions may be requested and discussed with the medicine service 24 hours a day. For admission requests where less than 2 hours remain in the night float resident’s shift, information should still be exchanged and a bed

Addendum to OVMC Admissions Policy

request placed, but assignment of a primary team and writing of admission orders may be deferred until after the day hospitalist evaluates the case. At that time, a primary team should be assigned and the information communicated to their on-call resident. If the primary team wishes to discuss the case with the DEM provider who saw the patient, they should contact the DEM at 8am to discuss the case.

11. Any issues or disputes not addressed herein should be resolved via discussion between the DEM and IM residents and attendings on duty. If that discussion does not lead to resolution, the service chiefs or on-call medical administrator may be contacted as necessary.