

Veterans Affairs Hospital The VA MAR and Admissions/Transfers Curriculum

Guiding Principles

- The patient always comes first.
- The patient is best served under our care.
- The VA MAR determines team assignment (floor or medical ICU) for every patient whether admitted or transferred.
- Under no circumstance will the MAR refuse an admission/transfer.
- Attendings may not refuse admissions/transfers.
- Admitted/transferred patients will be discussed with the accepting attending.
- Notes must be complete, legible, and include date/time/stamp/signature.
- The on-call Chief Resident, regardless of time of day, should be contacted with any questions.

Duty hours:

- Day MAR:
 - Monday – Friday 07:00-19:00
 - Weekends off (the on-call team resident will serve as MAR on weekends)

Pager: 467-0054

Responsibilities:

- The MAR must be in the hospital at all times (except for the first couple of months of this new service where the MAR is excused for their clinics until UHCC and the VA clinic sites have been able to cancel out future clinics).
- The MAR will not carry a code pager
- The MAR is responsible for assigning any admitted or transferred patient to a floor or medical ICU service.
 - Patients are assigned to a team based on admission cycle and team numbers (and the number of admissions over the past 1-2 days).
- The MAR must add every admission/transfer to the team sign-out by notifying the Resident/Intern.
- Admissions done by the interns must be supervised by either the MAR or Team Resident with an addendum to their notes; the supervising resident must be physically present when the intern presents to an attending.

Guidelines for Admissions/Transfers

ER admissions:

- The MAR triages all patients admitted to the medicine service (this includes medical ICU) and assigns them to the proper team based (delete?).
- From 07:00-12:00, the Day MAR does all the admissions for each service (floor and ICU).

- From 12:00-16:00, the Day MAR, after triaging the patient, will assign admissions to the floor team responsible for admitting the patient. MAR will also continue to do admissions and will remain in the admitting cycle.
 - If an assigned team resident is unavailable (e.g. in clinic), the MAR will supervise the assigned team intern in admitting the patient.
 - If the assigned team resident and intern are both unavailable, the MAR will be responsible for admitting the patient.
 - Until MAR clinics are canceled, if the MAR and on-call Resident are in Clinic, the pre-pre Call Resident will be the acting MAR.
 - ICU Resident – admits until 16:00 weekdays, 14:00 on Saturday.
- From 16:00-19:00, the Day MAR will remain in the cycle with the on-call Resident and Intern for admissions (for floor and medical ICU):
 - Day MAR – will continue to assist in admissions until 18:00; no further admissions are to be done by the MAR after 18:00.
 - On-Call Resident
 - On-Call Intern (if available)
- From 19:00-20:00, the On Call Resident will act as MAR and admit, with intern, if available, to floor and medical ICU. The on-call team can get one admission after 19:00 and no further admissions after 20:00.
 - All admissions done by the Interns must be supervised
 - Intern admission notes must have an addendum (i.e. a brief synopsis) written.
 - Senior Night Float will get sign out and pending admission details from the On Call Resident at 20:00 HR.
- From 20:00-07:00, the Night Float employed by the VA will assume the role of MAR.
- MAR Back-Up
 - Weekdays: The VA Medicine Consult resident will be the additional backup to the MAR and On Call Team in case they get backed up in the ER.
 - Weekends: The VA Back-Up on-call will be the Admission backup to the On Call Resident/Intern. Detail of that back up schedule will be available with the Operator. The on-call Resident will call for the backup him/herself.

Direct admissions:

- They are handled in the same manner as above. MAR is primary person responsible for distribution and will ensure prompt assessment and management of the patient.
- No Resident can refuse to do an admission. Any such refusal will result in strict disciplinary action from the Education Programs Office.
- Unstable patients will take priority.

Transfers:

- From the Medical ICU/CCU
 - The ICU service will arrange for a non-ICU hospital bed for the patient.
 - Once transfer call is made, MAR will assign the appropriate team.
 - Assigned Team Resident/Intern will write an acceptance note on the patient.
 - Patient may still be in the ICU physically (awaiting an appropriate floor bed) but under a medicine team.
 - Once a Transfer assignment is made, patient will be the responsibility of the Medicine Floor Team.
 - The MAR should also alert the ICU resident/fellow of the accepting floor team and attending. It is then **up to the** ICU Resident/Fellow/Attending to communicate with that individual.
 - If an ER admission is done to a floor team but patient warrants ICU care before patient is transferred up to the floor, MAR can change the assignment of team as deemed appropriate for the patient.
 - Transfers from outside hospital are accepted by the On Call Attending. The On-Call Attending should alert the MAR about the pending transfer. Once those patients reach the VA Hospital, they will be admitted as per the admission cycle and in the same fashion as other admissions.
- From an Outside Facility:

- The outside facility must contact the VA Transfer Center and On Call Attending who will decide on the appropriateness of transfer.
 - If a consulting service accepts or recommends a transfer to the VA hospital, they should confer with the On-Call Attending who will then contact the MAR about the pending transfer. The MAR will admit the patient to the floor/ICU as per the processes outlined above.
- From another Department at VA Hospital:
 - Any potential transfer from another department requires either a medicine consult evaluation, subspecialty consult evaluation, or a direct request from the transferring attending to the receiving medical attending.
 - MAR is not responsible **to do** (change to this?) **for** Inter Department Transfer evaluation.
 - VA Medicine Consult is responsible for all such transfers.
 - MAR MUST be notified of any and all transfers to medicine service from the Medicine Consult service. MAR will assign the team for such patient and then Medicine Consult Resident will be responsible to transfer the patient over and do all necessary orders and discuss with the appropriate attending. MAR and Medicine Consult will notify the Team Resident/Intern of the transfer and place them on the sign-out.
 - Any Medicine Sub Specialty Service that arranges or accepts transfer to the Medicine Service should contact the MAR so that team assignment occurs and accurate team numbers are maintained. Sub Specialty Fellow/Attending should contact the appropriate person from the medicine team and give a brief sign-out to them. In such cases MAR or a designee **by** (change to this?) **of the** MAR will be responsible **for** assessment **of** the patient and **will** place necessary orders and documentation.

Admitting Schedule and Man-Power at VA Hospital

1. Weekdays

a. 7AM-12PM

1. The Day MAR is responsible for completing and then distributing admissions to the covered teams; the floor and medical ICU services are responsible for their own admissions after 12 PM unless man-power dictates that help from the MAR is needed. Hospital Attending Bed Service (HABS) managed by PA's are responsible for their own direct admissions and can be called by the MAR at any time until 3 pm.
 2. Medical ICU patients are admitted by the MAR. In case MAR is busy and ICU team is free, MAR can request ICU Fellow to have his team assist earlier than 12 PM; however, if the ICU Team is busy in the Unit, it is MAR's responsibility to do that admission **on as a** priority.
 3. All other patients are fairly distributed to the four (4) General Medicine teams or uncovered HABS team based on team numbers that morning and appropriateness.
 4. Bounce-backs, defined as a patient cared for by a current intern or resident, will be assigned to that same team. That will be part of admission cycle.
- ii. If help is needed, the Day MAR may contact the Chief Resident who will then identify additional manpower. VA Med Consult resident is the back up for MAR on weekdays. Chief can identify other support whom the MAR will contact. At no time will any resident refuse MAR for back up.

b. 12PM-4PM

- i. The Day MAR is responsible for distributing admissions to all services as per admission cycle as previously described.
- ii. No resident can refuse an admission
- iii. Bounce Backs are done by the same team resident/inten

- iv. No Attending can refuse an admission nor can an Attending give MAR a hard time figuring out the admission cycle. Any such incident must be reported to the Chief Resident as soon as possible.
- v. Once an admission is assigned, designee resident must do the admission at the earliest opportunity.
- vi. MAR at no time is out of cycle and will always be doing Admissions as his prime responsibility.

c. 4PM-7PM

- i. The Day MAR and the On Call Team will cycle for admissions/transfers to the On Call Team.
- ii. There is no specific hard cap for the MAR regarding admissions.
- iii. ICU admissions are done preferentially by the MAR once ICU Resident is not present (after 16:00).
- iv. If the on-call team has reached its team census maximum, they will still participate with the MAR in the admission/transfer of patients to other medical teams.
- v. On call resident will inform the night float of the admission cycle at the time of sign out.

d. 7PM-8PM

- i. The On Call resident will assume the role of MAR and will continue to admit to medicine services as per the admission guidelines of VA.
- ii. After 8 PM On Call Resident/Mar will not start doing a new admission. If pending then this admission will be signed out to the night float at 8 PM.
- iii. In case the MAR and On Call Team are backed up, they must inform the on-call Chief Resident and then, themselves, call the backup person as nominated to assist with admissions. No resident can refuse backing up the on call team or MAR.

e. 8PM-7AM

- i. The Night Float is responsible for all admissions from 8 PM to 7 AM.

2. Weekends

a. 7AM-8PM

- i. The On-Call resident (acting as the Day MAR) is responsible for admitting and distributing admissions to On Call (till 8PM) and Short Call Team (till 2 PM).
- ii. Cycle on Weekend starts with short call team unless they were the last team to receive admission overnight.
- iii. On Saturday ICU Resident does ALL ICU admissions from 7 AM to 2 PM.
- iv. MAR (MAR doesn't work weekends, who should this be?) cannot receive ICU Sign-out before 2 PM on Saturday.
- v. MAR (MAR doesn't work weekends, who should this be?) is responsible for ALL ICU admission received after 2 PM on Saturday and after 7 AM on Sunday.
- vi. In case the On Call Team caps, then they will admit to the Sunday Short Call and Call team
- vii. Sunday Call Team when caps will restart the admission cycle as per VA admission guidelines.
- viii. If more than 6 Admissions are done by Night Float on a Weekend (Friday Night or Saturday Night), then MAR will distribute the extra admissions to the Attending of the two teams whose teams have a day off. MAR/On Call Resident and On Call Intern MUST CALL THOSE ATTENDINGS as soon as they get the sign-out in the morning. They will notify the nursing staff of the change also; including the uncovered services; the off-call team is available to do admissions.
- ix. If help is needed with admissions, the MAR/On Call Resident may call the VA Back up Fellows/Attending after 2 PM on weekends to assist in ER if backup is required. That list is available with the VA Operators. If they refuse or give the MAR a difficult time the MAR should notify the chief on call and there Attending.
- x. If help is needed with admissions, the MAR/On Call Resident may call the VA Back Up Fellows/Attending after 2 PM on weekends to assist in ER if backup is required. That list

is available with the VA Operators. If they refuse or give the MAR a difficult time, the MAR should notify the chief on call and their Attending.

- b. 8PM-7AM
 - i. The Night Float is responsible for distributing admissions to all services.

Guidelines in Assigning Patients to VA Teams

- ACGME Rules Regarding Patient Numbers per Intern and Resident
 - Interns (PGY-1)
 - Interns can follow no more than 10 patients at any one time.
 - No more than 5 new patients + 2 transfers can be assigned to an intern during a routine day of work.
 - No more than 8 total patients (news + transfers) can be assigned to an intern over a 2-day period.
 - Senior Residents (PGY-2)
 - With 1 intern on the team, the supervising resident can follow no more than 14 patients at any one time.
 - With 1 intern on the team, the supervising resident can only have 5 new patients + 2 transfers assigned to the team during a routine work day.
 - No more than 8 total patients (news + transfers) can be assigned to the team over a 2-day period.
 - With 2 interns on the team, the supervising resident can follow no more than 20 patients at any one time.
 - With 2 interns on the team, the supervising resident can only have 10 new patients + 4 transfers assigned to the team during a routine work day.
 - No more than 16 total patients (news + transfers) can be assigned to the team over a 2-day period.
- Covered Inpatient Teams
 - Team 1: General Medicine
 - Team 2: General Medicine
 - Team 3: General Medicine
 - Team 4: General Medicine
 - ICU/CCU
- Uncovered Inpatient Teams
 - Hospital Attending Bed Service 1, 2
- The patients will be admitted as follows:
 - **Hard Cap is 14 patients per inpatient covered team (not ICU)**
 - 5 new admissions and 2 ICU Transfers in a 24 hour period. New admission will include Overnight Admissions (admissions done to a Team once they have left the hospital after 4 PM on Non Call Day and 8 PM on a Call Day) plus Day Admissions done to the Team till 4 PM on Non Call Day and 8 PM on Call Day.
 - If covered General Medicine teams are capped at 14, Attending's are encouraged to move patient to their own Attending Bed Service. This will **keep? allow** Covered services to take new patients onto their own service.
 - There are no CAPS to uncovered services. Though PA will generally not follow more than 8 patients.
 - All admissions are distributed in cycle. Team may be skipped in cycle if they get a Bounce Back.
 - ICU admissions are done preferentially
 - For admission policy details please refer to VA admission policy.

- **Ultimately, the MAR will determine the appropriate service.**
 - They may confer with a Hospitalist, Chief Resident, or Attending as they see fit, but the MAR has the responsibility and authority to make admitting decisions.
 - Once the MAR has made a decision, the decision is final.

If there are any concerns about this policy, please feel free to contact the Educational Programs Office

Document Written and Reviewed on 10/1/09 by Mian Muhammad Ali Akram, MD (Chief Resident) Reviewed and approved by Dr. Stephen Knohl 10/6/09.