

University Hospital The MAR and Admissions/Transfers

Guiding Principles

- **The patient always comes first.**
- **The patient is best served under our care.**
- **The MAR determines team assignment 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 should be contacted with any questions.**

Duty hours:

- The MAR must be in the hospital at all times with the code pager
- *Day MAR*
 - Weekdays
 - 7AM-8PM (Day MAR arrives at 7AM for Morning Report/Power Rounds; takes over MAR responsibilities at 8AM except on the 1st and 3rd Fridays every month when there is EM/IM report when they will assume MAR responsibilities at 7AM)
 - Saturdays
 - 8AM-8PM (covered by UH AM MAR)
 - Sundays
 - 8AM-2PM (covered by Team 5 Resident)
 - 2PM-8PM (covered by VA PCMH)
- *Night MAR*
 - Sundays and Weekdays
 - 8PM-8AM
 - Saturdays
 - 8PM-8AM (covered by Day MAR)

Responsibilities:

- The MAR is responsible for assigning patients to appropriate Medicine services.

- The MAR must add every admission/transfer to the team sign-out.
- Team assignments are based on our Geographic Policy.
- The MAR is responsible for assisting with admissions to Covered Medicine services.
- The MAR is responsible for supervising the Medical Admitting Intern.
 - Admissions done by the MAI must be supervised by the MAR with an addendum to their notes.
 - The MAR must be physically present when the MAI presents to an attending.

Guidelines for Admissions/Transfers

Geographic Policy:

- Team 1 – 6B
- Team 2 – 6A
- Team 3 – 6K + 4 patients on 6A/B
- Team 4 – 10E
- Team 5 – 10G/8G
- Uncovered Gen Med – anywhere but above

ER admissions:

- The MAR triages all patients admitted to the Medicine service and assigns them to the proper team based on our Geographic Policy.
- From 08:00-12:00, the Day MAR (with the help of the AM MAR and AM MAI) does all the Covered floor admissions for each team.
- From 12:00-16:00, the Day MAR, after triaging the patient, will assign admissions to the Covered and Uncovered Gen Med services; these services will be responsible for admitting the patient.
- From 16:00-20:00, the Day MAR will assign Covered floor admissions in the following order unless circumstances dictate otherwise (Uncovered Gen Med floor admissions will be handled by the Uncovered Gen Med services):
 - Day MAR (last admission at 7PM)
 - On-Call Resident
 - CCU Resident (last admission at 7PM)
 - Night MAI (after 5PM)
 - All admissions done by the MAI must be supervised by the MAR
 - The MAI admission notes must have an addendum (i.e. a brief synopsis) written by the MAR.
 - Non Cross-Covering Intern (if available)
- From 20:00-08:00, the Night MAR will assign Covered floor admissions in the following order unless circumstances dictate otherwise (Uncovered Gen Med floor admissions will be handled by the Uncovered Gen Med services):
 - Night MAR (last admission at 7AM)
 - Night MAI (last admission at 4AM)
 - All admissions done by the MAI must be supervised by the MAR
 - The MAI admission notes must have an addendum (i.e. a brief synopsis) written by the MAR.
 - AM MAR (starting at 6AM)
 - AM MAI (starting at 6AM)
 - Senior Night Float
 - ICU Night Float (after 9PM; only if admission load is at extreme levels)
- The MAR generally does not do admissions 60 minutes prior to their shift change.
 - However, under certain conditions (such as ER crowding or multiple pending medicine admissions), the Day/Night MAR may be asked by the chief resident to stay an additional amount of time (not to exceed two hours) to help with admissions.

Direct admissions:

- They are handled in the same manner as above.
- If the patient is stable, they receive less priority than any ER admission.

Transfers:

- From the ICU/ACS
 - The ICU/ACS writes an off-service/transfer note and transfer orders (in which they remain the covering team/attending).
 - The following order must be written: “please call the MAR when patient arrives on floor”.
 - The accepting service assumes responsibility of the transferred patient immediately upon the patient’s arrival to the floor.
 - The MAR will designate which floor service will assume responsibility of the patient based on our Geographic Policy.
- From an Outside Facility:
 - The outside facility must contact the University Hospital Transfer Center (464-5449).
 - The Transfer Center will coordinate the transfer with an accepting attending.
 - If the transfer is arranged directly with a General Medicine attending, ACS attending, ICU attending, or Hematologist/Oncologist, the accepting attending must alert the MAR.
 - If a consulting service accepts a transfer to one of the General Medicine teams (teams 1-3 and 5), the consulting attending should contact the MAR. While the consulting attending will be the accepting attending initially, the MAR (or designee) will admit the patient to one of the General Medicine services and reassign the patient to the appropriate General Medicine attending.
 - The admission process will occur as outlined above.
- From another Department at University 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.
 - The service that arranges for the transfer to the Medicine service should contact the MAR so that team assignment occurs and accurate team numbers are maintained.
- From within the Department of Medicine:
 - The transferring medical team must inform the MAR of the transfer so that accurate team numbers can be maintained.

1. Weekdays

a. 8AM-12PM

- i. The MAR is responsible for distributing and completing admissions (with the help of AM MAR and AM MAI) to the Covered non-ICU/ACS teams; the ICU/ACS services and Uncovered Gen Med services are responsible for their own admissions.
 - 1. Heme/Onc patients are distributed to either the covered (housestaff) or uncovered (no housestaff) service after discussing with the covered service attending.
 - 2. ACS patients are admitted by the ACS resident.
 - 3. ICU patients are admitted by the ICU team.
 - 4. Gen Med patients are admitted based on our Geographic Policy.
- ii. If help is needed, the MAR may contact the Chief Resident who will then be responsible for finding additional manpower.

b. 12PM-4PM

- i. The MAR is responsible for distributing (and if manpower dictates, completing) admissions to the covered and uncovered non-ICU/ACS teams; all covered and uncovered non-ICU/ACS

services are responsible for completing their own admissions. The ICU/ACS services are responsible for their own admissions.

1. Heme/Onc patients are distributed to either the covered (housestaff) or uncovered (no housestaff) service after discussing with the covered service attending.
2. ACS patients are admitted by the ACS resident.
3. ICU patients are admitted by the ICU team.
4. Gen Med patients are admitted based on our Geographic Policy.

c. 4PM-8AM

- i. The MAR is responsible for distributing (and if manpower dictates, completing) admissions to the covered non-ICU/ACS teams; the ICU/ACS services and the Uncovered Gen Med services are responsible for their own admissions; Check www.amion.com to determine other potential admitters.
 1. Heme/Onc patients are distributed to either the covered (housestaff) or uncovered (no housestaff) service after discussing with the covered service attending.
 2. ACS patients are admitted by the ACS resident.
 3. ICU patients are admitted by the ICU team.
 4. Gen Med patients are admitted based on our Geographic Policy.

2. Weekends

a. 8AM-4PM

- i. The MAR is responsible for distributing (and if manpower dictates, completing) admissions to the covered non-ICU/ACS teams; the ICU/ACS services and the Uncovered Gen Med services are responsible for their own admissions.; Check www.amion.com to determine other potential admitters.
 1. Heme/Onc patients are distributed to either the covered (housestaff) or uncovered (no housestaff) service after discussing with the covered service attending.
 2. ACS patients are admitted by the ACS resident.
 3. ICU patients are admitted by the ICU team.
 4. Gen Med patients are admitted based on our Geographic Policy.
- ii. If help is needed, the MAR may contact the Chief Resident who will then be responsible for finding additional manpower (for example, jeopardy).

b. 4PM-8AM

- i. The MAR is responsible for distributing (and if manpower dictates, completing) admissions to the covered non-ICU/ACS teams; the ICU/ACS services and the Uncovered Gen Med services are responsible for their own admissions; Check www.amion.com to determine other potential admitters.
 1. Heme/Onc patients are distributed to either the covered (housestaff) or uncovered (no housestaff) service after discussing with the covered service attending.
 2. ACS patients are admitted by the ACS resident.
 3. ICU patients are admitted by the ICU team.
 4. Gen Med patients are admitted based on our Geographic Policy.

3. ICU/ACS admissions

Weekdays and Weekends, 24 hours a day, admissions to the ICU/ACS are the responsibility of the ICU/ACS service (the ACS service is covered by Senior Night Float from 8PM-8AM).

4. What About Overflow or Above-the-Cap?
 - a. Unless there is an urgent/emergent patient safety issue, the ACGME rules outlined above may not be violated under any circumstance.
 - b. Do not hesitate to contact EPO with any concerns/questions.

Miscellaneous:

- Covered Inpatient Teams
 - Team 1 (6B): General Medicine (Housestaff-20 patients)
 - Team 2 (6A): General Medicine (Housestaff-20 patients)
 - Team 3 (6K + 4 patients on 6A/B): General Medicine (Housestaff-20 patients)
 - Team 4 (10E): Hematology/Oncology (Housestaff-20 patients)
 - Team 5 (10K + 8G): General Medicine (Housestaff-20 patients)
 - ACS (14 to 20 patients depending on whether 1 or 2 interns present)
 - ICU
- Uncovered Inpatient Teams
 - General Medicine (anywhere other than above Gen Med Covered areas)
 - Hematology/Oncology (per Hematology/Oncology attending)
 - Cardiology (per Cardiology attending)
- The patients will be admitted as follows:
 - Patients deemed ICU candidates require a consult from the ICU service who will then determine if patient is admitted to the ICU.
 - Patients deemed ACS candidates require a consult from the ACS service who will then determine if patient is admitted to the ACS.
 - Patients deemed Heme/Onc candidates will be admitted to the covered Hematology/Oncology service unless directed to admit to the uncovered Hematology/Oncology service by the covered service attending.
 - Aside from the above patients who require admission to the ICU, ACS, or Hematology/Oncology services, all remaining patients are to be admitted to one of the General Medicine Services. Geographic assignment should dictate which team patient is admitted to, but judgment should always be used to ensure manpower is being used equitably.
 - If covered General Medicine Covered teams are capped (i.e. hard cap at 20), patients should be admitted to the uncovered General Medicine Team.
 - If the uncovered General Medicine team is capped (i.e. soft cap at 18), patients should be admitted to one of the covered service attendings, but without housestaff coverage.
 - Each covered service attending can follow 24 patient total if needed (20 by housestaff and 4 by the attending directly).

**Ultimately, the MAR has the final say of what
Medicine service a patient is admitted to.**

The MAR may confer with a Hospitalist, other attendings, Chief Residents, or whomever else 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 housestaff have any concerns about this policy, please feel free to contact the covering Chief Resident or Dr. Knohl.

If faculty have any concerns about this policy, please feel free to contact Dr. Knohl or Dr. Iannuzzi.

Dr. Knohl's Pager: 315-467-4535

Dr. Iannuzzi:

Cell phone: 313-410-4102

Beeper: 315-441-7310.

Reviewed & Revised by: Stephen J. Knohl, MD

Date Revised: 5/31/12