**Admission and Management Policy for the Internal Medicine**

**Residents at Sisters of Charity Hospital**

*Revised: November 8, 2017*

1. We will have the following three teams at sisters:

**A) 3South Step Down Team** **B) ICU/4N(cardiac teaching) Team** **C) Night Float Team**

* 1. **3South Step Down team** will be run by one PGY-2 and one PGY-1 residents.
  2. **The ICU/4N team** will be run by one PGY-2 and Two PGY-1 residents.
  3. **The Night Float Team** will be run by one PGY-3 and one PGY-1 residents.

1. The Responsibilities of the residents in each team will be as follows:
2. **The Day float resident** will do admissions to the ICU/4N team and 3South step down unit from ER **between 7 am and 12 pm**. The day float resident will also be responsible for the rapids and codes **between 7 am and 12 pm**.
3. **Oncall PGY-2 and PGY-1 residents** will be responsible for running rapids and codes between 12 pm and 8 pm.
4. **3South STEP DOWN TEAM:**

**A1) When NOT ONCALL**, **3S Step Down PGY-2 resident** will be responsible for taking care of patients in 3S Step Down Unit and doing admissions to 3S Step Down Unit **between 12 pm and 4 pm.**

**A2) When ONCALL, 3S Step Down PGY-2 resident** will be responsible for doing admissions and taking care of patients in both teams (i.e. 3S Step Down Unit and ICU/4N) **between 4 pm and 8 pm**.

**A3) When NOT ONCALL, 3S Step Down PGY-1 resident** will be responsible for taking care of patients in 3S Step Down Unit and doing admissions to 3S Step Down Unit **between 12 pm and 4 pm.**

**A4) When ONCALL, 3S Step Down PGY-1 resident** will continue to take care of the patients in 3S Step Down Unit and do admissions to both teams (i.e. 3S Step Down Unit and ICU/4N) **between 4 pm and 8 pm**.

**A5) On his/her clinic day**, **3S Step Down PGY-1 resident** will take care of his/her patients till 12 pm and then will sign out to the ONCALL PGY1 resident to leave for the clinic.

1. **The ICU/4N TEAM:**

**B1) When NOT ONCALL**, **the ICU/4N PGY-2 resident** will be responsible of taking care of patients in the ICU/4N and doing admissions to the ICU/4N **between 12 pm and 4 pm**.

**B2)** **When ONCALL, the ICU PGY-2 resident** will be responsible of doing admissions and taking care of patients in both teams (i.e. 3S Step Down Unit and ICU) **between 4 and 8 pm**.

**B3)** **when NOT ONCALL**, **The ICU/4N interns** will be responsible of taking care of the patients in the ICU/4N and doing admissions to the ICU/4N team **between 12 pm and 4 pm**.

**B4) When ONCALL, the ICU/4N PGY-1 resident** will take care of the patients in 3S Step Down Unit and do admissions to both teams (i.e. 3S Step Down Unit and ICU/4N) **between 4 pm and 8 pm**.

**B5)** **On his/her CLINIC day**, **the ICU/4N PGY-1 resident** will take care of his/her patients till 12 pm and then will sign out to the ONCALL PGY1 resident to leave for the clinic. The other PGY-1 resident will do admissions to the ICU/4N **between 12 pm and 4 pm.**

1. **Night Float Team:**

The **Night Float Team** will be responsible for taking care of the patients of both teams, running rapids and codes and doing admissions to both teams between 8:00 PM and 7:00 am.

**Admission & Management Policy:**

1. ICU/4N service will have a **cap of 20 patients**.
2. ICU/4N team will accept patients for cardiac teaching service till it reaches the **CENSUS of 15 patients**. Then After, To prevent the service from getting capped and upon the request of teaching service, Dr. Shehata’s group and/or any other attending, will admit the chest pain observation cases to the private service. If Residents will be busy during the day managing patients in the ICU, A Physician Assistant (PA) from Associated Physicians will be available on weekdays till 5 pm for this purpose and assigned for ER admits only, or residents may call Dr. Nady Shehata’s service.
3. BMG, Dr. Shehata’s, Dr. Mahran’s, Dr. Maddi’s and other attending’s private patients will be managed by the ICU/4N team while in the ICU. Patient will be transferred to the respective service/ attending once ready for transfer to the floor.
4. 3S Step Down Unit will have a **Cap of 10 patients**.
5. 3S Step Down Unit will accept clinic and Non-referred patients till it reaches the **CENSUS of 7 patients**. Then after, 3S Step Down unit will **ONLY** Accept STV and MCCC clinic patients coming through the ER and teaching/ non-private patients coming down from the ICU to the floor.
6. Overflow beyond the caps will be transferred to the private service. Dr. Shehata’s group, as well as other staff physicians, has graciously agreed to transfer these patients to their services to assure the cap is not exceeded beyond 24-hours. As the hospital is a fluid environment, the cap may be exceeded but must return to the preset levels within 24 hours.
7. Unless it is a clinic patient, **under no circumstances** are residents allowed to admit patients over the cap.
8. ICU/4N service census shouldn’t cross over the **total of 20 patients** and 3S Step down service census shouldn’t cross over the **total of 14 patients** at any given time to comply with ACGME rules and regulations.
9. The census of each team should be reviewed at minimum **twice daily** and should be communicated to ER by the **Day Float Resident** in the morning and the **Night float Resident** at night after signout. Communication will be the key for success; Chief Residents/Program Director/Associate Program Director will monitor these activities.

*Program Director Reviewed & Approved*