CTU Admission Rules

Admissions for CTU Teams

Call structure for CTUs A-D&G

- "On-Call" starts for CTU A-D&G teams at 1pm M-F and noon weekends/holiday
- Call continues until 8am post-call day
- The "on call" team is divided between teams on a rotating basis 1:5
- The "Primary on-call" team will consist of the Attending and Senior Resident (until 10pm) and Junior (either R1 or CC) from the same team (e.g. CTU A).
- In addition, there will be a junior trainee (CC/R1) from each of 3 other teams, as well as a senior resident from an unassigned team (Hero call). The Hero will admit to the CTU team that does not have a junior. All trainees should admit only to their own teams, with the exception of E.
  - ***Continuity of care trumps equality of numbers!***
- The Night Float senior starts at 10pm, the on-call seniors go home but the R1 and Clerks stay overnight.

Example	Trainees	Attending on-call
Day1:	**CTU A** Senior / 2R1 & 2CC for teams CTU A, B, C, D / Hero call (G)	**CTU A**
Day 2:	**CTU B** Senior / 2R1 & 2CC for teams CTU B, C, D, G / Hero call (A)	**CTU B**
Day 3:	**CTU C** Senior / 2R1 & 2CC for teams CTU C, D, G, A / Hero call (B)	**CTU C**
Day 4:	**CTU D** Senior / 2R1 & 2CC for teams CTU D, G, A, B / Hero call (C)	**CTU D**
Day 5:	**CTU G** Senior / 2R1 & 2CC for teams CTU G, A, B, C / Hero call (D)	**CTU G**

Then repeats ..

Rules

- Admissions should be divided up on a 1:1 basis between teams with ***priority to keep patients within the team*** whenever possible to allow continuity of care (i.e. the R1 and student should be presenting to their own attending and continue to look after their new admissions).
- D4ICU patients are preferentially reviewed by the on-call attending, but admitted to the junior's team who initially saw the case.
- Appropriate 'medicine short stay' (MSSU) patients should be directly admitted to CTU E team on MSSU (Kidd 10)
- Unseen patients from overnight are handed over to the CTU E in am
- On call Interns and Clerks should be released from seeing new consults at 6am in order to round on their patients between 6-8am.
- Night Float resident is responsible for new consults between 6-8am

Admission Rules for CTU E/Medicine Short Stay Unit (MSSU) Team

- K10 / MSSU is a 'closed' unit i.e. all patients are managed by CTU E.
- CTU E has to "actively manage" the 12 beds on K10.
- CTU E has a **20 patient cap** located in ED + MSSU (K10).
- CTU E will accept all appropriate short stay patients (see separate document for guidelines) whatever the time of day/night.
- If a patient is inappropriate for the MSSU then they are cared for by CTU E team until transfer off the unit is arranged
- CTU E should 'sign out' # of available beds to the on-call teams each day at 5pm

Priority for K10 bed assignment:

i) Patients admitted directly by CTU E team
ii) Patients admitted to CTU E by on-call teams / GIM consult team
iii) Patients transferred from CTU A-D &G to E with consent of Attendings (i.e. beds available on K10 & patients appropriate for MSSU)
iv) If K10 has available beds rarely CTU A-D&G can request use of these beds & patient remain under their original team ***for a short duration only*** (e.g. palliative patient). [This arrangement must have the consent of both CTU A-D&G and CTU E Attendings].
v) If all medicine beds are full & only available beds are on K10 then patients may be transferred to K10 under CTU E (least desirable option & must involve discussion with Attendings)

- CTU E covers any left-over consults and all new ED consults from 8am-1pm (M-F) and 8am-noon (weekends & holidays)
- Any patients deemed NOT appropriate for the MSSU are assigned to a CTU A-D&G team and admission orders are completed. These patients are reviewed with the CTU E attending or the A-D&G attending if they are available. Transfer of care to receiving team occurs when patient goes up to the ward OR at 1pm, whichever comes first
- On-call CTU teams (A-D&G) can directly admit to CTU E / MSSU beds either by reviewing with their own staff on call nights or with the CTU E attending

Other sources of CTU Admissions

- ICU transfers
- Transfers approved by GIM consult / Medicine subspecialty services
- Direct to medicine wards from clinics
- Direct to medicine wards from outside hospitals
- Transfers from IMU H
- Transfers from CTU E (short stay that declare as long admissions)
- Transfers ideally should be allocated by bed location on 'home' wards if possible (e.g. C10 go to A/B teams; C9 to C/D teams, K9 to G team). Direct transfer into D4ICU should go to the Primary on-call team

"Bounce-Back" Rules

- "Bounce-Backs" belong to original CTU team (if discharged and readmitted within the same block – starting day 1 [i.e. first Tuesday of the block])
- ICU "Bounce-Backs" belong to CTU team that transferred into ICU (if in & out within same block, assuming the patient was reviewed by an Attending prior to ICU transfer)
- IMU H "Bounce-Backs" belong to CTU team that transferred to IMU H (if in & out within same block)
- "Bounce-Backs" do NOT count to patient team # on call
- Ideally the patient should be seen by the junior on call from the team who will be re-admitting the patient

"Holdovers":Direct Discharges from ED/Patients not appropriate for Medicine Admission

- Patients can be directly discharged home by Medicine from the ED, or 'held-over' for staff review if the residents feel that the patient would be best served by an admitting service other than medicine
- All discharges NEED to be discussed with an Attending Physician with documentation that the discussion occurred
- Juniors should review these cases directly with their OWN attending
  (Please note: this is a change from previous years whereby the CTU E attending reviewed all of these holdovers. They are now reviewed with the Attending linked to the trainee who saw the consult)
- #3 should be dictated to document the encounter for patients being discharged

KGH Admission Algorithm

- All Medicine Residents and Attendings should be familiar with this document
- Helps avoid confrontations and outlines the appropriate admitting services for most diagnoses

Post Call Rounds

- Start 7:30am-8am in section A of the ER

Attending Expectations:

- All new admissions **MUST** have a Staff Attending Note within 24hrs/admission
- Primary on-call Attendings are encouraged to visit the ED on call evenings and **must** write admission notes for their own team's patients. They ***may*** write admission notes if reviewed patients appropriate for the CTU E /MSSU team or D4 admissions to other teams.
- Primary on-call Attendings should supervise/assist trainees on the other teams *if needed* – these patients will get a full review & staff note from their own Attending in the am
- Post-call mornings all Attendings will review patients not previously seen
- Primary on-call Attending MUST cover the ED on Wednesday AHD 1-4pm
- An Attending presence is expected each weekend on service