Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Queen's University

CTU Admission Structure

Admissions for Medicine CTU Teams

Call structure for CTUs A-D&G&K

- "On-Call" starts for CTU A-D teams at 4pm M-F and noon/12pm weekends/holidays
- Call continues until 8am post-call day
- The "on call" team is divided between teams on a rotating basis 1:4 (A-B-C-D-A..)
- The "Primary on-call" team will consist of
    - 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 (Extra ER). The Extra ER will admit to all teams, and help review consults with juniors.
- *All trainees should ideally admit only to their own teams, with the exception of E, G & K. Ideally G&K are 'filled up' throughout the day by the E team, allowing overnight juniors to admit their cases to their own teams for ongoing follow-up.
- Numbers of admissions between teams are not always even
    - ***Continuity of care trumps equality of numbers!***
- The Night Float senior starts at 10pm, the on-call senior goes home but the R1s, Clerks and Extra ER resident stay overnight.

Example	Trainees	Attending on-call
Day 1:	**CTU A** Senior / 2R1 & 2CC for teams CTU A, B, C, D / Extra ER	**CTU A**
Day 2:	**CTU B** Senior / 2R1 & 2CC for teams CTU A, B, C, D / Extra ER	**CTU B**
Day 3:	**CTU C** Senior / 2R1 & 2CC for teams CTU A, B, C, D / Extra ER	**CTU C**
Day 4:	**CTU D** Senior / 2R1 & 2CC for teams CTU A, B, C, D / Extra ER	**CTU D**

Then repeats ..

Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Queen's University

Guidelines/ 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).
- There are no caps on number of admissions or census for CTU A-D.
- CTU-G has a cap of 35 patients, NO D4 admissions
- CTU-K has a cap of 20 patients, can accept D4 patients, but NO holdovers
- 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 (C3)
- Unseen patients from overnight are handed over to the CTU E in am

Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Queen's University

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

- CTU E has a soft **20 patient cap** , typically has a census of 10-15 patients
- CTU E will accept all appropriate short stay patients (see separate document for guidelines) whatever the time of day/night.

Daytime Admissions from ED

- CTU-E covers any left-over consults from overnight and all new ED consults from 8am-4pm (M-F) and 8am-noon (weekends & holidays)
- Any patients deemed NOT appropriate for the MSSU are assigned to a CTU A-D&G&K team and admission orders are completed. These patients are reviewed with the CTU-E attending or the A-D&G&K attending if they are available.
- Transfer of care to receiving team occurs when handover admission orders was completed and handover between Attendings has taken place.
- On-call CTU teams (A-D) can directly admit to CTU E / MSSU beds either by reviewing with their own staff on call nights or with the CTU E attending the following morning

Other sources of CTU Admissions

- ICU transfers (from K2ICU)
- 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 ideally should be allocated by bed location on 'home' wards if possible (e.g. C10 go to A/B teams, K10 to A/B, C9 to C/D teams, K9 to C/D team, C3 to G/K)
- Direct transfer into D4ICU should ideally go to the Primary on-call team

Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Queen's University

CTU-G Structure

- CTU-G is an acute care hospitalist team that is resident-independent and typically has no trainees
- The team consists of a PA and 2 Attendings (mix of IM and FM trained)
- The team has a cap of ~35 patients, but may expand at the discretion of the Attendings
- The team will not take direct/new D4 admissions, but if their ward patient is transferred to D4, the Attending can decide if they will continue to care for the patient or transfer to another team
- Sources of admissions: as this team does not have junior members on call, the E team will preferentially admit longer stay patients to G, overnight admissions by juniors are acceptable, as well as GIM consults can admit to this team (C3). ICU transfers to C3 should preferentially be assigned to CTU-K.
- CTU-G will take 'bounce-backs' similar to other teams
- If a hospitalist is Attending on the service and require IM assistance, GIM consults can be consulted.

CTU-K Structure

- CTU-K is an acute medicine teaching team that is typically staffed by an Attending physician and 2 senior residents. NB- during later blocks of the year (6-13) IM juniors may be added to this team.
- The team has a cap of ~20 patients, cap can be increased at the Attending's discretion, particularly if there are extra learners on the team.
- The team accepts direct D4 admissions
- NO holdovers
- Bounce backs are similar to other teams
- Home ward is C3

"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])
    - The block refers to the residents' 4 week period
- CTU-E is the exception and does not automatically take bounce-backs unless the subsequent presentation is suitable for MSSU
- 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)
- Ideally the patient should be seen by the junior on call from the team who will be re-admitting the patient

Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Queen's University

"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
    - The Nightfloat resident is encouraged to call the Attending on-call to discuss a case for direct discharge from ED overnight
- Juniors should review these cases directly with their OWN attending

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
    - When there is a dispute as to the most appropriate admitting service for a patient, the two Attendings should discuss the case directly to determine an admitting disposition

Post Call Rounds

- Start 7:30am-8am in section A of the ER, or in Team rooms to review.

Attending Expectations:

- All new admissions **MUST** have a Staff Attending Note within 24hr of admission
    - Typically an addendum to the junior's H&P in LUMEO
- On-call Attendings are encouraged to visit the ED on call evenings and **must** write admission/consult notes for their own team's patients. They ***may*** review patients appropriate for the CTU E /MSSU team or D4 admissions to other teams.
- 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 the following morning
- Post-call mornings all Attendings will review patients not previously seen
- An Attending presence is expected each weekend day/holiday on service
- All residents are expected to be released for post-call by **10 am**, and for teaching (Sign-in rounds, AHD, etc) and the Attending must cover patient care during these resident absences

For a more detailed review of Queens CTU structure, please refer to the 'CTU Attending handbook'
Contact for CTU related issues/questions: Dr Kristen Marosi kfm@queensu.ca