

CTU Admission Rules

Admissions for CTU Teams

Call structure for CTUs A-D

- “On-Call” starts for CTU A-D teams at 1pm M-F and noon weekends/holiday
- Call continues until 8am post-call day
- The “on call” team will be divided between paired teams on a rotating basis (Teams A&C admit together and Teams B&D admit together).
- The “Primary on-call” team will consist of the Senior Resident (until 10pm) & R1 & Clerk from team A
- The “Secondary on-call” team consists of the Senior Resident (until 8pm) R1 & Clerk from team C.
- The Night Float senior starts at 10pm, the on-call seniors go home but the R1 and Clerks stay overnight.

<u>Example</u>	<u>Residents</u>	<u>Attending on-call</u>
Day 1:	CTU A R2or3/R1/Clerk & CTU C R2or3/R1/Clerk	CTU A
Day 2:	CTU B R2or3/R1/Clerk & CTU D R2or3/R1/Clerk	CTU B
Day 3:	CTU C R2or3/R1/Clerk & CTU A R2or3/R1/Clerk	CTU C
Day 4:	CTU D R2or3/R1/Clerk & CTU B R2or3/R1/Clerk	CTU D

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 to be preferentially admitted to Primary on call team until 10pm and/or if discussed with the primary on call Attending overnight
- Otherwise D4ICU admissions should stay with the admitting resident/student team
- The ‘secondary take’ senior resident should see new consults directly between 1-8pm on 2^o take calls
- 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 11 beds on K10.
- CTU E has a **15 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 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 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 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 team and admission orders are completed. These patients are reviewed with the CTU E attending or the A-D 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) 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 should be allocated by bed location on 'home' wards if possible (e.g.

C10 go to A/B teams; C9 to C/D teams). Direct transfer into D4ICU should go to the Primary on-call team. K9 or other locations to the primary or secondary 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)
- IMU H “Bounce-Backs” belong to CTU team that transferred to IMU H (if in & out within same block)

Direct Discharges from the ED

- Patients can be directly discharged by Medicine from the ED
- However all discharges NEED to be discussed with an Attending Physician and documentation that discussion occurred.

KGH Admission Algorithm

- This is your friend!
- 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 by 7:30am in section A of the ER
- Post-call teams should be represented by Attending and one senior resident (along with R1 & clerk that were on call)
- Rest of team should attend sign-in rounds

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.
- Primary on-call attendings should supervise/assist residents on the secondary on-call team’s *if needed* – these patients will get a full review & staff note from their own attending in the am
- Secondary on-call attendings are not expected to come to the ED
- Post-call mornings both the Primary and Secondary 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

