Transfer Policy to an Internal Medicine Inpatient Service

Objective: The policy is an acknowledgement that any internist, whether a generalist or subspecialist, is able to determine when a patient needs inpatient care primarily directed by an internist. When an internist makes that determination, he/she should be able to coordinate a smooth transfer to an internal medicine service. Transfers, unless emergent, should only take place between the hours of 8am-5pm. Emergent transfers should only involve patients who are transferred to the MICU/CCU or need telemetry.

Background: Currently, a patient is transferred from a non-internal medicine service to an internal medicine service only through the involvement of the general internal medicine consult team/general internal medicine fellow (GIMF). For a patient who is already receiving a consult through an internal medicine subspecialist, the extra step of involving the GIMF is unnecessary. For a patient who is not currently receiving any treatment from an IM subspecialist, the GIMF can provide the invaluable service of reviewing the patient’s current problems and status to determine if a transfer to an internal medicine service is warranted as well as to give recommendations on the treatment of the patient’s medical issues.

Transfer Process: Once a member of a subspecialty IM consult service or a member of the GIMF decides a patient needs to be transferred to an inpatient internal medicine service, the physician must decide which service will accept the patient. Options 1-3 below are meant to avoid involving the GIMF if another IM subspecialty is already involved and believes the patient needs to be transferred to IM. Options 4-6 describe the process when the GIMF is already involved or in cases when no IM subspecialty is involved.

Additional Notes:

1. No transfer to IM can take place without an accepting attending agreeing to the transfer.
2. If the patient is already connected to a Firm, the patient should be transferred to that Firm. Please call that Firm’s ACS. The ACS must accept the patient for the patient to be transferred to a Firm.
3. If this is a patient of a JHOC/Greenspring physician, the patient should be offered to that attending and will be transferred to that attending’s Firm.
4. If this is a patient of a JHCP attending, the patient should be offered to the attending covering Nelson 4.
5. If the patient is transferring from Halsted 3/Rehab, Psychiatry, Weinberg, or an outpatient clinic, the fellow or attending arranging the transfer must call admissions (5-5600) to accept the patient.
6. To contact the medical shift coordinator, you can page them at 410-283-3989. You can also contact the medical shift coordinator through the pagerbox.com website. Simply type either 33989 or medical shift in the “search” box at the top of the pagerbox.com website and then you can text page the coordinator. Don’t forget to include your pager number.
7. **A patient cannot be transferred by a fellow to the MEG or Hospitalist service without the consult attending's approval.**

8. MEG, Garrett, and Nelson 5 are all names for the same service. It does not describe a place, it describes a service.

1. The subspecialist may want to transfer the patient to the Gen Med Service on Nelson 5/MEG, the Hospitalist Service, Nelson 4, or a Firm.
   a. The subspecialty fellow will discuss the case with the attending covering the general medicine consult service unless the patient is a Nel 4, Firm, or Firm faculty patient.
      i. If the patient is a Nelson 4 patient, the fellow should discuss the transfer with the Nelson 4 attending
      ii. If the patient is a Firm patient, the fellow should discuss the case with that Firm’s ACS
      iii. If the patient is a Firm faculty patient, the fellow should discuss the case with the specific Firm faculty member.
   b. The general medicine consult attending will agree to the transfer to either the Nelson 5 service or to the Hospitalist Service.
   c. The subspecialist or subspecialty fellow will call the medical shift coordinator (on pagerbox.com 3-3989) to inform shifty of the transfer.
   d. The subspecialist or subspecialty fellow should inform the Nelson 4 or 5 intern/resident if applicable. The shift coordinator will know who the intern is.
   e. The shift coordinator will inform the charge nurses of the transferring and accepting floors.
   f. The subspecialist or subspecialty fellow will inform the transferring physician that the patient has been accepted.
   g. The transferring physician will dictate a stat discharge summary and/or write a transfer note.

2. The subspecialist may elect to transfer the patient to his/her own subspecialty service (i.e. Nelson 4 or 5 renal, cardiology, pulmonary, rheum, ECT.)
   a. The subspecialty fellow will discuss the case with the subspecialty attending, and the subspecialty attending will agree to the transfer.
   b. The subspecialist or subspecialty fellow will call the medical shift coordinator (on pagerbox.com 3-3989) to inform shifty of the transfer and to discuss bed availability.
   c. The subspecialist or subspecialty fellow should inform the Nelson 4 or 5 intern/resident if applicable. The shift coordinator will know who the intern is.
   d. The shift coordinator will inform the charge nurses of the transferring and accepting floors.
   e. The subspecialist or subspecialty fellow will inform the transferring physician that the patient has been accepted.
   f. The transferring physician will dictate a stat discharge summary and/or write a transfer note.

3. The subspecialist or subspecialty fellow may believe that the patient needs to transferred to the MICU or CCU.
   a. The primary team should call the MICU/CCU fellow.
If the MICU/CCU fellow accepts the patient, the fellow should call the shift coordinator and inform the MICU/CCU charge nurse that the patient has been accepted. If the MICU/CCU fellow believes the patient does not meet that level of care, please refer to the first or second option.

The transferring physician will dictate a stat discharge summary and/or write a transfer note.

4. The GIM attending may accept the patient to his/her own Firm Faculty service or the Nelson 5/MEG service.
   a. The GIMF will notify the medical shift coordinator (on pagerbox.com) of the transfer. The shift coordinator will furnish the name of the Nelson 5 intern on-call.
   b. The GIM attending or GIMF will notify the Nelson 5 intern/resident.
   c. The shift coordinator will inform the charge nurses of the transferring and accepting floors.
   d. The GIMF will inform the transferring physician that the patient has been accepted.
   e. The transferring physician will dictate a stat discharge summary and/or write a transfer note.
   f. The Nelson 5 or Firm Faculty intern will write orders and a H&P.

5. The GIM attending may elect to transfer the patient to the MICU or CCU
   a. The GIMF should call the MICU/CCU fellow.
   b. If the MICU/CCU fellow accepts the patient, the fellow should call the shift coordinator and inform the MICU/CCU charge nurse that the patient has been accepted. If the MICU/CCU fellow believes the patient does not meet that level of care, the GIM attending can decide whether to transfer the patient to his/her own service or the hospitalist service.
   c. The shift coordinator will inform the transferring unit that the patient has been accepted.
   d. The GIMF fellow will inform the transferring physician that the patient has been accepted.
   e. The transferring physician will dictate a stat discharge summary and/or write a transfer note.

6. The GIM attending may elect to transfer the patient to the hospitalist service.
   a. The GIMF will discuss the case with the hospitalist by paging 3-2648.
   b. The hospitalist will determine if the level of care is appropriate and will accept the patient to the hospitalist service that business day unless beds are unavailable. If beds are unavailable, the hospitalist service will take the patient the next business day.
   c. The GIMF will call the medical shift coordinator to inform shifty of the transfer.
   d. The shift coordinator will inform the charge nurses of the transferring and accepting floors.
   e. The GIMF will inform the transferring physician that the patient has been accepted.
   f. The transferring physician will dictate a stat discharge summary and/or write a transfer note.
Helpful Numbers and Websites:
Medical Shift Coordinator Pager- 410-283-3989 (also found on pagerbox.com under medical shift or by pager number)
MICU- 410-955-5570
CCU- 410-955-5572
Hospital Operator- 410-955-5000
Nelson 5/MEG Resident Office- 410-614-0218
Nelson 4 Resident Office- 410-955-2534