Direct Admission Protocol for UIHC DFM

Goals:

1. Offload the UIHC ER
2. Admit medically stable patients more efficiently

Criteria for direct admission to the Family Medicine Inpatient Service:

1. Patients with a medical issue at any age >3 months requiring admission can be direct admitted AND
2. Patient has been approved for admission by the Family Medicine Inpatient Senior Resident or Inpatient Faculty after consultation with the outpatient provider
    a. UIHC census continues to be high and bed availability scarce. The inpatient team may recommend further work up or interventions in clinic (if available at the requesting clinic) prior to accepting the admission.

Exclusion criteria for direct admission to the Family Medicine Inpatient Service:

1. Patients <3 months old (FM-OB service should be contacted)
2. Patients with non-medicine reasons for admission for or those requiring specialty service admission (i.e. needing admission by surgery or neurology).
3. Unstable patients (see the attached document regarding Disposition Guidelines)
4. Patients that could potentially be discharged after a short period of monitoring or further evaluation in the ER (such as after receiving an IV therapy, advanced imaging, etc)

If the outpatient clinic provider is unsure if a patient would benefit from direct admission, you can always call our inpatient team to discuss individual cases. To discuss individual cases, please page the on-call inpatient faculty (pager 3334). It is at the discretion of the inpatient team to decide if they will accept a patient for direct admission or if they should be triaged elsewhere (such as the ER).

Admission Timing:

1. **The Admission Transfer Center (ATC)** puts bed requests for admission to the top of the priority list for a bed, but it can take several hours for a bed to become available.
2. **It is up to individual clinic directors if they would like to use a cut off time after which patients would be sent to the ER** (due to clinic closing times, lack of staff, and lack of rapid response or other advanced support at non main-UIHC campus locations).

If a patient has been accepted for admission:

1. The clinic provider will determine in conjunction with the inpatient team if a patient is safe to go home to await a bed, or if they will need to stay in clinic for monitoring while awaiting a hospital bed. There is NOT a holding area at UIHC for patients that have been admitted but do not have a bed ready.
    a. For patients that are not safe to go home --> monitor in clinic until a bed is ready. Order further testing and treat the patient as indicated (i.e. IV fluids). When a bed is ready, the Admission Transfer Center (ATC) will contact the clinic. The patient should be directed to the Main Information Desk at UIHC by nursing. The ATC will notify the main hospital that the patient is on the way and they will then be escorted to the unit upon their arrival.
        i. **Exception - if a patient is sent by ambulance, they'll go through the ED
    b. For patients that may be safe to go home --> the patient will go home and clinic nursing staff will be notified by the ATC when a bed is ready. The patient will then be called by the clinic nurse to present to UIHC.
        1. this should be an exception not a rule; a good example is a diabetic foot wound in a non-septic patient with normal vitals that needs more urgent evaluation for osteomyelitis, or a patient with an AKI without other electrolyte abnormalities that has already received an intervention (such as IV fluids) and the provider is confident the patient can manage at home for several hours, and the patient can reliably be contacted when their bed is ready
        2. If they are admitted after clinic hours from home, it is the responsibility of the admitting team to let the patient know when the bed is ready. If the bed is not ready by the end of the clinic day, the clinic provider will need to notify the senior at pager 8096 that they will need to call the patient when a bed is available.

General Workflow:

1. Clinic provider determines a patient may need admission
2. Clinic provider will place the Admission Bed Request order (doing this before talking to the inpatient team gets the search for a bed moving faster)
    1. Pick obs (<48h stay) or inpatient (>48h stay)
    2. Fill out all required fields, admitting service is Family Medicine and click YES that you've contacted the team already
1. Contact the family medicine inpatient team faculty (pager 3334)
2. Discuss with the staff, who will either accept the admission, suggest further work-up before making a determination, or discuss an alternative disposition (ER or does not need admission)
3. If accepted for admission:

1. For patients that are not safe to go home --> monitor in clinic until a bed is ready. Order further testing and treat the patient as indicated (i.e. IV fluids). When a bed is ready, the Admission Transfer Center (ATC) will contact the clinic. The patient should be directed to the Main Information Desk at UIHC by nursing. The ATC will notify the main hospital that the patient is on the way and they will then be escorted to the unit upon their arrival. **Exception - if a patient is sent by ambulance, they'll go through the ED
2. For patients that may be safe to go home --> the patient will go home and nursing will be notified by the ATC when a bed is ready. The patient will then be called by nursing to present to UIHC.
    3. this should be an exception not a rule; a good example is a diabetic foot wound in a non-septic patient with normal vitals that needs more urgent evaluation for osteomyelitis, or a patient with an AKI without other electrolyte abnormalities that you've given some fluids to already and are confident they can manage at home for a few hours
    4. If they are admitted after clinic hours from home, it is the responsibility of the admitting team to let the patient know when the bed is ready. If the bed is not ready by the end of the clinic day, please notify the senior resident at 8096 that they will need to call the patient when a bed is available.
    5. As a courtesy, please send the inpatient senior (8096) an FYI page that a patient has a bed ready and is en route to the main hospital. The ATC/nursing do not notify the providers.

Disposition Guidelines for Triage Directly to the Emergency Department

Unstable vitals:

- HR> 130 or HR < 50 beats per minute
- RR > 24 or RR < 10 per minute
- Symptomatic SBP > 180 or SBP <90 mmHg
- SBP > 200 or SBP <80
- O2Sat < 90% despite supplementation

- Acute change in mental status in the absence of chronic neurodegenerative disorder
- Chest pain unrelieved by nitroglycerin.
- Threatened airway
- Seizure
- Uncontrolled pain not responsive to single low dose opioid (driver must be available)
- Urgent advanced imaging is required for further evaluation or urgent need for invasive procedure that is not readily available in clinic
- Clinician has significant concern about the patient's condition

While waiting for a direct admission bed to become available, acute in-clinic intervention (e.g. nebulizer therapy, placement of oxygen, 500 cc IV rehydration, SL nitroglycerin, single/low dose opioid analgesia) is encouraged as clinically appropriate. If after the intervention the patient has any of the above, then consider direct transfer to ED.

*If additional clinical concern regarding patient stability to await an available bed, place bed request order and page the admitting service to consult and determine disposition
*Most patients meeting criteria for direct triage to the ED should be transported **emergently** to the ED. Notify ED per usual clinic protocol of patient transfer.

Updated January 2023 by Rockafellow
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UICC Direct Admission Guideline

1. Definition of services
    1. Ambulatory patients, managed by providers in the UI Community Clinics including Urgent Care and Quick Care sites.
2. Protocol for direct admission
    1. Provider will page the Family Medicine pager #3334, Triage for General IM pager #5025, Pediatric service triage officer Group ID #723 or appropriate specialty service to discuss the patient and the indications for admission.
    2. If both providers agree a direct admission is appropriate:
        - Referring provider places an admission bed request (Bed Request Tip Sheet).
            - This can be done by going to Meds & Orders and entering "**admission bed request"**
            - Select the inpatient bed request
            - **Referring clinic:** Specify UICC Clinic site
            - **Contact information**: Enter your name and pager; add Voalte of the clinic nurse taking care of the patient.
            - **Isolation:** droplet, contact and eye protection
            - **Admitting service**: Family Medicine, IM Hospitalist, Pediatric service triage officer or appropriate specialty service
            - **Attending service contacted:** Select "yes" and then enter the service/provider name. This allows ATC to skip the triage process.
            - **Complete** the rest of the questions
    3. This will trigger the admission transfer center (ATC) to find a bed for the patient.
    4. ATC will contact the requesting provider or clinic staff for more information and to alert them when a bed is available.
    5. If the Family Medicine, General IM, General Pediatric service triage officer or appropriate specialty service provider recommends ED evaluation:
        - Use existing processes and call the ED, identify themselves and ask to speak to one of the ED staff about the patient.
        - The charge nurse will often answer first and take information about the patient to pass along to the ED staff.

Direct Admission Arrival Process – Off Site Clinics, UICC + IRL

1. Patient (and parent/legal guardian(s) if applicable) should be instructed to present to the Main Information Desk or the SFCH Information Desk. Only those arriving via ambulance or intended to go to the ED should be advised to report to ED).
2. ATC notifies the clinic that the unit and bed is ready
3. ATC calls the Main Information Desk (48591) if the unit is in UIHC and the SFCH Main Information Desk (phone) if the unit is in SFCH, to alert them the patient is on the way.
4. Clinic calls report called to unit (RN to RN) or LIP if RN unable
    a. Name
    b. Diagnosis
    c. Why they are getting admitted
    d. Isolation?
    e. IV access
    f. Mobility level/bariatric/fall
    g. Vitals
    h. Family/social/prisoner
    i. Misc….
5. Clinic staff uses a standard script for patient directions: (how to get to the Main Information desk and where to park)
    a. **From Hawkins Drive to the Main Information Desk**
        i. From Hawkins Drive and the intersection of Evashevski Drive (adjacent to Kinnick Stadium directly across from the hospital)
        ii. Turn into Hospital Loop Drive (you'll see the UI Hospitals & Clinics sign on a curved stone wall across from the stadium)
        iii. Drive past the UI Stead Family Children's Hospital Main Entrance (on the right) and follow the signs to the Main Entrance
        iv. NOTE: Due to construction, the Main Entrance has been temporarily relocated to the Fountain Entrance. Follow signs past the Main Entrance canopy to the Fountain Entrance, turn to the right. The Main Information Desk is located just inside the Fountain Entrance Lobby. Parking Ramp 1 is the closest parking ramp to this entrance, slightly northwest of the Fountain Entrance. Patient loading and unloading is also available at the Fountain Entrance.
    b. **From Hawkins Drive to the Main Information Desk, SFCH**
        i. From Hawkins Drive and the intersection of Evashevski Drive (adjacent to Kinnick Stadium directly across from the hospital).
        ii. Turn into Hospital Loop Drive (you'll see the UI Hospitals & Clinics sign on a curved stone wall across from the stadium).

iii. Follow the signs to enter Parking Ramp 2, OR proceed to the entrance of SFCH slightly to your right. (Patient unloading is available at the entrance).
iv. If you park in Ramp 2, proceed to the South Elevator Bay.
v. In the elevator, Press the G button.
vi. Exit left out of the elevator into the SFCH entrance doors.
vii. Check in at the Information Desk slightly to your left.

6. Patient arrives at the information desk
7. Information desk alerts the unit the patient has arrived, and patient is escorted to a holding area. Holding area should have basic necessities available: blankets, emesis basin, and privacy for emotional issues (anxiety about admit, crying related to pain, etc.). * Short term: the Main Entrance is now at the Fountain, the private staging area for patients to wait is currently not possible but can be addressed when the Main Entrance is available for use in November 2020
8. Information desk will have escorts/transport escort all admissions to the unit, preferred even if the patient knows where they are going related to all of the changes at UI (elevators, construction)
3. If arriving via ambulance or intended to go to the ED, they should be advised to report to ED. Arrival via Ambulance Bay:
    1. Screener will notify the ED Charge nurse that a patient has arrived for direct admission
    2. ED Charge nurse will notify via Voalte the Med/Surg HOM for adult patients or the CWS HOM for pediatric patients
    3. HOM will arrange for an escort to meet the patient at the ED and accompany them to the appropriate ward. This escort is responsible to be sure masks are kept on and in place.