

## **APH PHM Patient Admission Guide**

### **APH ER Admissions**

Responsibility for handling these messages goes to the Float between 7a-4p and nocturnists between 4p-7a.

ER will page 'APH Pediatric Hospitalist' through PerfectServe.

Determine who the admission is going to based on assessment of the census numbers, the 2/1 admission rule, the time of day (i.e., AM resident rounds are protected between 6a-12p). Discuss with the Ward Senior Resident and/or partners on duty as necessary.

If the admission is going to the residents, contact the Ward Senior Resident and let them know there is an ER admission for the resident service. They should return the ER call asap and take it from there.

If the admission is not going to the residents, determine whose turn it is to take an admission and contact them to let them know so they can call back the ER asap.

### **PCP Direct Admissions**

Responsibility for handling these messages goes to the Float between 7a-4p and nocturnists 4p-7a.

PCP will leave a voicemail in PerfectServe, which will be routed to the person on call for 'APH Pediatric Hospitalist'.

Determine who the admission is going to based on assessment of the census numbers, the 2/1 admission rule, the time of day (i.e., AM resident rounds are protected between 6a-10a). Discuss with the Ward Senior Resident and/or partners on duty as necessary.

If the admission is going to the residents, contact APH 1 Ward Attending to return the call asap. APH 1 should try to include the residents on the call if possible (i.e., a 3-way call).

If the admission is not going to the residents, determine whose turn it is to take an admission and contact them to let them know so they can return the PCPs call asap.

### **Transfer Center Calls**

Responsibility for handling these messages goes to the Float between 7a-4p and nocturnists 4p-7a.

Transfer Center will send a PerfectServe message about the transfer call.

Determine who the admission is going to based on assessment of the census numbers, the 2/1 admission rule, the time of day (i.e., AM resident rounds are protected between 6a-10a). Discuss with the Ward Senior Resident and/or partners on duty as necessary.

If the admission is going to the residents, during daytime hours contact APH 1 to return the call asap. They should request that the Transfer Center call the residents as well to include them on the transfer call.

If the admission is not going to the residents, determine whose turn it is to take an admission and contact them to let them know so they can call the Transfer Center asap.

### **PICU/PACU/Nursery Transfers**

Responsibility for handling these messages goes to the Float between 7a-4p and nocturnists 4p-7a.

PICU/PACU/Nursery will send a PerfectServe message about the transfer.

Determine who the transfer is going to based on assessment of the census numbers, the 2/1 admission rule, the time of day (i.e., AM resident rounds are protected between 6a-10a). Discuss with the Ward Senior Resident and/or partners on duty as necessary.

If the admission is going to the residents, during daytime hours contact APH 1 to return the call asap. APH 1 should include the residents on the call if possible (i.e., a 3-way call).

If the admission is not going to the residents, determine whose turn it is to take an admission and contact them to let them know so they can call back the transferring service asap.

### **Guide to Transfer Center Calls**

- ✓ Facilities wishing to transfer/admit a patient to APH must call the APH Transfer Center (407-649-6838). Note that sometimes they will just be calling for advice or to “run a patient by you”.
- ✓ When a patient is going to be admitted to our service (i.e., the caller requests a hospitalist or the Transfer Center triages the call to us), the Transfer Center will send a PerfectServe message to our group. This message may include some basic information about the patient, e.g., name, DOB, MRN, facility they are at, or chief complaint.
- ✓ Respond to the PerfectServe message as quickly as possible out of courtesy to the Transfer Center and the caller.
- ✓ When the Transfer Center answers, identify yourself as the pediatric hospitalist, and let them know which patient you are calling about, using any identifying information provided in the message to help. Example: “Hi, this is Dr. X from the Peds Hospitalist Service returning a PerfectServe message about patient John Doe at the Halifax Daytona ER.”
- ✓ If the patient is going to be admitted to the resident service ask the Transfer Center to patch the residents in on the call. This allows the residents to listen in on the call and hear directly from the transferring physician, rather than playing a game of telephone with us. The resident Ascom number is 321-841-2956. Most of the Transfer Center reps know this number. If that number does not connect, a back-up number is 321-841-2959.

- If the residents are being included in the call, forward them the PerfectServe message so they have the patient's basic info or provide it to them when they come on the line.
- ✓ Wait while the Transfer Center connects you to the caller. Enjoy the hold music.
- ✓ When the caller is connected, identify yourself and your role. Example: "Hello, this is Dr. X, one of the Pediatric Hospitalists at Arnold Palmer. How may I help you?"
- ✓ Key info to collect about the patient:
  - Patient identifiers
  - Pertinent PMH
  - Info about current illness
  - Most recent vital signs
  - Testing done in ED, including anything we would need to follow-up on
- ✓ After collecting this information you will need to make an assessment of whether the patient is best served by our service, or if they need a different level of care or a different service.
  - Some criteria that go to a higher level of care include the need for telemetry, obtunded patients, actively seizing patients, patients in shock, patient requiring high flow or positive-pressure ventilation.
  - The question of whether they should be on a different service is more nuanced. If they have an established relationship with an APH specialty service and they are being admitted for a problem covered by that specialty then typically they should go to that specialty. If they receive specialty care at another facility (e.g., Nemours or AdventHealth) they may be admitted to us with our specialists consulting. Cases that are clearly surgical in nature should be routed to the appropriate surgery service. Occasionally the surgical subspecialists prefer a patient to be admitted to us, which is ok so long as they are involved in the decision-making (e.g., medically

complex patient with a surgical issue, some ENT patients, osteo/septic arthritis).

- See pointers below for more details about how to handle this situation if it arises.
- ✓ At the conclusion of the discussion, check with the Transfer Center rep to see if we have an APH Transport Team available to bring the patient to APH. You can also ask them this at the beginning of the call so you'll know going in to the conversation with the caller.
- ✓ Let the Transfer Center rep know which floor the patient should go to.
- ✓ Before you hang up make sure there are no further questions or concerns.

### **Transfer Center Call Pointers**

- ✓ Always remember that you are on a recorded line. Be professional and polite at all times.
- ✓ It is ok to suggest patient management or treatment measures if the caller solicits this from you. It is not ok to openly question their management or dictate care if it is not solicited by the caller. If the caller is asking for guidance or advice, keep in mind that you do not yet have a doctor/patient relationship with the patient and you are only working from the info provided by the caller.
- ✓ If a patient is being transported by the APH transport team, APH care begins the minute that team arrives to pick up the patient. The APH Transport Team can help triage a case if they think it is going to the wrong level of care. They are managed by the APH critical care practice and they are very good at what they do.

- ✓ Try to keep the call relatively brief and efficient. This does not mean skimp on info, but callers generally appreciate us keeping things efficient (especially ER docs).
  
- ✓ If the patient is not appropriate for our service, either because they need a higher level of care or would be best served by a specialty service, you have two options: (1) let the caller know that you think they need to talk with someone else/another service, request the Transfer Center rep to get that person/service on the line, and then stay on the line until the call is completed with that other person/service; or (2) take the info from the caller, hang up, then call the other person/service you think the patient needs and hand the patient off to them. I generally do (1) if it is apparent right from the start, or even before they get on the line, that the patient would be better served by someone else, and I do (2) if this only becomes apparent in the course of the discussion with the transferring physician. If you do (2) make sure you call back the Transfer Center to let them know the other person/service is accepting the patient. Alternatively, you can call the Patient Care Coordinator and let them know – they're number is 321-841-2854).