Evaluating patients for transfer to General Medicine (non-ICU) service

Contact Information:
Internal Medicine Consult Service (IMCS) On-Call: Pager 91200
Internal Medicine Chief Resident On-Call: Pager 91010

Clinical criteria for General Medicine transfer:
1. Patient is expected to be hospitalized for \(\geq 2\) days for active medical conditions that have become the predominate need for continued hospitalization. Patients who have stable medical co-morbidities but remain hospitalized for primarily disposition issues are not considered appropriate for Medicine transfer.
2. Patient is located on non-ICU unit:
   a. Per hospital policy (MS 125) the General Medicine service cannot assume primary responsibility for patients physically located in an ICU; all ICU patients must remain under the primary service of the intensive care team.
   b. To ensure clinical stability patients should be “floor status” for 24 hours prior to transfer to the General Medicine service. The Internal Medicine Consult Service (IMCS) may determine that a patient is stable for transfer to Medicine prior to 24 hours on case-by-case basis.
   c. If a patient has been floor status for 24H but has remained in an ICU due to no bed availability, they DO NOT need to wait an additional 24H after physical transfer to a non-ICU bed.

Transfer Process from non-ICU service to Medicine:
1. Call Internal Medicine Consult Service (IMCS) (pager 91200). IMCS (with attending level input) will determine if the patient is clinically appropriate for transfer to the General Medicine primary service.
   a. Exception: if a medical subspecialty consult (e.g., cardiology) suggests/agrees with transfer to Medicine, the subspecialty medicine consult service should page the medicine chief residents directly (pager 91010) to initiate the transfer. This situation does not require IMCS involvement.
2. If approved by IMCS or other medicine consult service, then the patient may be transferred to medicine when there is space on the Medicine service. This may take up to (but typically does not exceed) 24H.
   a. Transfers to medicine typically only happen during daytime hours prior to 4:00pm; this is to avoid multiple handoffs between services.
   b. Transfer requests can be made after 4pm to evaluate patients for transfer the following day.
   c. While patients are waiting for transfer to the general medicine service, IMCS can follow in consultative capacity. IMCS can be reached 24/7 (pager 91200) if medical questions arise during this time.
3. Medicine (through IMCS and the chief residents) will coordinate with bed control to find a space on the appropriate Medicine service as efficiently as possible.
4. When space on the Medicine service has been identified, bed control will page the accepting Medicine MD with the patient information and contact information for the primary team.
5. The accepting Medicine MD calls the primary team for MD-MD sign out and to coordinate who will place appropriate transfer of service orders.
6. Until signout is given to the accepting Medicine team and transfer orders are placed, the original team continues as primary.

**Transfers Process from ICU service (i.e., surgical ICU) to General Medicine:**
*The below procedure applies to patients requiring transfer to General Medicine service only. Transfers to a medical ICU (e.g., MICU or CCU) or medical specialty service (e.g., J Oncology) must go through the fellow of the respective service and should not go through IMCS.*

1. Call Internal Medicine Consult Service (IMCS) (pager 91200). IMCS (with attending level input) will determine if the patient is clinically appropriate for transfer to the General Medicine primary service.
   a. Exception: if a medical subspecialty consult (e.g., cardiology) suggests/agrees with transfer to Medicine, the subspecialty medicine consult service should page the medicine chief residents directly (pager 91010) to initiate the transfer. This situation does not require IMCS involvement.
2. When the patient is clinically stable for transfer out of the ICU, transfer orders to leave the unit should be placed with the original service still as the primary service.
3. Once the patient is physically on a floor bed, IMCS should be notified during daytime hours.
   a. Medicine (through IMCS and the chief residents) will coordinate with bed control to find a space on the appropriate Medicine service as efficiently as possible.
   b. When space on the Medicine service has been identified, bed control will page the accepting Medicine MD with the patient information and contact information for the primary team.
   c. The accepting Medicine MD calls the primary team for MD-MD sign out and to coordinate who will place appropriate transfer of service orders.
   d. Until signout is given to the accepting Medicine team and transfer orders are placed, the original team continues as primary.
4. While patients are waiting for transfer to the general medicine service IMCS can follow in consultative capacity. IMCS can be reached 24/7 (pager 91200) if medical questions arise during this time.
   a. IMCS can provide consultative input while the patient in the ICU, however General Medicine cannot be the primary service while the patient is still physically in the ICU per hospital policy.