

Dear Colleagues,

Recent changes in procedures to cover inpatients on the Medicine service at BJH have resulted in some confusion amongst faculty and fellows regarding the options. The purpose of this memo is to clarify the admitting policy to various services and particularly the firm (covered by housestaff) service a.k.a Med I, Med II, and Cardiology. Patients under the care of faculty attending physicians may be admitted either to a firm service covered by housestaff, to the Hospital Medicine Service or to the FSS (Faculty Support Service). The following describes the procedures for each of the three options.

## **I. Firm Service**

### **I.A. Med I and Med II**

1. All faculty attending physicians have the opportunity to admit their patients to a covered medicine service.
2. For patients admitted to the Med I and Med II services, the Ward Attending serves as the attending of record, while the faculty attending plays a consulting role.

Admissions from the ED: When a patient who presents to the ED requires admission, the ED physician should contact the Faculty Attending to request service preference. The faculty attending may choose either the covered service or FSS. The Medicine Chief Resident on call does not need to be contacted for these admissions.

Admissions from the clinic: When a faculty attending wishes to directly admit a patient to the firm service from home or clinic, or as a transfer from an outside hospital (via Admitting/Doctors Access Line), the case needs to be discussed with the Medicine Chief Resident on call (419-4223) to ensure availability of the firm bed.

Transfer from FSS service to a Firm Service: Faculty attending physicians may request to transfer their patients to the covered service by contacting the chief resident on call (419-4223) and discussing the case; priority will be given to teaching cases subject to bed availability.

### **I.B. Cardiology Firm**

1. Guidelines for admitting patients of faculty attending physicians to the Cardiology firm service are the same as outlined for Med I and Med II.
2. Faculty attending cardiologists may choose to remain the attending of record for their patients admitted to the Cardiology firm service.
3. Alternatives to the Cardiology firm are FSS and CREU (the cardiac rapid evaluation unit staffed by NPs).

## **II. Hospital Medicine Service**

All faculty attendings have the opportunity to admit their patients to the Hospital Medicine service. When this occurs, the hospitalist becomes the attending of record and the faculty serves as consultant.

Admission from the ED: When faculty patients who present to the ED require hospital admission, the ED physician should contact the faculty or review the faculty preference-form to determine service preference. If the faculty desires to admit to the Hospital Medicine physician, the ED must contact the Hospital Medicine physician on-call, through central page (2-1242), to confirm capacity, obtain approval and appropriately hand off the patient.

Admissions from subspecialty clinic, home or another hospital: Faculty who desire to admit patients to the Hospital Medicine service directly must contact the Hospital Medicine physician on-call, through central page (2-1242), to confirm capacity, obtain approval and appropriately hand off the patient.

Transfers from FSS service to Hospital Medicine physician: This type of transfer is discouraged but request from transfers can be made by contacting the Hospital Medicine physician on-call through central page (2-1242).

### **III. The FSS (Faculty Support Service)**

FSS is an “uncovered” service for patients of Faculty attending physicians that is invoked when either (i) the firm services reach capacity; ii) the Hospital Medicine Service has reached capacity, (iii) a particular patient is of limited teaching value for the housestaff and is easily managed by subspecialty fellows; or (iv) the faculty attending prefers to remain the attending of record, rather than serve as a consultant on cases admitted to Med I and II, and Hospital Medicine. Direct admissions to FSS can be arranged through the admitting office (747-4021).

1. Gold Medicine provides the admission H&P, admit orders, and night coverage (from 5 p.m. to 7 a.m.).
2. Patient care questions during the business day (7 a.m. to 5 p.m.) will be directed to the subspecialty service fellow/NP or attending. A Gold or FSS physician is available during daytime hours to assist with urgent patient care issues if the primary team is unavailable.
3. The attending/fellow or NP (not Gold) is responsible for the discharge paperwork and a brief discharge summary.
4. A written “sign-out” with a brief description/problem list of the patients on ASM **must** be provided, at each change of shift, to the covering physician (FSS). Hand-off to the FSS physician can occur after 5pm M-F and after Noon S-S and holidays. The admitting service can pick up its patient list from Gold/FSS at 7 a.m. in the morning in 15103 Queeny Tower. It should include any overnight issues as well as new admissions. If your team arrives after 7 a.m.,

you can page the FSS service for your sign out list. **FSS pager** (old "gold main")  
**407-3681.**

We aim to provide a rich learning environment for our trainees while meeting the needs of our patients, the faculty and hospital. We welcome the interesting cases and outstanding teaching brought to the inpatient medicine and cardiology services by faculty attending physicians. Unfortunately, our ability to accommodate all requests for house staff coverage is constrained by work hours and patient load regulations set by the RRC as well as by the number of house staff in our program.

Later this year we will be expanding the Hospital Medicine Service and placing NP's on to the FSS to assist with patient care. Thank you for your continued support and we look forward to working with you. This document will be posted on the medical education's website under resources for faculty. If you have any questions please contact Dr. Blanchard (362-8065), Dr. Lynch (747-1617) or Dr. Polonsky (362-8061).

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