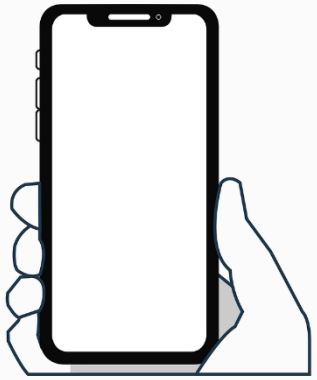
Improve care: Admit patients to the service with greatest expertise treating the primary condition

ED determines admitting service and places admit order [Chair/Chief approved] (includes 30 day readmits)



Any questions? Admitting Attending calls ED Attending

Department Chairs adjudicate if needed

Yale SCHOOL OF MEDICINE | Yale NewHaven Health Yale New Haven Hospital

Better patient care; less ED boarding

Endorsed by YM Chairs, Chiefs and YNHH leadership

Effective Monday, January 25, 2021

A. Hospital admissions

1. Our patients are best served when they are admitted to the clinical service with the greatest level of expertise in the treatment of the primary admission diagnosis.

2. ED providers will determine if a patient requires an admission. Appendix B provides a summary of the ED admissions process.

3. Protocol admissions Process
    a. The diagnoses automated for admission to each service can be found in Appendix C.
    b. Ideally within two (2) hours, the admitting service care team will assume care of the patient and complete the order.

4. Non-protocol Admissions
    a. Other diagnoses not found in Appendix C will require a conversation with the service prior to admission.
    b. The ED and admitting service need to both agree with admission to a specialty service.

5. Any patient admitted for operative management of the admitting condition will be admitted to the service that performs the expected operation. If the patient requires admission for monitoring in case their diagnosis progresses, they will be admitted to the team that would treat the progression of disease of that organ system.

6. If a bedside procedure is performed for the admitting diagnosis, the patient will be admitted to the service that performs the procedure (e.g. abscess drainage).

7. Patients who are managed long-term for a diagnosis who present with an exacerbation of that diagnosis will be admitted to the specialty that provides the long-term management.

Appendix C – Diagnoses Automated for Admission to Each Service

Systems	Primary Admitting Diagnoses	Admitting Services
Cardiovascular	New onset atrial fibrillation, atrial flutter, SVT	HVC
	Any arrhythmia with hemodynamic alteration in the absence of another primary/condition better suited for another service	HVC
	Congestive heart failure- New and exacerbation	HVC
	Acute coronary syndrome	HVC
	Chest pain/rule out MI should be admitted to Chest pain center, If chest pain center is not available	1. Observation 2. Medicine and overflow to HVC as needed
	Hypertensive urgency could be admitted to Observation, Medicine, or HVC	Observation/Medicine/HVC
	60 days post cardiac procedure (e.g. TAVR)	HVC
	Syncope – cardiac origin	Observation (unless high risk arrhythmia, then HVC)
	Symptomatic Valvulopathy	HVC
ENT	Epistaxis	ENT
	Peritonsillar or Retropharyngeal abscess	ENT
	Airway tumor	ENT
	Neck abscess superficial or deep	ENT
	Pharyngitis	ENT
	All soft tissue Head and Neck infections	ENT
GU/Renal	Obstructing kidney/ureteral stone with AKI or UTI or causing intractable symptoms	Urology
	Gross hematuria of urologic or unknown etiology requiring manual clot evacuation and CBI	Urology
	Prostate abscess	Urology
	Scrotal abscess/pyocele/ epididymitis with abscess	Urology
	Renal abscess > 5 cm or renal abscess in setting of anatomic abnormality (e.g., large, obstructing stones) or obstruction or if drainage procedure is anticipated	Urology
	Non-metastatic renal mass with caval tumor thrombus	Urology
	Bleeding renal mass	Urology
	Urologic complication of urologic surgery (e.g., bleeding after partial nephrectomy, ureteral obstruction after ureteral surgery) [regardless of time from surgery, surgeon, or location/hospital of surgery	Urology
	Necrotizing soft tissue infection in men with involvement *limited to* penis, scrotum and/or anterior perineum (anterior to line drawn between ischial tuberosities).	Urology
	Complication within 30 days of major (open, lap/robot, percutaneous) urologic surgery at YNHH (YSC or SRC).	Urology

Appendix C – Diagnoses Automated for Admission to Each Service

Systems	Primary Admitting Diagnoses	Admitting Services
Transplant	Solid organ transplant within 1 year	Transplant
	Solid organ transplant greater than 1 year	Medicine
	Cardiac	<60 days post transplant→ Cardiac transplant >60 days post transplant→ Cardiology
GI	Liver failure	Medicine (Klatskin), or SDU/ICU if acute liver failure
	Diverticulitis	Surgery (abscess/complicated/recurrent) Internal Medicine (simple)
	Bowel Obstruction: Due to hernias / adhesive disease	Surgery
	Inflammatory Bowel Disease	Medicine
	Pancreatitis	Surgery (Gallstone Pancreatitis and Necrotizing Pancreatitis) Internal Medicine (all other causes)
	Malignant Bowel Obstruction	Oncology
	Bariatric Surgery Complications	Bariatric Surgery / MIS Service
	Appendicitis	Surgery
	Cholecystitis	Surgery
	Ischemic Bowel	Surgery
	Colitis (non-ischemic)	Medicine
	Pancreatitis	Medicine
	Abdominal hernias with/without obstruction	Surgery
	Hiatal hernia	MIS/Thoracic
	ischemic colitis	Medicine
	Bariatric surgery with SBO	MIS
	IBD	Medicine
	Esophageal perforations	Thoracic
	Perforated viscus	Surgery
Trauma	Multi-system injuries	Trauma
	Rib Fractures	Trauma
	Traumatic injury requiring admission	Trauma *Isolated orthopedic injuries to orthopedics and isolated head bleeds to neurosurgery.
	Necrotizing Fasciitis (not limited to penis, scrotum and/or anterior perineum)	Emergency General Surgery

Heme/Onc	Sickle Cell Crisis	Sickle Cell Service (medicine)
	Non-oncologic diagnosis for patients with known cancer not on active chemo	Internal Medicine or appropriate service
	Oncology-related diagnosis or on cancer treatment	Oncology, Hematology, or Gyn-Onc

Appendix C – Diagnoses Automated for Admission to Each Service

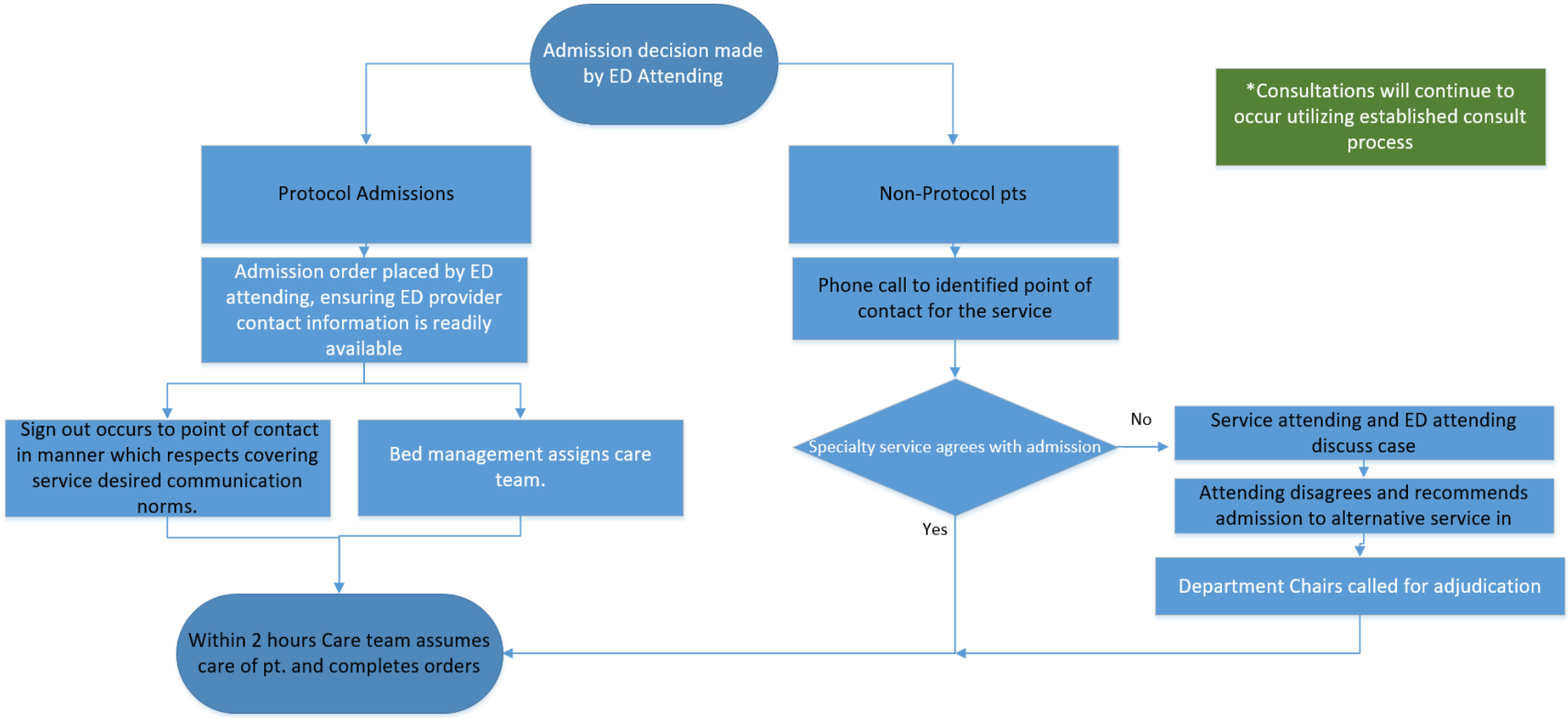
Systems	Primary Admitting Diagnoses	Admitting Services
Gyn	Dysfunctional uterine bleeding requiring transfusion	GYN
	Pelvic inflammatory disease	GYN
	Ovarian cysts	GYN
Obstetrics	Any condition requiring admission of a pregnant patient at greater than 16 weeks gestational age	Obstetrics
	Any pregnant patient under 16 weeks EGA	Appropriate service based on chief complaint/admission diagnosis
	1st trimester patient admitted for substance abuse treatment	Obstetric or GYN (depending on desire to continue pregnancy)
ID		
	HIV-related illness	Medicine (Donaldson)
	Cellulitis (without abscess)	Internal Medicine (including facial/orbital)
	Osteomyelitis	Surgical (to appropriate service if post-operative) Internal Medicine (if non-surgical)
	Endocarditis	Internal Medicine
Orthopaedic	Low back pain without neurologic compromise	Medicine
	Low back pain with new neurologic deficit	Spine panel
	Acute fractures of: Pelvis Acetabulum Humerus Clavicle Scapula Elbow (distal humerus, olecranon) Radius and Ulna Distal Radius Proximal femur (femoral neck and intertrochanteric) Femur Shaft Distal Femur Tibial plateau Pilon Ankle	Orthopaedics

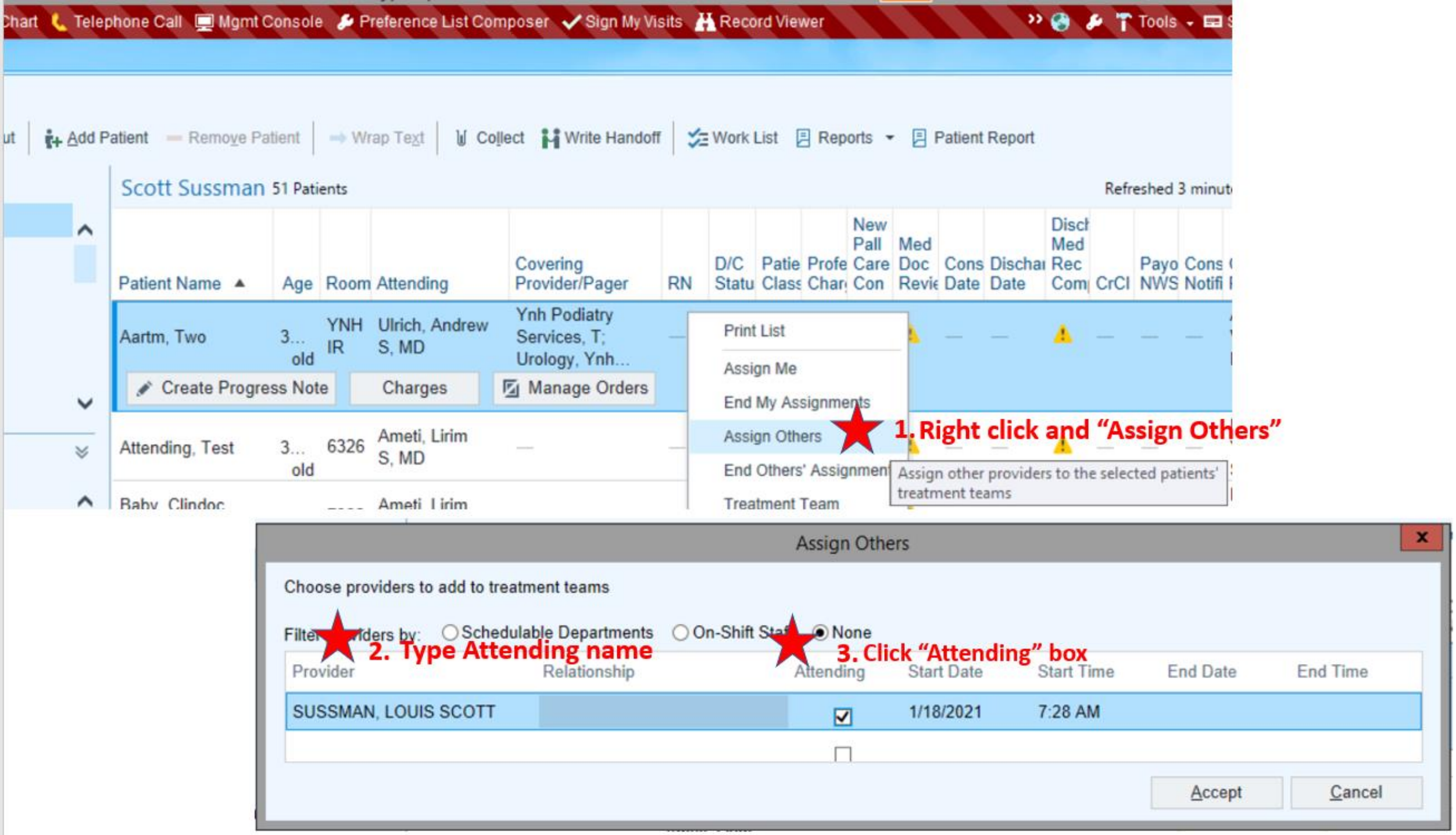
	Foot	
	Soft tissue injuries: Acute disruption of: Quadriceps tendon Patellar tendon Achilles tendon	Orthopaedics
	Infections: Septic arthritis of shoulder, elbow, wrist, hip, knee, ankle, hand without bacteremia	Orthopaedics (or Plastic surgery depending who is on call for the hand panel)
	Dislocations: Any acute joint dislocation requiring admission after reduction	Orthopaedics
	Hip Fracture	Orthopaedics – Geriatric Fracture Service / Reconstruction Team (alert Hospitalist)
	Spine Any isolated spinal column fracture	Orthopaedics
	Epidural abscess requiring surgery	Spine Panel
Neurosurgery	Isolated traumatic bleeds	Neurosurgery
	VP shunts/neurosurgical hardware	Neurosurgery

Systems	Primary Admitting Diagnoses	Admitting Services
Neurology	TIA/Stroke	Neurology Stroke service Acute stroke call stroke code NICU if ICU required
	Meningitis, other CNS infections	Neurology if evidence of elevated ICP/neuro deficits or any degree of obtundation Neurosurgery if surgical intervention anticipated Medicine if no neurologic deficit
	Seizures (non-toxicologic – i.e. not drug or alcohol induced, not in the setting of organ failure or major metabolic derangement)	General Neurology service Status epilepticus NICU
	Newly diagnosed brain mass lesion	Neurosurgery: neurosurgical intervention planned Neurology: no neurosurgical intervention planned or additional diagnostic work up required prior to surgery Oncology: known diagnosis of cancer and neuroimaging study consistent with brain metastasis; no surgery required

	Other Neuro Onc-related diagnosis or on active chemo	Neurology or Neurosurgery Neurology for neurologic complication (seizures, cerebral edema) Oncology for medical complication of cancer directly related to chemotherapy (neutropenic fever) Medicine for medical complications not directly related to chemotherapy (UTI, pneumonia, DVT/PE)
Pulmonary	All primary pulmonary complaints	Internal medicine with option to Pulmonary attending to staff (CF patients should have Pulmonary attending

Appendix B – Summary of the ED Admissions Process

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Remove Patient
Wrap Text
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Baby, Clindoc
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End My Assignments
Assign Others
End Others' Assignment
Treatment Team
Assign other providers to the selected patients' treatment teams
1. Right click and "Assign Others"
Assign Others
Choose providers to add to treatment teams
Filter providers by:
Schedulable Departments
On-Shift Staff
None
2. Type Attending name
3. Click "Attending" box
Provider
Relationship
Attending
Start Date
Start Time
End Date
End Time
SUSSMAN, LOUIS SCOTT
1/18/2021
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