Yale
NewHaven
Health

Service Area: YNHH	YALE NEW HAVEN HEALTH SYSTEM
Title: ED to MICU / SDU Operational Guideline	

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PURPOSE

To provide guidance on the safe and timely transfer of critically ill patients from the Emergency Department (ED) to the Medical Intensive Care Unit (MICU) and Medical Step-down Unit (SDU).

APPLICABILITY
Yale New Haven Hospital: Emergency Departments & Medical Critical Care Units

GUIDELINE:

1. The ED Attending determines the appropriate service and level of care (using the MICU/SDU guidelines [1] and the Admission Service Guidelines[2] for assistance)

2. Bed Management is contacted (688-4520) to determine bed availability in the chosen unit at the York Street Campus (YSC). If no beds are immediately available in the selected unit, bed management will make arrangements to find or create an open bed. Level of care downgrading (SDU to floor; MICU to SDU/floor) in the setting of resource limitation is strongly discouraged unless clinically indicated by physiologic improvement. If a bed in the SDU is not imminently available (within 60 minutes), the patient should be admitted to the MICU. Bed management may advise admission to the SRC campus MICU or SDU if there are no imminent open MICU/SDU beds at the YSC and if no SRC exclusion criteria are met (see Intercampus Transfer Guidelines[3]).

3. Admission Process

   a. *YSC MICU/SDU Daytime Process (7AM-7PM):* EM Resident/LIP will call MICU/SDU Admitting pager and provide report (MICU x5017, SDUx5929). At the termination of the telephone contact, a MICU/SDU team is assigned and contact information for the respective attendings will be exchanged (MICU/SDU Attending pager – ED Attending telephone number). The ED Attending will then

> contact the MICU/SDU Attending to notify them of the admission using text page with standard language. (Default: if unable to locate team –specific MICU/SDU Attending is the Admitting Attending as listed in AMION).
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> b. *YSC MICU/SDU Night Time Process (7PM-7AM):* The ED attending will notify the MICU/SDU attending of an admission (MICU x5017,SDU x5929).
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> c. *SRC MICU/SDU Admission Process:* The ED attending will notify the SRC MICU attending or SDU admitting physician of admission via SRC Smartweb. At the time of admission from the YSC ED to SRC MICU/SDU, the IA will page the MICU admission pager (5017) to notify the team of a transfer to the SRC campus.

4. ED Provider will enter an admission order (bed request) in EPIC and include the admitting/accepting attending's name.

5. ED nursing verbally signs out to the receiving unit.

6. Bed Management will assign a bed when ED places bed request in EPIC. Bed management will alert the ED information assistant (IA) and nursing when the bed becomes available.

7. The ED staff transports the patient to the unit per current guidelines (ED MD may accompany patient in cases of instability such recent code or escalating care requirements) or EMS transport is arranged for transfer of patient to the SRC

Flow scenarios:

Flow Option 1 (Default):
ED Attending determines MICU/SDU is indicated. Verbal/text page sign out to MICU/SDU attending complete (Admission Pager & Attending). Epic admission order is completed. Bed is available and assigned by Bed Management. Nursing report completed. Transfer completed.

Flow Option 2:
ED determines MICU admission is indicated. After verbal sign out to MICU Attending, MICU attending determines patient is appropriate for SDU admission based on resource allocation. MICU Attending arranges definitive final disposition and clarifies with ED attending *within 30 minutes*. ED Attending may request prompt examination and documentation from MICU Attending to support this decision (*30 minutes*). Epic admission order is completed. Bed is available and assigned by Bed Management. Nursing report completed. Transfer completed.

Flow Option 3:
ED attending determines SDU admission is indicated. After verbal sign out to SDU Attending, SDU attending determines patient is more appropriate for the MICU. SDU attending arranges MICU admission. MICU Attending defines plan with ED attending *within 30 minutes.* Epic admission order is completed. Bed is available and assigned by Bed Management. Nursing report given. Transfer completed.

Guiding Principles:

1. ED Attending must only make one telephone call or text page.
2. A decision by the ED attending to admit to the SDU cannot be changed to a general floor admission without the consent of the ED attending.
3. Any decision to consider an alternate unit must be conveyed back to the ED attending *within 30 minutes* and must involve a call by the admitting MICU/SDU Attending directly.
4. Documentation of physical examination and assessment to substantiate disposition change may be requested *by ED attending* and will be provided *within 30 minutes by the ICU attending*.
5. Basic point of care interventions deemed appropriate may be requested to aid in triage (ABG, lactate, EKG, CXR). Extended treatment/re-evaluation/diagnostic imaging/consultation is not warranted unless deemed necessary by ED attending. Point-of-care testing shall not serve as a sole arbiter of triage unless agreed upon by Attendings from both services.
6. ED patients admitted to the SDU may wait for an imminent open bed (a patient with a bed request or whom a bed request is submitted within 30 minutes of the ED bed request) or may be booked to MICU if no foreseeable SDU beds (no patients "booked out") at the discretion of the ED attending, ED administrator on call, or the physician executive on call.
7. ED, MICU, and SDU Attendings shall jointly arrive at a plan when beds are not available in the MICU or SDU (determine order of triage and consultative role for MICU/SDU attendings).
8. Any disposition not achieved within 60 minute target will be resolved by the Physician Executive on call.
9. ED is responsible for determining admission order of patients within the ED.
10. MICU/SDU is responsible for triaging patients within the MICU/SDU to insure beds are available for appropriate admissions.

Quality Assurance:

To ensure the processes are appropriate we will monitor the following metrics in the ED to MICU and ED to SDU Throughput meetings (biweekly):
1. ED LOS and components therein.
2. RRTs and SDU/ICU escalations within 24 hours of ED admission to the floor/SDU.
3. SDU downgrade decisions (transfer order in system) within 24 hours of SDU arrival.
4. MICU downgrade decisions (transfer order in system) within 24 hours of MICU arrival. This can be for transfer to either SDU or floor.