USA HEALTH: DEPARTMENT OF EMERGENCY MEDICINE POLICY AND PROCEDURE

Version date: 12-27-2023

SUBJECT: EGS Transfers to the University Hospital Emergency Department

Patient transfers from outside of the USAH system may be directly admitted to an inpatient bed or to the UH ED when the admitting service is clear. For further evaluation and disposition decisions, the accepting Emergency General Surgery (EGS) attending physician can request that the patient be sent through the UH ED for evaluation by the accepting service line and Emergency Medicine (EM) before a disposition is made.

After being contacted by the USAH Transfer Center, if the accepting EGS attending physician would like EM to be involved in the care of the patient, they will inform the Transfer Center. The Transfer Center will then contact one of the UH ED EM attending physicians. The EM attending will also receive report on the patient. It is at the discretion of the accepting EGS attending physician to involve EM in the care of EGS transfer patients.

Upon arrival, for patients referred to the ED for further evaluation, these patients are managed primarily by the EM providers. EM providers, as part of their management, will consult EGS (enter a consult order in the computer in addition to a page/call), through the standard process, and let them know that the patient has arrived in the UH ED. For these patients, EM providers are responsible for generating an ED note and any additional work up and management as appropriate.

An upper-level EGS resident (PGY 3 or above) or EGS attending physician will see and evaluate the patient within one hour of the consult being placed and inform the EM team about the patient's surgical care plan. When care is not felt to be best managed primarily by EGS, the EM providers will disposition the patient as appropriate, and involve the Medical Officer of the Day (MOD) as needed for medicine patients. If there is not agreement on the most appropriate patient disposition, the involved services will be expected to discuss the decision directly, through the standard process utilizing the MOD as needed, while also keeping the ED informed of the resolution.

Notes:

Currently approved by: Grace Lagasse M.D., Maryann Mbaka M.D., Ed Panacek M.D., Jon Simmons M.D.

This policy was also reviewed by: Craig Oliver M.D.