

Proposal to Modify Upper Age Limit of Pediatrics at Michigan Medicine

Frequently Asked Questions (FAQs)

1. The proposed new upper limit of pediatrics at Michigan Medicine will be the 21st birthday.
2. The date that this new age limit will commence is September 1, 2017
3. This means that young adults who present for emergency care at our Ann Arbor campus will be directed to Children's Emergency Services (CES) for care up until their 21st birthday. There are a few exceptions:
 - a. Patients who are being transported and are classified as Level I or Level II Trauma must be triaged to Adult Emergency Services if they are 18 or older.
 - b. Young adults over the age of 18 cannot be admitted to the Child and Adolescent Psychiatric Hospital within the Children's and Women's Hospital. This restriction may impact how they are managed when first presenting and a patient-focused decision to keep them near the Psychiatric Emergency Services (PES) should be made. If they present to CES, CES staff will manage them until such time as safe transition to PES is possible.
4. If young adults who need hospital care are admitted, they will be admitted to the Children's and Women's Hospital to a pediatric service.
5. The Children's and Women's Hospital, including its Emergency Services, already cares for young adults with chronic medical conditions who are cared for by pediatric providers up to the age of 25, and this will not change.
6. If a young adult has an established relationship with a provider based in the University Hospital/Cardiovascular Center (adult services), that relationship will continue.
7. If a young adult that is new to Michigan Medicine and needs primary or subspecialty care, they will be directed to providers in the pediatric departments who can provide that care.
8. For the purposes of access, equity and managing an inflow of new patients to the ambulatory care clinics, new patients will be offered appointments in general pediatrics, family medicine and medicine-

pediatric clinics so that patients can get appointment in as timely a fashion as possible.

9. If a patient presents to an emergency department for care, Adult Emergency Services or Children's Emergency Services, they will be triaged along the new age limit with the following exceptions
 - a. If they are presenting solely to seek psychiatric emergency care, and have no need for medical clearance, they will be triaged to Psychiatric Emergency Services.

10. If the young adult needs to be admitted to the hospital after their care in emergency services is complete, they will be admitted to the Children's and Women's Hospital, with some exceptions:
 - a. The patient has a preexisting relationship with an adult provider (example: an young adult cancer patient whose course of care has always been with adult provider in adult settings) may present to AES, be cared for there and be admitted to the UH.
 - b. They are a trauma patient of the categories already discussed.
 - c. They need psychiatric admission. Those admissions are managed through PES and must follow state guidelines which use the age of 18 as the cutoff for admission to a pediatric psychiatric facility.

11. If the patient presents to CES, and has an adult-focused provider for their specialty care, the patient will be cared for in CES, stabilized and the specialty service will provide consultation to CES during that episode of care, which may include coming to CES to examine the patient. If that patient must be admitted to the hospital, they should be admitted to the appropriate service in UH or CVC, if those adult-focused providers must be their sole providers. If the patient is appropriately admitted to a general pediatric service, under the care of pediatric hospitalists, that could occur with subspecialty input and willingness to provide ongoing consultation.