

## **UMHS/CCH Initiative:**

### **UMHS Patient Diversion to Chelsea Community Hospital**

**Contact: CCH ED: 734.593.5000**

**CFM: UMHS pager 7741**

**Purpose:** To assist inpatient volume issues regarding UMHS inpatient services by admitting lower acuity patients at Chelsea Community Hospital (CCH).

**Eligible patients:** Primary care patients from Western Washtenaw County who receive care at the UMHS health centers in Western Ann Arbor, Briarwood, Brighton, Chelsea, Dexter, and Saline needing routine adult medical inpatient care as available at CCH. These patients must have a diagnosis appropriate for an inpatient Family Medicine service and not have anticipated inpatient specialty consultation needs other than General Surgery, Orthopedic Surgery, Neurology, Urology or Gastroenterology.

**Ineligible patients:** Any patient with anticipated need of UMHS specialty service consultation during current episode of illness.

**CFM Service Model:** The Chelsea Family Medicine Service (CFM) has been at CCH since 1978. It is a traditional academic inpatient adult medicine service staffed by one Family Medicine intern, one supervising resident, an attending physician and one night float resident. The Family Medicine attending rotates on a weekly basis on Fridays. At times there is a M4 sub-intern. In the near future, there will be a mid-level provider who will coordinate discharge care as well as provide inpatient care on an as needed basis. The patient's care will be provided by the above team, seeking PCP input as they deem appropriate.

#### **CFM Admission Process:**

1. Patients will either self-refer or be directed by PCP to CCH Emergency Department. If the latter and admission is anticipated, the PCP is asked to contact the CCH ED (**734.593.5000**) directly to share clinical information and concerns.
2. Patients will identify themselves as having a UMHS PCP.
3. CCH ED will direct patients needing admission to the CFM service or to UMHS as appropriate.
4. PCP will be notified and kept abreast of clinical situation including admission and discharge according to CFM Information Policy.

**Inclusion:**

Adult medical patients not requiring multi-specialty or ICU care

**Exclusion:**

Renal patients requiring dialysis

Patients requiring surgical subspecialty care

Active oncology patients

Transplant patients

**Example chief complaints/diagnoses:**

Chest Pain

Afib with RVR

Shortness of breath (asthma/COPD exac, CAP, CHF exacerbation)

Syncope

Abdominal Pain, nausea/vomiting/diarrhea

Cellulitis

Pyelonephritis/kidney stones

Venous thromboembolism

Fall (including hip or other fracture)

Altered Mental Status

Anemia

**Consultants Available:**

Cardiology

Pulmonary

Gastroenterology (M,W,F only)

General Surgery

Orthopedic Surgery

Urology

Neurology

Psychiatry

Infectious Disease

Physical Medicine and Rehabilitation

Hematology/Oncology

Allergy/Immunology

Dermatology

Gynecology

Ophthalmology

## **CFM Clinical Information Policy (2013)**

### **A. Purpose:**

The flow of clinical information regarding a patient's admission to the Chelsea Family Medicine Service (CFM) at Chelsea Community Hospital can be a complicated process given the two EHRs involved, Powerchart (Genesis) and MiChart (Epic). This policy is intended to guide clinical information flow for both the CFM care team and the outpatient care team, including the primary care provider (PCP) through the admission and discharge process.

**B. Responsible Parties:**

The CFM inpatient team including the intern, CFM resident, the CNS resident and the attending are responsible for communicating important clinical information to the PCP and outpatient care team. Also, the UM M4 sub-intern will share this responsibility as appropriate as would a clinical care/discharge coordinator.

**C. Forms of Communication:**

1. **Email:** Used to notify PCP of admission and discharge.
2. **Paging/Phone calls:** Used to communicate with PCP regarding important clinical issues including clarification of care issues, end of life issues, etc.
3. **MiChart :** Used to document the CCH admission and discharge information as well as all clinically significant studies, procedures and consultations.

**D. Process:**

1. **Upon Admission:** The inpatient team will notify by email or phone the PCP of the patients admission within 24 hours of admission with patient's name, medical record number, admitting diagnosis and care plan.
2. **During Admission:** The inpatient team will notify the PCP with significant changes in clinical status, for discussion of care, discharge or placement.
3. **Upon Discharge :**
  - a. **UMHS PCP:** a. The inpatient team will send an email to the PCP that includes the key clinical information of the admission, hospital course and discharge plan. An interim summary will be placed in the encounter section of MiChart as an "external contact" from FAMMED and this will be forwarded to the PCP's inbox.
  - b. **Non-UMHS PCP:** The inpatient team will call the PCP to communicate key clinical information of the admission, hospital course and discharge plan.