niagarahealth Extraordinary Caring. Every Person. Every Time.	**NAME: Admissions Guidelines**		
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1.0 Purpose

To provide guidelines for the most appropriate admitting service for patients with specific presenting complaints and/or diagnoses. These are meant as guidelines, and not as inviolable rules.

2.0 Background

2.1 The intent of Admissions Guidelines is to support safe, quality care through admissions decisions based on the Most Responsible Physician (MRP) who can provide the right care for the patient at the right time.

2.2 NH complies with all relevant laws, regulations and professional standards and this policy and procedure must not be interpreted nor applied in any way that would violate regulatory requirements or compromise patient care.

2.3 These guidelines support, and is aligned with, the Niagara Health Purpose, Vision, and Values Policy, Professional Staff Codes of Conduct and related Policies and Procedures. It is not meant to replace the Consultant Coverage of the Emergency Department Policy, but is meant to complement and be used alongside the policy.

2.4 Disagreements between admitting services will be resolved following a standard escalation pathway.

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3.0 Scope

Applies to all Professional Staff with admitting privileges within Niagara Health.

4.0 Policy

4.1 Patients will be admitted to the most appropriate service under the Most Responsible Physician (MRP) that can provide the right care to the patient at that time. This will continue to be re-evaluated to support ensuring continued access to the right care at the right time.

4.2 The Emergency Department (ED) professional staff member will contact the MRP as outlined in the admissions guidelines and the MRP will be responsible for accepting and admitting the patient.

4.3 Any disagreements between admitting services should be resolved through self-resolution. ED professional staff are not responsible for mediating disagreements between Services.

4.4 For non-resolution, Services will follow the escalation outlined in 5.2 to resolve the issue around admitting service.

4.5 In the event of an escalation to Department Chief or Chief on Call, the decision made by the Chief or Chief on Call will be the decision at that time unless new information becomes available.

4.6 If a Professional Staff Member refuses to admit following the decision by the Department Chief or Chief on Call, this will be viewed as disruptive behaviour under the classification of refusing to work collaboratively and cooperatively in the delivery of quality patient care as per Physician Behaviour in the Professional Environment by The College of Physicians and Surgeons of Ontario (CPSO).

4.7 Refusal to admit a patient following a decision by the Department Chief or Chief on Call will be followed up with an automatic meeting scheduled the next morning with the Professional Staff Member, the Department Chief, and the Chief of Staff.

4.8 Repeated instances of refusal will be classified as such under CPSO Guidebook for Managing Disruptive Physician Behaviour.

5.0 Admissions Escalation Procedure

In the event of a non-resolution, the following will be the step-wise process to achieve a resolution with the primary guiding principle being the right care for the right patient at the right time.

5.1 **Step 1**:

a) All Professional Staff are encouraged to first attempt to resolve the disagreement through self-directed resolution.
b) If one of more parties feels that the resolution was unsatisfactorily concluded, then Step 2 should be implemented.

5.2 **Step 2**:

a) For the purpose of facilitating a resolution, the relevant Heads of Service will engage and attempt to resolve the disagreement between the physicians.
b) If one of more parties feels that the resolution was unsatisfactorily concluded, then Step 3 should be implemented.

5.3 **Step 3**:

a) If the Heads of Service were not able to resolve, the relevant Department Chief(s) during weekday hours or the Chief on Call during afterhours will be contacted to resolve the dispute.

5.4 **Step 4**:

a) After reviewing the case and the guidelines, the consulted Chief or Chief on Call's decision is considered final. This ensure that the patient is cared for right now and is not left without an MRP Service. If further information or a change in status occurs later, the case would be re-

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evaluated and care can be transferred to the most appropriate Service in accordance with standard practice and policy. Patients who are unable to be discharged from the ED should not remain in the ED after completing their immediate emergency care and need an admitting MRP Service.

6.0 Definitions

Professional Staff means those Medical Staff, Dental Staff, Midwifery Staff and non-employed members of the Extended Class Nursing Staff that are appointed by the Board and who are granted specific Privileges to practice medicine, dentistry, midwifery or extended class nursing respectively.

Code of Conduct and Related Policies and Procedures refers to the policies related to codes of conduct for staff and affiliates including, but not limited to:
Professional Staff Code of Conduct -- Policy
Disruptive Professional Staff Members - Policy
Mutually Respectful Workplace and Diversity -- Policy and Procedure
Incident Reporting and Management – Policy and Procedure

NH patient: Refers to an individual who seeks care, laboratory or other investigatory testing in NH, community setting or a NH Affiliated Teaching site.

7.0 Education/Communications

N/A

8.0 Appendices

Guidelines for Admissions

9.0 Related Documents

Consultant Coverage of the Emergency Department – Policy
Disruptive Professional Staff Members - Policy
Incident Reporting and Management – Policy and Procedure
Mutually Respectful Workplace and Diversity -- Policy and Procedure
Patient Experience Compliments and Complaints -- Policy and Procedure
Professional Staff Code of Conduct -- Policy
CPSO Physician Behaviour in the Professional Environment
https://www.cpso.on.ca/admin/CPSO/media/Documents/physician/polices-and-guidance/policies/guidebook-managing-disruptive-physician-behaviour.pdf

10.0 Related Forms

N/A

11.0 References

N/A

12.0 Supercedes

N/A

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Appendix A
Guidelines for Admissions

NOTES:

1. Highlighted cells are those requiring additional conversations.

Assumptions

1) All GIM means GIM +/- Critical Care, depending on the patient's condition.
2) If a patient is unstable, the assumption is that Critical Care becomes MRP.
3) If someone is palliative, the assumption is that a discussion will have taken place before Medicine becomes MRP.

Guiding Principles

1) Safe, Quality Care: All decisions are made based on the Most Responsible Physician (MRP) who can provide the right care for the patient at that time.
2) Resolution of Disagreements: Disagreements should start with self-directed resolution between the admitting services identified below and follow the same basic principles for escalation as required. Emergency is not responsible for mediating disputes between other services.
    a. Self-directed resolution.
    b. Escalation to the relevant Heads of Service.
    c. Escalation to the Department Chiefs (Weekday Day Hours) or Chief on Call (Afterhours).
    d. Refusal to admit a patient based on the call of the Chief on Call will result in an automatic meeting the next morning with the Physician who has refused to admit, the Department Chief, the Chief on Call, and the Chief of Staff.
3) One system: Niagara Health is one team that serves the Niagara Region.

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Diagnosis	Sub-diagnosis	SCS	NFS	WHS
AAA Ruptured	Palliative	GIM	GIM	GIM
	All Other	Vascular Surgery	Vascular Surgery	Vascular Surgery
Abdominal Pain with no surgical diagnosis	All	GIM	GIM	GIM
Atrial Fibrillation	Primary reason for clinical presentation	Cardiology	GIM	GIM
	Incidentally noted or associated with an acute medical condition such as pneumonia, sepsis, etc.	GIM	GIM	GIM
Aortic Dissection	Type A	CriticalI/CC	CriticalI/CC	CriticalI/CC
	Type B	Critical Care after CriticalI/vascular Sx opinion	Critical Care after CriticalI/vascular Sx opinion	Critical Care after CriticalI/vascular Sx opinion
Bleeding Disorders	Idiopathic Thrombocytopenic Purpura (ITP)	GIM Hematology Consult	GIM Hematology Consult	GIM Hematology Consult
	Patients with significant bleeds and on anticoagulation	GIM Hematology Consult	GIM Hematology Consult	GIM Hematology Consult
Bowel Obstruction	All operative and non-operative patients with potential for improvement in patient's condition	General Surgery	General Surgery	General Surgery (Transfer to NFS)
	Bowel Obstruction with comfort care goals of care	GIM-no CC	GIM-no CC	GIM-no CC
Cancer	Cancer patients on IV or oral therapy with complications of disease or therapy	Oncology	GIM with request to transfer to Oncology	GIM with request to transfer to Oncology
	Febrile Neutropenia Oncology patients	Oncology	GIM with request to transfer to Oncology	GIM with request to transfer to Oncology
	Recent diagnosis, not connected with oncology yet	GIM	GIM	GIM
	Newly diagnosed Leukemia, awaiting transport to leukemia center. Refer to NH Leukemia Algorithm	Oncology	GIM with request to transfer to Oncology	GIM with request to transfer to Oncology
Cellulitis	All (unrelated to a procedure within 14 days)	GIM	GIM	GIM
Chest Pain	STEMI (MI with ST elevation)	HIU Code STEMI / Cardiology	HIU Code STEMI / GIM	HIU Code STEMI / GIM
	Non-STEMI/unstable angina with classic symptoms or ECG changes	Cardiology	GIM	GIM
	Type II MI (Troponin with no ACS associated with demand ischemia-See HsTn Algorithm)	GIM	GIM	GIM
Cholecystitis	Operative and Non-Operative	Surgery	Surgery	Surgery (Transfer to NFS)
Choledocholithiasis	With pancreatitis	GIM + GI Consult	GIM + GI Consult	GIM + GI Consult
	Without pancreatitis	General Surgery	General Surgery	General Surgery (Transfer to NFS)
Congestive Heart Failure	CHF main diagnosis or followed by local cardiologist (even if palliative or mixed)	Cardiology	GIM	GIM
	CHF mixed / unclear diagnosis or Palliative	GIM	GIM	GIM
COPD/Asthma		Respirology (GIM after hours)	GIM	GIM

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Diagnosis	Sub-diagnosis	SCS	NFS	WHS
Dental Abscess	With a Compromised/Difficult Airway	Oral Surgery With OHNS	Oral Surgery With OHNS	Oral Surgery With OHNS
	Without a Compromised Airway	Oral Surgery	Oral Surgery	Oral Surgery
Diabetic Ketoacidosis (DKA)	All	Critical Care	Critical Care	Critical Care
Diverticulitis	Operative and Non-Operative	Surgery	Surgery	Surgery (Transfer to NFS)
Eclampsia / preeclampsia / HELP	Including 6 wks postpartum	OBGYN	OBGYN	OBGYN
Epiglottitis	With a Compromised/Difficult Airway	OHNS (with CC consult)	OHNS (with CC consult)	OHNS (with CC consult)
	Without a Compromised Airway	OHNS	OHNS	OHNS
Falls and Functional Decline	Multiple Falls and Functional Decline and unable to secure a safe environment within the community via ED resources including QRT, Social Work, and CCAC	GIM	GIM	GIM
Foreign Body in Esophagus	Above Cricopharyngeus muscle and patient is 18 years of age or older	ONHS	ONHS	ONHS
	Below Cricopharyngeus muscle and patient is 18 years of age or older	GI	GI	GI
	Children younger than 18 years of age regardless of location	ONHS	ONHS	ONHS
FRACTURES	Requiring surgery regardless of disposition	Ortho	Ortho	Ortho
	Non-surgical fracture unable to discharge	GIM	GIM	GIM
	High risk pelvic fracture involving pelvic rink integrity	Ortho	Ortho	Ortho
	Mandibular Fracture with a Compromised Airway	CriticalI	CriticalI	CriticalI
	Mandibular Fracture Without a Compromised Airway	Oral Surgery	Oral Surgery	Oral Surgery
	Vertebral Stable requiring admission	GIM	GIM	GIM
	Vertebral unstable	CriticalI (GIM while awaiting bed)	CriticalI (GIM while awaiting bed)	CriticalI (GIM while awaiting bed)
Genitourinary Tract Infection	In setting of obstruction requiring urgent surgical intervention (including stents)	Urology / CC consult for shock	Urology/ CC consult for shock	Urology (Transfer to NFS) / CC consult for shock
	GU procedure within last 14 days for urologic conditions	Urology	Urology	Urology (Transfer to NFS)
	All others	GIM	GIM	GIM
GI Bleed	All Upper and Lower	GIM / GI consult	GIM / GI consult	GIM / GI consult
Hepatitis/Liver Failure	All	GIM / GI consult	GIM / GI consult	GIM / GI consult
Hyperemesis Gravidarum	All	OBGYN	OBGYN	OBGYN
Hypertensive Crises	Hypertensive Urgency	GIM	GIM	GIM
	Hypertensive Emergency	Critical Care	Critical Care	Critical Care

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IBD-flare up	Obstructive or Perforated	General Surgery	General Surgery	General Surgery (Transfer to NFS)
	With or Without Abscess	GIM / GI consult	GIM / GI consult	GIM / GI consult
Intracranial Hemorrhage	ICH - with other trauma	Criticall TTL / Critical Care if not accepted	Criticall TTL / Critical Care if not accepted	Criticall TTL / Critical Care if not accepted
	ICH	Criticall NeurosSx / GIM if awaiting bed or requiring admission	Criticall NeuroSx / GIM if awaiting bed or requiring admission	Criticall NeuroSx/ GIM if awaiting bed or requiring admission
	ICH Palliative	GIM	GIM	GIM
Ischemic Limb	Acute, or Acute on Chronic, AND pulseless	Vascular Surgery	Vascular Surgery	Vascular Surgery
	Chronic with pulses e.g. diabetic gengrene	GIM	GIM	GIM
Lung Abscess/Empyema	All	Respirology (GIM)	GIM	GIM
Metastasis of the Brain	Single – Immediately Operative by NeuroSx	Criticall NeuroSx then Oncology/GIM if waiting for bed Refer to Cancer above	Criticall NeuroSx then GIM if waiting for bed	Criticall NeuroSx then GIM if waiting for bed
	Brain Metastasis	Oncology with Rad Onc Consult	Oncology with Rad Onc Consult	Oncology with Rad Onc Consult
Multiple Sclerosis	Requiring Admission	GIM	GIM	GIM
Osteomyelitis	Not diabetic foot peripheral	Orthopedics	Orthopedics	Orthopedics (NF)
	with Diabetic Foot	GIM / With ortho consult +/- Vascular consult	GIM / With ortho consult +/- Vascular consult	GIM/ With ortho consult +/- Vascular consult
Mental Health including Overdoses, Eating Disorders, etc.	If Cleared by Emergency Dept.	MH	MH	MH
	All Others	GIM	GIM	GIM
Palliative Patient	Well-known to Med Oncology and recently under their care	Oncology	GIM	GIM
	All other	GIM	GIM	GIM
Paediatric Patient	Medical pediatric patients	Paediatrics	Pediatrics (Bridge call)	Pediatrics (Bridge call)
	Surgical pediatric patients requiring Admission	Relevant Surgical Service	Relevant Surgical Service (Surgeon-Surgeon Referral)	Relevant Surgical Service (Surgeon-Surgeon Referral)
	MH cleared by the ED	MH	MH	MH
	MH not cleared by the ED	Paediatrics	Pediatrics (Bridge call)	Paediatrics (Bridge call)
	Critical Care pediatric patients	Activate Tele-resusc / involve pediatrician	Activate Tele-resusc	Activate Tele-resusc

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Diagnosis	Sub-diagnosis	SCS	NFS	WHS
Pancreatitis	ALL including gallstone pancreatitis	GIM	GIM	GIM
Pericardial Effusion/Tamponade (Large)	ALL	Cardiology	Cardiology (Transfer to SCS) If awaiting bed, GIM	Cardiology (Transfer to SCS) If awaiting bed, GIM
Peritonsillar Abscess	ALL	OHNS	OHNS	OHNS
Pneumonia	All	GIM / Respirology	GIM	GIM
Pneumothorax	Spontaneous	Respirology	GIM	GIM
	Traumatic	General Surgery	General Surgery	General Surgery
Pregnancy Related Diagnosis (ALL)		OBGYN	OBGYN	OBGYN
Pregnancy, with clinical presentation unrelated to pregnancy or surgical diagnosis (including pyelonephritis)	Less than 20wks (<20wks) gestation, both surgical and medical diagnoses	Usual MRP service	Usual MRP service	Usual MRP service
	20wks gestation or above (>20wks) with surgical diagnosis	Admission under surgical service with consulting OBGYN	Surgeon-Surgeon transfer to SCS Surgical Service with consulting OBGYN	Surgeon-Surgeon transfer to SCS Surgical Service with consulting OBGYN
	20wks gestation or above (>20wks), non-surgical diagnosis and not requiring continuous fetal heart monitoring	Admission under regular service with consulting OBGYN	MRP-MRP transfer to SCS with consulting OBGYN	MRP-MRP transfer to SCS with consulting OBGYN
	20wks gestation or above (>20wks), non-surgical diagnosis requiring continuous fetal heart monitoring	OBGYN MRP with usual consulting service; care on Women's and Baby's floor	Transfer to OBGYN MRP on Women's and Baby's floor with usual consulting service	Transfer to OBGYN MRP on Women's and Baby's floor with usual consulting service
Renal Failure: Acute	Acute with life-threatening complications Requiring Urgent Dialysis (e.g. hyperkalemia, acidosis, volume overload)	GIM with immediate nephrology consult	GIM with immediate nephrology consult	GIM with immediate nephrology consult
	Acute requiring surgical Urological intervention	Urology	Urology	Urology (Transfer as per Urologist)
	All Other	GIM	GIM	GIM
Renal Failure: Chronic (On Dialysis)	Nephrology-related disorders (e.g. dialysis access-related infections or peritonitis)	GIM	GIM	GIM
	Vascular Access Problem (e.g. post-operative bleeding, severe hand ischemia)	Vascular Surgery	Vascular Surgery	Vascular Surgery
Seizures (incl. Status Epilepticus)	Seizures requiring admission	GIM	GIM	GIM
	Status Epilepticus	Critical Care	Critical Care	Critical Care
Sickle Cell Crisis	All	GIM	GIM	GIM
Soft Tissue Injuries or Infections potentially requiring surgery (i.e. Necrotizing fasciitis, Fournier's gangrene)	Upper limb	Plastics	Plastics	Plastics
	Lower limb	Orthopedics	Orthopedics	Orthopedics
	Extremity Gangrene (with large vessel severe disease on angiography)	Vascular Surgery	Vascular Surgery	Vascular Surgery
	Perineal Gangrene	Urology	Urology	Urology
	Head and Neck	OHNS	OHNS	OHNS

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Diagnosis	Sub-diagnosis	SCS	NFS	WHS
	Trunk Gangrene	General Surgery	General Surgery	General Surgery (NF)
Spinal Cord Compression with radiologic evidence of current and imminent tumor invasion into the spinal cord		See cancer above with Rad Onc Consult	See cancer above with Rad Onc Consult	See cancer above with Rad Onc Consult
Stroke/High Risk TIA (acute strokes activate NF Stroke Team for possible transfer)	ALL	GIM	Stroke / GIM	GIM (Consideration of transfer to NFS for Stroke Unit)
Syncope	Requiring temporary transvenous pacemaker or device assessment	Cardiology	Critical Care	Critical Care
	Associated with documented arrhythmia/conduction abnormality or physical findings to suspect a Cardiac cause	Cardiology	GIM	GIM
	All Others	GIM	GIM	GIM
Transplant Patient with Transplant-related Conditions	Immediate (4 weeks)	Criticall / GIM	Criticall / GIM	Criticall / GIM
	Late - Heart	Cardiology	GIM	GIM
	Late - Others	GIM	GIM	GIM
Trauma Multi-System		Criticall TTL / if declined General Surgery (Critical Care if required)	Criticall TTL / if declined General Surgery (Critical Care if required)	Criticall TTL / if declined General Surgery (Critical Care if required)
Trauma Single System	Abdominal Injury requiring surgical consult	General Surgery	General Surgery	General Surgery
	Extremity Fracture Requiring surgical consult	Orthopedics	Orthopedics	Orthopedics(NF)
	Mandibular fracture	Oral Surgery	Oral Surgery	Oral Surgery
	Facial Fracture Non-Mandibular	Plastics	Plastics	Plastics
	Peadiatric	Criticall / Local appropriate surgical service if declined	Criticall / Local appropriate surgical service if declined	Criticall / Local appropriate surgical service if declined
	Thoracic Injury requiring surgical consult	Criticall / Gen Surgery if declined	Criticall / Gen Surgery if declined	Criticall / Gen Surgery if declined
	Vascular Injury	Vascular Surgery	Vascular Surgery	Vascular Surgery
	Spinal Column Injuries requiring surgical consult	Criticall / GIM if waiting for bed or conservative management	Criticall / GIM if waiting for bed or conservative management	Criticall / GIM if waiting for bed or conservative management

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