

THE ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI, NEW YORK	SUBJECT NO.
STANDARD: POLICY	
DEPARTMENT: Internal Medicine Residency	
SUBJECT: Transfer Policy	

Transfer to ADS:

- 1) Patients who are eligible for transfer should be discussed with the teaching team attending hospitalist
- 2) The teaching hospitalist will then contact the ADS attending directly
- 3) Once accepted, place the transfer order in Epic to non-teaching floor (e.g. KCC4, KCC5) and call bed board
- 4) The patient is the responsibility of the teaching team until the patient is moved to a non-teaching floor - communicate the time of handoff to the accepting team
- 5) Write a transfer note
- 6) Page and sign-out to the accepting physician or NP

****Do not transfer a patient to ADS if they will be discharged in < 48 hours or they are actively symptomatic****

Transfer between General Medicine Teaching and Specialty Services:

- 1) Call the fellow to confirm that they would like the patient transferred to their service (Liver, Oncology)
- 2) Call the MCR and tell them that you would like to transfer the patient
- 3) If there are <20 patients on the subspecialty team, the patient can be transferred (see section for MCR below)
- 4) Write a transfer note
- 5) Once the patient has been assigned a team, a verbal sign-out must be given to the accepting team
- 6) Confirm that the accepting team is assuming care of the patient after the verbal sign out
- 7) If the patient is going to move floors, place a transfer order in Epic and call bed board to confirm
- 8) For the MCR – call the MAPA (or MAR) and assign the patient to a team as you would any direct admission
- 9) For the MCR – call the resident on the team and inform them of the new admission
- 10) For the MCR – change the treatment team and/or attending for the patient

The subspecialty teams cannot have more than 20 patients on their list for any reason, with 10 patients maximum on each hemi-team. If a fellow asks you to do this, please page the chief on call to discuss.

