**UPDATED AS OF 11/5/19**

**Weekday Structure**

06:30 - 0700: Transition

0700 - 1200: Silver admits

1200 - 1800: Day call admits

1800 - 1900: Transition

1900 - 0630: Night Float admits

**0700-1200 Admit Flow (DCT = Day Call Team)**

*Silver uses the 0700 am census to determine the flow of patients

*Silver team should be in contact with the Day Call team in the morning and will sign out at noon in the ED workroom. If the Day Call team anticipates discharges (that were not evident at 0700) the Day Call team can request patients from Silver above the designated 8 cap (prevents more backfill to Day Call on the post Day Call day).

Silver takes handoff from Night Float residents for patients yet to see (cafeteria at 0700)

Step 1: Silver team admits the first 4 patients or up to 8 (whichever comes first) to the DCT → Step 2: Once step 1 is complete, all remaining patients are admitted to Silver.
*If the DCT is at 8 or more at 0700, skip this team and admit all patients to Silver.

**Silver team will cross cover patients admitted to Silver on date of admission up until 1900. At the end of the day, the Gold or Copper attending will transfer these patients onto Gold/Copper/Nickel depending on patient/provider assignment

**1200-1800 Admit Flow (DCT = Day Call Team)**

DCT receives handoff from silver at 1200.

Step 1: DCT admits to themselves up to cap (12) → Step 2: DCT admits to the oncoming NAT up to cap (12) → Step 3: DCT admits 2 patients or up to 10 (whichever comes first, but no more than 2) to tomorrow's MOT → Step 4: DCT admits all remaining patients to Gold and Copper back and forth up to 14 (with 1 APP) or 18 (with 2 APP) for Gold and up to 16 (with 1 APP) or 20 (with 2 APP) for Copper→then all further admissions admitted to Nickel.

*If DCT is at cap (12), skip them and admit to the oncoming NAT.

*If the oncoming NAT is at cap (12), skip them and admit to tomorrow’s MOT

*If tomorrow’s MOT is at 10 or more, skip them and admit to Gold and Copper then Nickel
1900-0630 Admit Flow (NF = Night Float residents)

Step 1: NF admits to the oncoming NAT up to cap (12) → Step 2: NF admits 4 patients (or up to 12, but no more than 4) to previous DCT (backfill) → Step 3: NF admits 2 patients or up to 10 (whichever comes first, but no more than 2) to the oncoming MOT → Step 4: NF admits all remaining patients to Gold and Copper back and forth up to 14 (with 1 APP) or 18 (with 2 APP) for Gold and up to 16 (with 1 APP) or 20 (with 2 APP) for Copper → then all further admissions admitted to Nickel.

*If the oncoming NAT is at cap (12), skip them and admit to previous DCT

*If previous DCT is at 12, skip them and admit to tomorrow’s MOT

*If tomorrow’s MOT is at 10 or more, skip them and admit to Gold and Copper then Nickel

Weekend & Holiday Structure

06:30 - 0700: No new admissions

0700 - 1800: Day call admits

1800 - 1900: No new admissions

1900 - 0630: Night Float admits
**0700-1800 Admit Flow**

DCT takes handoff from Night Float residents for patients yet to see (cafeteria at 0700)

Step 1: DCT admits to themselves up to cap (12) → Step 2: DCT admits to the oncoming NAT up to cap (12) → Step 3: DCT admits 2 patients or up to 10 (whichever comes first, but no more than 2) to tomorrow's MOT → Step 4: DCT admits all remaining patients to Gold and Copper back and forth up to 14 (with 1 APP) or 18 (with 2 APP) for Gold and up to 16 (with 1 APP) or 20 (with 2 APP) for Copper → then all further admissions admitted to Nickel.

*If DCT is at cap (12), skip them and admit to the oncoming NAT.

*If the oncoming NAT is at cap (12), skip them and admit to tomorrow's MOT.

*If tomorrow’s MOT is at 10 or more, skip them and admit to Gold and copper then to Nickel

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**1900-0630 Admit Flow**

Same as weekdays. See above.