UPDATED AS OF 11/5/19

This page describes the flow of transfer patients. Responsibilities for the MOT can be found here.

Silver Team's responsibilities related to transfers can be found here.

MEDICINE SERVICE TRANSFERS

Medicine service transfers = MICU, Cardiology, Hematology, Medical Oncology and Family Medicine

General Medicine Service Transfer Policies

Medicine service transfers including MICU, Cardiology, Hematology, Medical Oncology and Family Medicine are generally performed by the MOT (unless at caps or outside MOT transfer hours or involving a bounce back, see below). All other service transfers (so-called non-medicine service transfers) are performed by the Silver Medicine team.

MICU transfers are performed at any hour of the day. Transfers from Cardiology, Hematology, Medical Oncology and Family Medicine should only be performed on the day of transfer request when received before 15:00. If request is made after 15:00, it is deferred to the following day.

Transfer bounce backs: these should be performed by the original bounce back team (as long as the bounce back team is contacted before 15:00).
Who Performs Transfer

Transfer Requests Received Between 07:00-15:00

Regardless of the team's census and non medicine transfers (transfers preformed by the Silver Medicine Team), the MOT will complete 4 MICU/Cards/Heme-Med Onc transfers. Any additional transfers after the 4 transfers completed by MOT will be handed off to the Day Call team to perform the transfers.

Transfer Requests Received Between 15:00-18:00

DCT will transfer patients during this time. These should only be MICU transfers.

Transfer Requests Received Between 19:00-06:30

Night Float will transfer patients during this time. These should only be MICU transfers.

Transfer Flow

The following describes transfer flow, in essence to which team is a given patient transferred:

Step 1: MOT – first 4 transfers or up to census cap of 12 (whichever comes first) -> Step 2: DCT – up to census cap of 12 -> Step 3: Oncoming NAT – up to census cap of 12 -> Step 4: 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 -> Step 5: all remaining transfers to Nickel
If teams are at cap use the following rules:

* If MOT is at cap (12) or has performed/received 4 transfers, skip them and transfer to the DCT.

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

* If the oncoming NAT is at cap (12), skip them and transfer to Gold and Copper alternating back and forth.

* If Gold and Copper are at cap [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], skip them and transfer to Nickel

**Transfer Caps**

MOT has a cap of 4 transferred patients. These include those performed by MOT as well as those transferred to MOT by Silver (i.e. non-medicine transfers). Any additional transfers over 4 will go to the DCT to perform.
NON-MEDICINE SERVICE TRANSFERS

Non-medicine service transfers = all services excluding MICU, Cardiology, Hematology, Medical Oncology, and Family Medicine

General Non-Medicine Service Transfer Policies

Non-medicine service transfers are performed by the Silver Medicine team. All other transfers including MICU, Cardiology, Hematology, Medical Oncology and Family Medicine (so-called medicine service transfers) are generally performed by the MOT.

Transfers from non-medicine services should only be performed on the day of request when transfer request is received before 15:00. If request is made after 15:00, it should be deferred to the following day. The Silver Medicine team can offer to see the patient in consult for that day instead. The Silver Medicine attending has the ultimate responsibility for deciding on appropriateness of transfer. Once accepted, the Silver Medicine team will write a transfer accept note in the form of a progress note (in the same format as a MICU transfer) and reconcile orders. The Silver attending should then notify the receiving team (e.g. MOT) attending. Once the Silver attending informs the receiving team attending of the transfer, then the receiving team assumes care of the patient. The receiving team does not need to write a note for the day but they should meet the patient on the same day the patient is transferred if possible.
Transfer Flow

The transfer flow for non-medicine transfers follows the same flow as medicine service transfers:

Step 1: MOT – up to 4 total transfers (including those performed by MOT on date of transfer) or up to census cap of 12 (whichever comes first) -> Step 2: DCT – up to census cap of 12 -> Step 3: Oncoming NAT – up to census cap of 12 -> Step 4: 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 -> Step 5: all remaining transfers to Nickel

If teams are at cap use the following rules:

*If MOT is at cap (12) or has performed 4 medicine service transfers, skip them and transfer to the DCT.

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

*If the oncoming NAT is at cap (12), skip them and transfer to Gold and Copper alternating back and forth.

*If Gold and Copper are at cap [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], skip them and transfer to Nickel

**Please note, the above transfer flow applies to all times of the day (as in the case of a transfer request received before 15:00 but actually performed after 15:00).

Transfer Caps

MOT has a cap of 4 transferred patients in the afternoon. These include those performed by MOT from the MICU, those transferred to MOT by Silver (i.e. non-medicine transfer), and those transferred to MOT from Cardiology or Heme/Onc). Any patient transfer over 4 will go to the next team in the flow (as above).