

ESCALATION POLICY FOR THE DEPARTMENT OF INTERNAL MEDICINE

PGY1 escalates to PGY2 or PGY 3 assigned to cover them

PGY 2 or PGY 3 escalates to Teaching Resident (TR)

PGY 1,2, 3 or TR escalate to Attending. During the day (8 am to 4 PM) to the appropriate ward attending

From 4 PM to 8 PM to Bell Attending

8 PM to 8 am to the Night Hospitalist

For Issues in MICU or A4 Stepdown Unit (SDU) during “off hours” escalation will be to Night Intensivist.

From 7 PM till 7 am

Medical Consult Service consists of Senior Medical Resident (PGY 3)

They will escalate to Their assigned attending on Consults from 8 am to 4 PM. From 4 PM to 8 PM they escalate to the Bell attending. After 8 PM they will escalate to the Night Hospitalist

On Holidays and weekend days the Consult attending, till 8 PM, will be the Bell Attending

The Consult Attending can escalate as needed to the Attending of the Consulting Service or, if needed, the Director of the consulting Service (i.e Orthopedics, ENT,Surgery, Psychiatry, etc)

Final escalation will be to the Director or Associate Director of Medicine for all scenarios

Issues with “off hour scheduling” escalate to the Appropriate Chief Resident on Call

Escalation should include BUT not be limited to:

Hemodynamically unstable patients

Patients needing upgrade to higher level of Medical care

Patients needing transfer to another Service

Complex Goals of care

Complex electrolyte problems

Patients requiring Mechanical Ventilation and or Vasopressors

Complex Administrative issues

Again this list is NOT limiting. Any case can be escalated

When in doubt escalation is advised