

Patient Movement Guide

Use this click-by-click guide to review the steps taken by different staff during common patient movement workflows. Click on hyperlinks to jump within the document.

[Get Started!](#)

[Patient's Current Location](#)

[Transfers/Direct Admits](#)

[Milstein Hospital](#)

[MSCHONY](#)

[The Allen Hospital](#)

[Weill Cornell Hospital](#)

[David H. Koch Center](#)

[Alexandra Cohen Hospital \(ACH\)](#)

[Lower Manhattan Hospital](#)

[Westchester Behavioral Health Center](#)

[Lawrence Hospital](#)

[Queens Hospital](#)

[Brooklyn Methodist Hospital](#)

[Center for Community Health](#)

[Hudson Valley Hospital](#)

[Gracie Square Hospital](#)

[Return to Start](#)

[Supplemental Information](#)

[ADT Orders Matrix](#)

[Facility Structure Table](#)

[Patient Flow EpicTogether Leads](#)

[Discharge/Readmit vs Leave of Absence \(LoA\)](#)

Transfers & Direct Admits ...

[Ambulatory Clinic \(Direct Admit\)](#)

[Outside Hospital](#)

[NYP Hospital](#)

Patient is moving from Milstein Hospital ...

[Emergency Department](#)

[Inpatient Unit](#)

[Operating Room](#)

[Radiology](#)

[Interventional Radiology](#)

[Cath/EP Lab](#)

[Pediatric Hematology/Oncology/BMT](#)

[Other Procedural Area](#)

[Inpatient Rehab](#)

[Inpatient Psych](#)

Patient is moving from MSCHONY...

Emergency Department

Inpatient Unit

Operating Room

Radiology

Interventional Radiology

Cath/EP Lab

Pediatric Hematology/Oncology/BMT

Other Procedural Area

Patient is moving from The Allen...

Emergency Department

Inpatient Unit

Operating Room

Radiology

Interventional Radiology

Pediatric Hematology/Oncology/BMT

Other Procedural Area

Inpatient Psych

Patient is moving from Alexandra Cohen Hospital...

Inpatient Unit

Operating Room

Patient is moving from Weill Cornell Hospital...

[Emergency Department](#)

[Inpatient Unit](#)

[Operating Room](#)

[Radiology](#)

[Interventional Radiology](#)

[Cath/EP Lab](#)

[Pediatric Hematology/Oncology/BMT](#)

[Other Procedural Area](#)

[Inpatient Rehab](#)

[Inpatient Psych](#)

Patient is moving from David H. Koch Center...

Operating Room GI Suite

Radiology

Interventional Radiology

Cath/EP Lab

Pediatric Hematology/Oncology/BMT

Other Procedural Area

Patient is moving from Lower Manhattan Hospital

Emergency Department

Inpatient Unit

Operating Room

Radiology

Interventional Radiology

Pediatric Hematology/Oncology/BMT

Other Procedural Area

Patient is moving from Westchester Behavioral Health Center...

Inpatient Psych

Ambulatory Clinic (Direct Admit)

Patient is moving from Lawrence Hospital ...

Emergency Department

Inpatient Unit

Operating Room

Radiology

Interventional Radiology

Cath/EP Lab

Pediatric Hematology/Oncology/BMT

Other Procedural Area

Patient is moving from Queens Hospital...

Emergency Department

Inpatient Unit

Operating Room

Radiology

Interventional Radiology

Cath/EP Lab

Other Procedural Area

Patient is moving from Brooklyn Methodist Hospital...

[Emergency Department](#)

[Inpatient Unit](#)

[Operating Room](#)

[Radiology](#)

[Interventional Radiology](#)

[Cath/EP Lab](#)

[Other Procedural Area](#)

[Inpatient Rehab](#)

Patient is moving from Center for Community Health...

Operating Room

Infusion & GI Endo

Patient is moving from Hudson Valley Hospital...

Emergency Department

Inpatient Unit

Operating Room

Radiology

Interventional Radiology

Other Procedural Area

Inpatient Rehab

Patient is moving from Gracie Square Hospital...

Inpatient Unit

Radiology

Patient is moving from Emergency Department to...

[Operating Room](#)

[Inpatient Unit](#)

[L&D Unit](#)

[Radiology](#)

[Interventional Radiology](#)

[Cath/EP Lab](#)

[Endoscopy](#)

[Other Procedural Area](#)

[Psych](#)

[Inpatient Hospice](#)

[Emergency Department](#)

[Mobile Stroke Unit \(MSU\)](#)

Patient is moving from Emergency Department to...

Operating Room

Inpatient Unit

L&D Unit

Radiology

Interventional Radiology

Cath/EP Lab

Endoscopy

Other Procedural Area

Psych

Inpatient Hospice

Emergency Department

Mobile Stroke Unit (MSU)

Emergency Department to Operating Room

Affected Departments	
ED	All EDs
Surgery Departments	All ORs
Who	
ED Provider	Places Consult to General Surgery Order [CON4] and contacts OR surgeon.
OR Surgeon	Assesses patient in the ED and then places a Case Request Order [SUR1] , which auto-creates a new case. BMH: Off shift, Weekends and Holidays - Calls Nursing supervisor to inform them of need for surgery HVH: Off shift, Weekends and Holidays - Nurse Supervisor contacts the OR On Call Team
ED Provider	Select Admit for Disposition, then place the Send to OR [NUR1601] order. This automatically changes Patient Status to "Send to OR."
OR Scheduler/On Call Team	Schedules the surgery from the Case Depot.
ED Nurse	Creates Transport request (only if transport is used).
ED Nurse	Places the patient in the Off the Floor care area upon the patient's physical departure.
OR Transporter	Completes Transport request.
Periop Nurse	Case tracks the patient into the OR departments, which automatically transfers the patient into one of the surgery departments.

Patient is moving from Emergency Department to Inpatient

Milstein/Allen/Queens

MSCHONY Hospital

Weill Cornell Hospital

Lower Manhattan

Alexandra Cohen Hospital

Lawrence Hospital

Brooklyn Methodist Hospital

Hudson Valley Hospital

Psychiatry

Milstein/Allen/Queens Emergency Department to Inpatient Unit

Affected Departments	
ED	Milstein, Allen and Queens EDs
Inpatient Units	All Medical/Surgical/ICU Units
Who	
Does What	
	If Patient Is Moving To Inpatient Unit Within The Same Site
ED Provider	Selects Admit disposition, Places Bed Request Order [ADT9] , which includes question for Service assignment.
PPOC	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team and marks provider team as <u>primary</u> , which updates patient's treatment team <i>if applicable</i> . Sees provider team assignment for patient on ED track board and contacts provider team to come down and see patient.
ED Provider	Once the acceptance is verified, the ED Provider will complete Provider Endorsement in the Dispo Activity. This will mark the patient as Ready to Move. Sends secure chat message to PPOC confirming endorsement
PPOC	Assigns patient to room/bed
Admitting Treatment Team	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Order [ADT1] .
ED Nurse / UA	Once bed is assigned (seen on track board/ED manger). Completes RN handoff, via Disposition activity and Creates Transport request
ED Nurse / UA	Places the patient in the Off the Floor care area upon the patient's physical departure. Completes transport request and ADT Transfer event auto-completes. In the event that transport is not used to transport the patient, the Receiving unit UA/RN will arrive the patient to the unit via the Complete Transfer workflow
Transporter	
	If Patient Is Moving To Inpatient Unit Within the Same Service Area (Allen to Columbia)
ED Provider	Places Bed Request Order [ADT9] and Transfer Center Order [ADT21] , with Request Type of "Intra-Hospital Transfer" . This will ensure only one encounter is used.
PPOC	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team and marks provider team as primary, which updates patient's treatment team if applicable.

	Sees provider team assignment for patient on ED track board and contacts provider team to come down and see patient.
ED Provider	Once the acceptance is verified, the ED Provider will complete Provider Endorsement in the Dispo Activity. This will mark the patient as Ready to Move.
	Sends secure chat message to PPOC confirming endorsement
PPOC	Assigns patient to room/bed
Admitting Treatment Team	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Order [ADT1].
ED Nurse / UA	Once bed is assigned (seen on track board/ED manger). Completes RN handoff, via Disposition activity
ED Nurse / UA	Places the patient in the Off the Floor care area upon the patient's physical departure.
Floor Nurse/UA	Completes Transfer workflow from Unit Manager upon the patient's arrival, which causes patient to fall off the Off the Floor care area on the ED track board.
	If Patient Is Moving To Inpatient Unit Different Service Area (Columbia to Cornell or Cornell to Columbia or Queens to Cornell)
	Select Transfer to Other Hospital disposition. Places Transfer Center Order [ADT21] , with Request Type of "Cross Campus or External Transfer (Queens) , which generates a new encounter. Places Close Visit in Preparation for Transfer to Other Hospital order.
ED Provider	Completes EMTALA form.
PPOC	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team and marks provider team as primary, which updates patient's treatment team if applicable.
	Sees provider team assignment for patient on ED track board and contacts provider team to come down and see patient.
ED Provider	Once the acceptance is verified, the ED Provider will complete Provider Endorsement in the Dispo Activity. This will mark the patient as Ready to Move.
	Sends secure chat message to PPOC confirming endorsement
PPOC	Assigns patient to room/bed
Admitting	Updates pending preadmission, pends out of admission workflow
Admitting Treatment Team	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Order [ADT1].
ED Nurse / UA	Once bed is assigned (seen on track board/ED manger). Completes RN handoff, via Disposition activity
ED Nurse / UA	Discharges the patient upon the patient's physical departure.

Floor Nurse/UA

Completes Admission workflow from Unit Manager upon the patient's arrival, which causes patient to fall off the Off the Floor care area on the ED track board.

If Patient Is Moving From Queens ED to ETAP (Early Treatment For Admitted Patients)

ED Provider

Selects **Admit** disposition. Places **Bed Request Order [ADT9]**, which includes question for Service assignment.

PPOC

Assigns patient (found in unassigned tab of bed planning) to appropriate provider team and marks provider team as primary, which updates patient's treatment team *if applicable*.

ED Provider

Sees provider team assignment for patient on ED track board and contacts provider team to come down and see patient.

Once the acceptance is verified, the ED Provider will complete Provider Endorsement in the Dispo Activity. This will mark the patient as Ready to Move.

ETAP Charge Nurse

Verify patient on ETAP Bed Need Track board once the patient is Endorsed. Holds ETAP bed on ETAP ED Manager.

Completes ETAP bed assignment flowsheet in Disposition Navigator (Admit/Transfer tab)

ED Nurse

Once ETAP bed is assigned (seen on ETAP Bed Assigned track board). Request transport.

Transport

Completes transport to ETAP

ETAP Charge Nurse/ETAP

Locates patient on ETAP Bed Assigned Track board. Right clicks on patient on Track board, clicks Transfer. Selects ETAP bed.

Nurse

PPOC

Assigns patient to room/bed

Admitting Treatment Team

Evaluates patient and places Orders for Inpatient care, using admission order set, including **Admit to Inpatient Order [ADT1]**.

ED Nurse / UA

Once bed is assigned (seen on track board/ED manger). Completes RN handoff, via Disposition activity and Creates Transport request

ED Nurse / UA

Places the patient in the Off the Floor care area upon the patient's physical departure.

Transporter

Completes transport request and ADT Transfer event auto-completes. In the event that transport is not used to transport the patient, the Receiving unit UA/RN will arrive the patient to the unit via the Complete Transfer workflow

MSCHONY Emergency Department to Inpatient Unit

	Affected Departments
ED	MSCHONY ED
Inpatient Units	All Medical/Surgical/ICU Units
Who	Does What
	Pediatric Medicine
ED Provider	Contacts Peds Gen Hospitalist and Peds Admitting Team via Secure Chat. For admissions to pediatric sub-specialties – Place IP Consult to [Service] Order
ED Provider	Places Bed Request Order [ADT9] , which includes question for Service assignment. Contacts the Peds Admitting Provider Team.
Admitting/ Bed Coordinator	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team
ED Provider	Once the acceptance is verified, the ED Provider will complete Provider Endorsement in the Dispo Activity. This will mark the patient as Ready to Move. Sends secure chat message to PPOC confirming endorsement.
Admitting	IF patient is going to an ICU Unit, Admitting will Pre-assign the patient to the unit. IF the patient is going to an inpatient floor, Assigns patient to room/bed
Admitting TX Team	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Order [ADT1] .
ED Nurse / UA	Once bed is assigned (seen on track board/ED manger). Completes RN handoff, via Disposition activity Requests Transport. Places the patient in the Off the Floor care area upon the patient's physical departure.
Transporter	Completes transport request and ADT Transfer event auto-completes.
	Pediatric ICU
ED Provider	Contacts Peds ICU Fellow via Secure Chat
PICU Fellow	Sees patient in the ED, determines if admission will be accepted and provides the ICU Attending name to ED Provider
ED Provider	Places Bed Request Order [ADT9] , which includes question for Service assignment.
ED Provider	ED Provider will complete Provider Endorsement in the Dispo Activity. This will mark the patient as Ready to Move. Sends secure chat message to PPOC confirming endorsement

PPOC	Assigns patient to room/bed, assigns the indicated provider team
Admitting Treatment Team	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Order [ADT1] .
ED Nurse / UA	Once bed is assigned (seen on track board/ED manger). Completes RN handoff, via Disposition activity and creates Transport request
ED Nurse / UA	Places the patient in the Off the Floor care area upon the patient's physical departure.
Transporter	Completes transport request and ADT Transfer event auto-completes. In the event that transport is not used to transport the patient, the Receiving unit UA/RN will arrive the patient to the unit via the Complete Transfer workflow

WCM Emergency Department to Inpatient Unit

	Affected Departments
ED	GBG Adult and Peds ED
Inpatient Units	All Medical/Surgical/ICU Units
Who	Does What
	WCM Adult Medicine
ED Provider	Selects Admit for Disposition. Places Bed Request Order [ADT9] and selects the appropriate service.
PPOC	Assigns patient (found in unassigned tab of bed planning) to the appropriate Inpatient Provider Team and marks that team as <u>primary</u> , which updates the Treatment Team.
PPOC	Creates Secure Chat group with ED Provider and Inpatient Provider Team for handoff.
ED Provider	Calls Inpatient Provider Team member for handoff, then completes Provider Endorsement in the Dispo Activity with the name of the Inpatient Provider Team member (this marks the patient as Ready to Move). Replies in Secure Chat group created by PPOC to confirm endorsement.
PPOC	Assigns patient to room/bed.
Admitting Treatment Team	Evaluates patient and places inpatient orders using admission order set, including Admit to Inpatient Order [ADT1] .
ED Nurse / UA	Once bed is assigned (seen on track board/ED manager), completes RN handoff via Dispo Activity and creates Transport Request.
ED Nurse / UA	Places the patient in the Off the Floor care area upon the patient's physical departure.
Transporter	Completes transport request and ADT Transfer event auto-completes. If transport is not used to transport the patient, the receiving unit UA/RN will Arrive the patient to the unit via the Complete Transfer workflow.
	WCM Adult Consulting Service (Medical ICU, Stepdown, Surgical Sub-Specialties, Medical Sub-Specialties)
ED Provider	Places IP Consult to [Service] Order .
Consulting Provider	Calls the ED Provider for the consult and sees the patient as needed.
ED Provider	Selects Admit for Disposition. Places Bed Request Order [ADT9] , and selects the appropriate service.
ED Provider	Completes Provider Endorsement in the Dispo Activity with the name of the consultant (this marks the patient as Ready to Move).
PPOC	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team and marks provider team as <u>primary</u> , which updates patient's treatment team. Assigns patient to room/bed.
Admitting Team	Evaluates patient and places inpatient orders using admission order set, including Admit to Inpatient Order [ADT1] .
ED Nurse / UA	Once bed is assigned (seen on track board/ED manager), completes RN handoff via Dispo Activity and creates Transport Request.

ED Nurse / UA	Places the patient in the Off the Floor care area upon the patient's physical departure.
Transporter	Completes transport request and ADT Transfer event auto-completes. If transport is not used to transport the patient, the receiving unit UA/RN will Arrive the patient to the unit via the Complete Transfer workflow.
WCM Inpatient Burn	
ED Provider	Places Inpatient Consult to Burn Order .
Burn Provider/ Nurse	Calls the ED Provider for the consult and sees the patient in the ED. Determines if the patient will be admitted.
ED Provider	Selects Admit for Disposition. Places Bed Request Order [ADT9] , selecting Surgery-Burn for service.
ED Provider	Completes Provider Endorsement in the Dispo Activity with the name of the consultant (this marks the patient as Ready to Move).
PPOC	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team and marks provider team as <u>primary</u> , which updates patient's treatment team. Assigns patient to room/bed.
Admitting Treatment Team	Evaluates patient and places inpatient orders using admission order set, including Admit to Inpatient Order [ADT1] .
ED Nurse / UA	Once bed is assigned (seen on track board/ED manager), completes RN handoff via Dispo Activity and creates Transport Request.
ED Nurse / UA	Places the patient in the Off the Floor care area upon the patient's physical departure.
Transporter	Completes transport request and ADT Transfer event auto-completes. If transport is not used to transport the patient, the receiving unit UA/RN will Arrive the patient to the unit via the Complete Transfer workflow.
WCM Inpatient Hyperbaric	
ED Provider	Provides pre-screening and places both Hyperbaric Oxygen Treatment order [PRO228] and Inpatient Consult to Burn Order [CON144] .
Burn Provider/ Nurse	Assesses patient in the ED and determines if the patient qualifies for an emergency Hyperbaric Oxygen Treatment. Completes consent form for HBO treatment.
ED Provider	Places Bed Request Order [ADT9] , selecting Surgery-Burn for service.
ED Provider	Completes Provider Endorsement in the Dispo Activity with the name of the consultant (this marks the patient as Ready to Move).
PPOC	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team and marks provider team as <u>primary</u> , which updates patient's treatment team. Assigns patient to room/bed.
Admitting Treatment Team	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Order [ADT1] .
ED Nurse / UA	Once bed is assigned (seen on track board/ED manager), completes RN handoff via Dispo Activity and creates Transport Request.

ED Nurse / UA

Places the patient in the Off the Floor care area upon the patient's physical departure.

Transporter

Completes transport request and ADT Transfer event auto-completes. If transport is not used to transport the patient, the receiving unit UA/RN will Arrive the patient to the unit via the Complete Transfer workflow.

WCM General Pediatrics or Pediatric Stepdown (Patients < 18 Years Old Only)

ED Provider

Sends **Secure Chat to the Ped Gen Hospitalist and Ped Admitting Resident** roles.

ED Provider

ED attending speaks with the Ped Gen Hospitalist and ED resident speaks with the Peds Resident.

ED Provider

Selects **Admit** for Disposition. Places **Bed Request Order [ADT9]**, selecting the appropriate service.

ED Provider

Completes the **Provider Endorsement** in the Dispo Activity with the name of the Ped Gen Hospitalist or Peds Resident (this marks the patient as Ready to Move).

PPOC

Assigns patient to room/bed and assigns the indicated provider team.

Admitting Treatment Team

Evaluates patient and places inpatient orders using admission order set, including **Admit to Inpatient Order [ADT1]**.

ED Nurse / UA

Once bed is assigned (seen on track board/ED manager), completes nursing handoff via Dispo Activity and creates Transport Request.

ED Nurse / UA

Places the patient in the Off the Floor care area upon the patient's physical departure.

Transporter

Completes Transport Request and ADT Transfer event auto-completes. If transport is not used to transport the patient, the receiving unit UA/RN will Arrive the patient to the unit via the Complete Transfer workflow.

WCM Pediatric Medical Sub-Specialties

ED Provider

Place **IP Consult to [Service] Order**.

ED Provider

Speaks with the consulting service to confirm admission and obtains the name of the admitting provider.

ED Provider

Selects **Admit** for Disposition. Places **Bed Request Order [ADT9]**, selecting the appropriate service and entering the name of the admitting provider.

ED Provider

Sends Secure Chat to **Peds Admitting Resident** for handoff.

ED Provider

Completes the **Provider Endorsement** in the Dispo Activity with the name of the Peds Admitting Resident (this marks the patient as Ready to Move).

PPOC

Assigns patient to room/bed and assigns the indicated provider team.

Admitting Treatment Team

Evaluates patient and places inpatient orders using admission order set, including **Admit to Inpatient Order [ADT1]**.

ED Nurse / UA

Once bed is assigned (seen on track board/ED manager), completes nursing handoff via Dispo Activity and creates Transport Request.

ED Nurse / UA

Places the patient in the Off the Floor care area upon the patient's physical departure.

Transporter

Completes Transport Request and ADT Transfer event auto-completes. If transport is not used to transport the patient, the receiving unit UA/RN will Arrive the patient to the unit via the Complete Transfer workflow.

WCM Pediatric Surgery and Surgical Sub-Specialties (Urology, Neurosurgery, Burns)

ED Provider	Place IP Consult to [Service] Order .
Consulting Provider	Calls the ED Provider for the consult and sees the patient as needed.
ED Provider	Selects Admit for Disposition. Places Bed Request Order [ADT9] , selecting the appropriate service and entering the name of the admitting provider.
ED Provider	Completes the Provider Endorsement in the Dispo Activity with the name of the consultant (this marks the patient as Ready to Move).
PPOC	Assigns patient to room/bed and assigns the indicated provider team.
Admitting Treatment Team	Evaluates patient and places inpatient orders using admission order set, including Admit to Inpatient Order [ADT1] .
ED Nurse / UA	Once bed is assigned (seen on track board/ED manager), completes nursing handoff via Dispo Activity and creates Transport Request.
ED Nurse / UA	Places the patient in the Off the Floor care area upon the patient's physical departure.
Transporter	Completes Transport Request and ADT Transfer event auto-completes. If transport is not used to transport the patient, the receiving unit UA/RN will Arrive the patient to the unit via the Complete Transfer workflow.

WCM Pediatric ICU

ED Provider	Calls or sends Secure Chat to PICU Fellow .
PICU Fellow	Sees the patient as needed, determines if the admission will be accepted, and provides the name of PICU Attending to the ED Provider.
ED Provider	Selects Admit for Disposition. Places Bed Request Order [ADT9] and selects the appropriate service.
ED Provider	Calls or sends Secure Chat to PICU Resident or PA for handoff.
ED Provider	Completes Provider Endorsement in the Dispo Activity with the name of the PICU Resident or PA (this marks the patient as Ready to Move).
PPOC	Assigns patient to room/bed, assigns the indicated provider team.
Admitting Treatment Team	Evaluates patient and places inpatient orders using admission order set, including Admit to Inpatient Order [ADT1] .
ED Nurse / UA	Once bed is assigned (seen on track board/ED manager), completes RN handoff via Dispo Activity and creates Transport Request.
ED Nurse / UA	Places the patient in the Off the Floor care area upon the patient's physical departure.
Transporter	Completes transport request and ADT Transfer event auto-completes. If transport is not used to transport the patient, the receiving unit UA/RN will Arrive the patient to the unit via the Complete Transfer workflow.

Non-WCM Inpatient Unit in Same Service Area (WCM ED to LMH Inpatient)

ED Provider	Selects Admit for Disposition. Places Bed Request Order [ADT9] and Transfer Center Request Order [ADT21] , with Request Type of Intra-Hospital Transfer . This will ensure only one encounter is used.
-------------	--

ED Provider

Once the transfer acceptance is verified, the ED Provider will complete **Provider Endorsement** in the Dispo Activity with the name of the Inpatient Provider Team member (this will marks the patient as Ready to Move).

Admitting Treatment Team

Evaluates patient and places inpatient orders using admission order set, including **Admit to Inpatient Order [ADT1]**.

ED Nurse / UA

Once bed is assigned (seen on track board/ED manager), completes RN handoff via Dispo Activity.

ED Nurse / UA

Places the patient in the Off the Floor care area upon the patient’s physical departure.

Floor Nurse/UA

Completes Transfer workflow from Unit Manager upon the patient’s arrival, which causes patient to fall off the Off the Floor care area on the ED track board.

Non-WCM Inpatient Unit at Different Service Area (Cornell ED to Columbia Inpatient)

ED Provider

Selects **Admit** for Disposition. Places **Transfer Center Order [ADT21]**, with Request Type of **Cross Campus**, which generates a new encounter. Documents the transfer, including the name of the accepting provider, in the provider note. Places the **Close Visit in Preparation for Transport between East and West Campuses Order**. The Columbia Team will place the admission order.

Transfer Center

Initiates 3-way conversation between sending and receiving providers. Coordinates EMS transfer. Communicates with receiving Admitting/PPOC.

Admitting/PPOC

Assigns patient to room/bed

Admitting/PPOC

Updates pending preadmission, pends out of admission workflow.

Admitting Treatment Team

Evaluates patient and pPlaces inpatient ordersOrders for Inpatient care, using admission order set, including **Admit to Inpatient Order [ADT1]**.

ED Nurse / UA

Once bed is assigned (seen on track board/ED manager), completes RN handoff via Dispo Activity.Once bed is assigned (seen on track board/ED manger). Completes RN handoff, via Disposition activity

ED Nurse / UA

Discharges the patient upon the patient’s physical departure.

Floor Nurse/UA

Completes Admission workflow from Unit Manager upon the patient’s arrival, which causes patient to fall off the Off the Floor care area on the ED track board.

BMH Emergency Department to Inpatient Unit

Affected Departments	
ED	BMH ED
Inpatient Units	All Medical/Surgical/ICU Units
Who	
Does What	
	If Patient Is Moving To Inpatient Unit Within The Same Site
ED Provider	Selects Admit disposition, Places Bed Request Order [ADT9] , which includes question for Service assignment. Communicates with Medical Transfer Resident for acceptance/endorsement.
ED Provider	Once the acceptance is verified, the ED Provider will complete Provider Endorsement in the Dispo Activity. This will mark the patient as Ready to Move.
Medical Transfer Resident	Assigns patient to appropriate provider team and marks provider team as <u>primary</u> , which updates patient's treatment team <i>if applicable</i> .
PPOC	In Bed Planning, once the bed request has been endorsed and is ready to move, drag and drop the bed request to the appropriate unit and bed
Admitting Treatment Team	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Order [ADT1] .
ED Nurse / UA	Once bed is assigned (seen on track board/ED manger). Completes RN handoff, via Disposition activity and Creates Transport request
ED Nurse / UA	Places the patient in the Off the Floor care area upon the patient's physical departure.
Transporter	Completes transport request and ADT Transfer event auto-completes. In the event that transport is not used to transport the patient, the Receiving unit UA/RN will arrive the patient to the unit via the Complete Transfer workflow
	If Patient Is Moving To Inpatient Unit Different Service Area (To CUIMC, WCMC, ALLEN, MSCHONY, HVH, LAW, NYPQ)
ED Provider	Select Transfer to Other Hospital disposition. Places Transfer Center Order [ADT21] , with Request Type of "Cross Campus" , which generates a new encounter. Places Close Visit in Preparation for Transfer to Other Hospital order. Completes EMTALA form.
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance

Transfer Center/ Referring/ On Call	3 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS
PPOC/PPC/ Bed Coordinator/Nurse Admin Accepting Attending	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team, which updates patient's treatment team Endorses treatment team assignment (if appropriate)
PPOC/PPC/ Bed Coordinator/Nurse Admin	Assigns Unit/Room from Upcoming tab of Bed Planning Activity
Admitting Provider	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Order [ADT1]
Floor Nurse/UA	Completes Admission workflow from Unit Manager upon the patient's arrival,
IP Nurse/Unit Clerk	If not already completed by Admitting completes transfer workflow in the incoming transfers care area of the Unit Manager

LMH Emergency Department to Inpatient Unit

Affected Departments	
ED	LMH EDs
Inpatient Units	All Medical/Surgical/ICU Units
Who	Does What
	LMH General Medicine
ED Provider	Sends Secure Chat to LMH Gen Med Triage Hospitalist and Contact List role.
Triage Hospitalist	Calls ED Provider for handoff, assigns the Admitting Treatment Team, and tells the ED Provider the name of the Admitting Provider.
ED Provider	Selects Admit for Disposition. Places Bed Request Order [ADT9] and selects the appropriate service.
ED Provider	Completes Provider Endorsement in the Dispo Activity with the name of the hospitalist (this marks the patient as Ready to Move).
Admitting	Assigns patient (found in unassigned tab of bed planning) to appropriate Provider Team and marks provider team as <u>primary</u> , which updates patient's treatment team <i>if applicable</i> . Assigns patient to room/bed.
Admitting Treatment Team	Evaluates patient as needed and places inpatient orders using admission order set, including Admit to Inpatient Order [ADT1] .
ED Nurse / UA	Once bed is assigned (seen on track board/ED manager), completes RN handoff via Dispo Activity and creates Transport Request.
ED Nurse / UA	Places the patient in the Off the Floor care area upon the patient's physical departure.
Transporter	Completes transport request and ADT Transfer event auto-completes. If transport is not used to transport the patient, the receiving unit UA/RN will Arrive the patient to the unit via the Complete Transfer workflow.
	LMH Private Medicine
ED Provider	Calls Private Attending.
Private Attending	Speaks with ED Provider and determines if admission is needed.
ED Provider	Sends Secure Chat to LMH Med Private PA role.
Private Med PA	Calls ED Provider for handoff and sees the patient.
ED Provider	Selects Admit for Disposition. Places Bed Request Order [ADT9] and selects the appropriate service.
ED Provider	Completes Provider Endorsement in the Dispo Activity with the name of the Private Med PA (this marks the patient as Ready to Move).
Admitting	Assigns patient (found in unassigned tab of bed planning) to appropriate Provider Team and marks provider team as <u>primary</u> , which updates patient's treatment team <i>if applicable</i> . Assigns patient to room/bed. Evaluates patient and places inpatient orders using admission order set, including Admit to Inpatient Order [ADT1] .

ED Nurse / UA	Once bed is assigned (seen on track board/ED manager), completes RN handoff via Dispo Activity and creates Transport Request.
ED Nurse / UA	Places the patient in the Off the Floor care area upon the patient's physical departure.
Transporter	Completes transport request and ADT Transfer event auto-completes. If transport is not used to transport the patient, the receiving unit UA/RN will Arrive the patient to the unit via the Complete Transfer workflow.
LMH Consulting Service (ICU, General Surgery, Surgical Sub-Specialties or Medical Sub-Specialties)	
ED Provider	Place IP Consult to ICU Order and/or IP Consult to [Service] Order .
IP Provider	Calls the ED Provider for the consult and sees the patient. If the admission is accepted to the consulting service, gives the name of the admitting provider to the ED Provider.
ED Provider	Selects Admit for Disposition. Places Bed Request Order [ADT9] , selecting the appropriate service.
ED Provider	Completes Provider Endorsement in the Dispo Activity with the name of the consultant (this marks the patient as Ready to Move). Sends Secure Chat to PPOC confirming endorsement..
Admitting	Pre-assigns patient to room/bed, assigns the indicated provider team.
Admitting Treatment Team	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Order [ADT1] .
ED Nurse / UA	Once bed is assigned (seen on track board/ED manager), completes RN handoff via Dispo Activity.
ED Nurse / UA	Places the patient in the Off the Floor care area upon the patient's physical departure.
Transporter	Completes transport request and ADT Transfer event auto-completes. If transport is not used to transport the patient, the receiving unit UA/RN will Arrive the patient to the unit via the Complete Transfer workflow.
Non-LMH Inpatient Unit at East Campus (LMH ED to WCM Inpatient Unit)	
ED Provider	Selects Admit for Disposition. Places Bed Request Order [ADT9] and Transfer Center Request Order [ADT21] , with Request Type of Intra-Hospital Transfer . This will ensure only one encounter is used.
Transfer Center	Initiates 3-way conversation between sending and receiving providers. Coordinates EMS transfer. Communicates with receiving PPOC.
ED Provider	Once the transfer acceptance is verified, the ED Provider completes Provider Endorsement in the Dispo Activity with the name of the Inpatient Provider Team member (this will marks the patient as Ready to Move).
Admitting Office	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team and marks provider team as primary, which updates patient's treatment team if applicable.
Admitting Treatment Team	Places inpatient orders using admission order set, including Admit to Inpatient Order [ADT1] .
ED Nurse / UA	Once bed is assigned (seen on track board/ED manager), completes RN handoff via Dispo Activity.
ED Nurse / UA	Places the patient in the Off the Floor care area upon the patient's physical departure.

Floor Nurse/UA

Completes Transfer workflow from Unit Manager upon the patient's arrival, which causes patient to fall off the Off the Floor care area on the ED track board.

Non-LMH Inpatient Unit at West Campus (LMH ED to Columbia Inpatient Unit)

ED Provider

Selects **Admit** for Disposition. Places **Transfer Center Order [ADT21]**, with Request Type of **Cross Campus**, which generates a new encounter. Places the **Close Visit in Preparation for Transport between East and West Campuses Order**. The Columbia Team will place the admission order. Documents the transfer, including the name of the accepting provider, in the provider note.

Transfer Center

Initiates 3-way conversation between sending and receiving providers. Coordinates EMS transfer. Communicates with receiving Admitting/PPOC.

Admitting/PPOC

Assigns patient (found in unassigned tab of bed planning) to appropriate provider team and marks provider team as primary, which updates patient's treatment team if applicable.

Admitting/PPOC

Updates pending preadmission, pends out of admission workflow.

Admitting Treatment Team

Places inpatient orders using admission order set, including **Admit to Inpatient Order [ADT1]**.

ED Nurse / UA

Once bed is assigned (seen on track board/ED manager), completes RN handoff via Dispo Activity.

ED Nurse / UA

Discharges the patient upon the patient's physical departure.

Floor Nurse/UA

Completes Admission workflow from Unit Manager upon the patient's arrival, which causes patient to fall off the Off the Floor care area on the ED track board.

Lawrence Emergency Department to Inpatient Unit

Affected Departments	
ED	Lawrence ED
Inpatient Units	All Medical/Surgical/ICU Units
Who	
Does What	
	Medicine
ED Provider	Contacts Gen Hospitalist and Admitting Team via Secure Chat. For Private Medicine admissions, ED Provider will call for admissions For admissions to surgical sub-specialties – Place IP Consult to [Service] Order .
ED Provider	Select Admit disposition. Places Bed Request Order [ADT9] , which includes question for Service assignment.
Admin Nurse Supervisor	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team
ED Provider	Once the acceptance is verified, the ED Provider will complete Provider Endorsement in the Dispo Activity. This will mark the patient as Ready to Move.
ED Nurse/Clerk	Sends secure chat message Admin Nurse Supervisor confirming endorsement
Admin Nurse	If patient is going to an ICU Unit, Admitting will Pre-assign the patient to the unit.
Supervisor/Unit Clerk	If the patient is going to an inpatient floor, Assigns patient to room/bed
Admitting TX Team	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Order [ADT1] .
ED Nurse / UA	Once bed is assigned (seen on track board/ED manager). Completes RN handoff, via Disposition activity Requests Transport. Places the patient in the Off the Floor care area upon the patient’s physical departure.
Transporter	Completes transport request and ADT Transfer event auto-completes.
	ICU
ED Provider	Contacts ICU Attending via Secure Chat
ICU Attending	Sees patient in the ED, determines if admission will be accepted and provides the ICU Attending name to ED Provider
ED Provider	Places Bed Request Order [ADT9] , which includes question for Service assignment.
ED Provider	ED Provider will complete Provider Endorsement in the Dispo Activity. This will mark the patient as Ready to Move.
ED Nurse/Unit Clerk	Sends secure chat message to Admin Nurse Supervisor confirming endorsement.

Admin Nurse Supervisor	Assigns patient to room/bed, assigns the indicated provider team
Admitting Treatment Team	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Order [ADT1] .
ED Nurse / UA	Once bed is assigned (seen on track board/ED manger). Completes RN handoff, via Disposition activity and creates Transport request
ED Nurse / UA	Places the patient in the Off the Floor care area upon the patient's physical departure.
Transporter	Completes transport request and ADT Transfer event auto-completes. In the event that transport is not used to transport the patient, the Receiving unit UA/RN will arrive the patient to the unit via the Complete Transfer workflow
If Patient Is Moving To Inpatient Unit Within the Same Service Area (Lawrence to Milstein or Allen)	
ED Provider	Selects Admit disposition. Places Bed Request Order [ADT9] and Transfer Center Order [ADT21] , with Request Type of "Intra-Hospital Transfer" . This will ensure only one encounter is used.
PPOC	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team and marks provider team as primary, which updates patient's treatment team if applicable. Sees provider team assignment for patient on ED track board and contacts provider team to come down and see patient.
ED Provider	Once the acceptance is verified, the ED Provider will complete Provider Endorsement in the Dispo Activity. This will mark the patient as Ready to Move. Sends secure chat message to PPOC confirming endorsement
PPOC	Assigns patient to room/bed
Admitting Treatment Team	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Order [ADT1].
ED Nurse / UA	Once bed is assigned (seen on track board/ED manger). Completes RN handoff, via Disposition activity
ED Nurse / UA	Places the patient in the Off the Floor care area upon the patient's physical departure.
Floor Nurse/UA	Completes Transfer workflow from Unit Manager upon the patient's arrival, which causes patient to fall off the Off the Floor care area on the ED track board.

If Patient Is Moving To Inpatient Unit Different Service Area (Lawrence to Cornell)

ED Provider	Selects Admit disposition. Places Transfer Center Order [ADT21] , with Request Type of “ Cross Campus ”, which generates a new encounter. Places Close Visit in Preparation for Transport between East and West Campuses order .
PPOC	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team and marks provider team as primary, which updates patient’s treatment team if applicable. Sees provider team assignment for patient on ED track board and contacts provider team to come down and see patient.
ED Provider	Once the acceptance is verified, the ED Provider will complete Provider Endorsement in the Dispo Activity. This will mark the patient as Ready to Move. Sends secure chat message to PPOC confirming endorsement
PPOC	Assigns patient to room/bed
Admitting	Updates pending preadmission, pends out of admission workflow
Admitting Treatment Team	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Order [ADT1].
ED Nurse / UA	Once bed is assigned (seen on track board/ED manger). Completes RN handoff, via Disposition activity
ED Nurse / UA	Discharges the patient upon the patient’s physical departure.
Floor Nurse/UA	Completes Admission workflow from Unit Manager upon the patient’s arrival, which causes patient to fall off the Off the Floor care area on the ED track board.

Hudson Valley Emergency Department to Inpatient Unit

Affected Departments	
ED	HVH ED
Inpatient Units	All Medical/Surgical/ICU Units
Who	
Does What	
	Medicine
ED Provider	Contacts HVH Med Hospitalist Admitting/Consult (On Call) via Secure Chat. For Private Medicine admissions, ED Provider will call for admissions For admissions to surgical sub-specialties – Place IP Consult to [Service] Order .
ED Provider	Select Admit disposition. Places Bed Request Order [ADT9] , which includes question for Service assignment.
ED Provider	Once the acceptance is verified, the ED Provider will complete Provider Endorsement in the Dispo Activity. This will mark the patient as Ready to Move.
Hospitalist Admitting TX Team	Assigns patient to appropriate provider team Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Order [ADT1] .
Admin Nurse Supervisor	Once Admit to Inpatient order is entered (will check Admit Order indicator in bed planning) Drags and drops patient into appropriate unit/bed.
ED Nurse / UA	Once bed is assigned (seen on track board/ED manager). Completes RN handoff, via Disposition activity Requests Transport.
Transporter	Places the patient in the Off the Floor care area upon the patient’s physical departure. Completes transport request and ADT Transfer event auto-completes.
	ICU
ED Provider	Contacts ICU Attending via Secure Chat
ICU Attending	Sees patient in the ED, determines if admission will be accepted and provides the ICU Attending name to ED Provider
ED Provider	Select Admit disposition. Places Bed Request Order [ADT9] , which includes question for Service assignment.
ED Provider	ED Provider will complete Provider Endorsement in the Dispo Activity. This will mark the patient as Ready to Move.
ICU Attending	Assigns patient to appropriate provider team
Admitting Treatment Team	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Order [ADT1] .

Admin Nurse Supervisor	Once Admit to Inpatient order is entered (will check Admit Order indicator in bed planning) Drags and drops patient into appropriate unit/bed.
ED Nurse / UA	Once bed is assigned (seen on track board/ED manger). Completes RN handoff, via Disposition activity and creates Transport request
ED Nurse / UA	Places the patient in the Off the Floor care area upon the patient's physical departure.
Transporter	Completes transport request and ADT Transfer event auto-completes. In the event that transport is not used to transport the patient, the Receiving unit UA/RN will arrive the patient to the unit via the Complete Transfer workflow
If Patient Is Moving To Inpatient Unit Different Service Area (Columbia, Cornell, Queens, Lawrence)	
ED Provider	Select Transfer to Other Hospital disposition. Places Transfer Center Order [ADT21] , with Request Type of "Cross Campus , which generates a new encounter. Places Close Visit in Preparation for Transfer to Other Hospital order. Completes EMTALA form.
NYP Transfer Center	Processes intake, Obtains Physician acceptance, determines transfer location for patient and generates preadmission
PPOC	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team and marks provider team as primary, which updates patient's treatment team if applicable.
PPOC	Assigns patient to room/bed
Admitting	Updates pending preadmission, pends out of admission workflow
ED Nurse / UA	Discharges the patient upon the patient's physical departure.
Receiving Unit	Completes Admission workflow from Unit manager upon patient's arrival

Emergency Department to L&D Unit

	Affected Departments
ED	All EDs
L&D Units	ALN 1 River West, MSCH 10 L&D, ACH 14 L&D, LMH 6C L&D, NYPQ 3E L&D, LAW 4W L&D, HVH 2 L&D, BMH CP 4 L&D
Who	Does What
Triage Nurse / ED Provider	If Patient Is in ED Waiting Room (Do <u>Not</u> Room Patient in ED) Contacts L&D to inform them of an incoming patient and assigns “ Transport to L&D ” disposition. (Do not room the patient and do not move the patient to Off the Floor).
Triage Nurse / UA Transporter Admitting	Requests transport. Completes transport request. Clicks Arrival button from L&D Manager to look-up and confirm the patient. Rooms the patient in an L&D bed and completes L&D arrival steps.
ED Provider ED Nurse / UA ED Nurse Transporter Admitting	If Patient has Been Roomed in the ED (Staying at the Same Site) Contacts Obstetrician and places ED Transfer to L&D Order [ADT11] . Requests transport. Places the patient in an Off the Floor care area upon patient's physical departure. Completes transport request. Clicks Arrival button from L&D Manager to look-up and confirm the patient (keeping current HAR). Rooms the patient in an L&D bed and completes L&D arrival steps.
ED Provider ED Nurse / UA ED Nurse Transporter Admitting	If Patient has Been Roomed in the ED (Transferring to MSCHONY from Milstein or ACH from LMH) Contacts Obstetrician and places Transfer Center Order [ADT21] , with a Request type of Intra-hospital Transfer . Requests transport. Places the patient in an Off the Floor care area upon patient's physical departure. Completes transport request. Clicks Arrival button from L&D Manager to look-up and confirm the patient (keeping current HAR). Rooms the patient in an L&D bed and completes L&D arrival steps.

If Patient Delivers in the ED (Alexandra Cohen Hospital)

ED Provider

OB, Peds & NICU Teams

ED Provider

Activates OB Alert.

Arrives in ED to assess mother and newborn and confirms transport/admission to Cohen.

Selects **Transport to L&D** for Disposition. Then places the **Transport to L&D Order**. For the *mother*, select **OB/Gyn** for Service and **ACH14 Labor & Delivery** for Unit. For the *newborn*, select **Neonatal & Perinatal Medicine** for Service and **ACH 15 NICU or ACH 16, 17 or 18 Newborn Nursery** for Unit.

ED Nurse

Gives nursing handoff to receiving nurse.

ED UA

Contacts EMS to transport mother and newborn to Cohen Hospital.

ED Nurse

Places the patient in an Off the Floor care area upon patient's physical departure.

EMS

Completes transport request.

Admitting

Clicks Arrival button from L&D Manager to look-up and confirm the patient (keeping current HAR). Rooms the patient in an L&D bed and completes L&D arrival steps.

If Patient is Going Back to ED for L&D (NYPQ, LAW, BMH, HVH)

L&D Nurse

Clicks Transfer button from L&D Manager while patient is selected. Enters the Emergency Room department in the Unit field. Enters in the appropriate department **OTF** location in the room field. Enters in the appropriate Level of Care. Leaves Patient class and Service empty. Click Transfer

If Patient Delivers in the ED (BMH and HVH ED)

OB, Peds & NICU Teams

Arrives in ED to assess mother and newborn and confirms transport/admission to L&D.

ED Provider

Selects **Transport to L&D** for Disposition. Then places the **Transport to L&D Order**.

ED Nurse

Gives nursing handoff to receiving nurse.

ED Nurse

Request Transport.

ED Nurse

Places the patient in an Off the Floor care area upon patient's physical departure.

Transporter

Completes transport request.

Emergency Department to Radiology

Affected Departments	
ED	All EDs
Radiology Departments	XR, US, MRI, CT, and NM Departments
Who	
Does What	
	Transport Requested by Radiology Tech (East Campus)
ED Provider	Places Imaging Order which auto populated the patient in Radiology Work List.
Radiology Tech	Locates patient from worklist and adds patient to the schedule.
Radiology Tech	Radiology Tech will call ED when ready for a patient. Radiology will request transport.
Transport	Transports patient to Radiology.
ED Nurse	Moves patient to 'off the floor' and holds bed in ED.
Radiology Front Desk / Radiology Tech	Checks in the patient upon arrival.
	Transport Requested by ED RN
ED Nurse / UA	Requests Transport via the Patient Transport button and indicates where patient is going.
ED Nurse	Places the patient in the Off the Floor care area upon the patient's physical departure.
Transporter	Completes Transport request.
Radiology Front Desk / Radiology Tech	Checks in the patient upon arrival.

Emergency Department to Interventional Radiology

Affected Departments	
ED	All EDs
Interventional Radiology	Interventional Radiology
Who	
Does What	
ED Provider	Places IR Consult Order For IR Procedure . If Urgent case can contact Radiologist.
IR Provider	Locates request to protocol from Protocol Worklist. Assesses patient in the ED and then places the appropriate procedure order.
IR Front Desk / IR Technologist	Schedules the procedure from the Snapboard Schedule Orders Workqueue.
IR Front Desk / IR Technologist	IR team will communicate with the ED via phone call that they are ready to receive the patient and requests transport from the StatusBoard.
ED Nurse	Places the patient in an Off the Floor care area upon patient's physical departure and places bed hold if needed. <i>Patient remains on the ED trackboard until they are transferred to their Inpatient bed</i>
Transporter	Completes transport request which will update the patient's location, they will remain bedded in the ED.
IR Front Desk / IR Technologist	Checks in appointment when patient arrives

Emergency Department to Cath/EP Lab

	Affected Departments
ED	All EDs
Cath/EP Lab	Cath Lab
Who	Does What
	STEMI (ED to Cath Lab at Same Site)
ED Nurse	Notifies Cath Lab staff of STEMI
Cath Lab Team	Activates STEMI Button for case creation .
Cath Lab Team	Schedules the Cath Procedure from the Snapboard
ED Nurse	Requests Transport via the Patient Transport button and indicates which department the patient is moving to
ED Nurse	Places the patient in an Off the Floor care area upon patient's physical departure
Transporter	Completes transport request
Cath Lab Nurse	Case tracks the patient "In Room" which automatically transfers the patient into one of the Cath Lab rooms (Pre, Post, Intra)
	STEMI (ED to Cath Lab at Different Site in Same Service Area)
ED Provider	Calls the Transfer Center to request Rescue Transfer for STEMI. No need to place a Transfer Center Request. This information is given over the phone with the Transfer Center.
Transfer Center	Creates intake, including all patient transfer information.
Transfer Center	Notifies Cath Lab staff of STEMI. Calls ED team and Cath Lab team for handoff.
Cath Lab Team	Activates STEMI Button for case creation .
Cath Lab Team	Schedules the Cath Procedure from the Snapboard
ED Nurse	Places the patient in an Off the Floor care area upon patient's physical departure.
Cath Lab Nurse	Case tracks the patient "In Room" which automatically transfers the patient into one of the Cath Lab rooms (Pre, Post, Intra).
	Non-STEMI Going Straight to Cath (Same Site)
ED Provider	Places IP Consult to Cardiovascular Interventional Order [CON147] to contact Cardiologist or places the Case Request Cath Lab Order [CATH48] directly.
Cath Lab Provider	Assesses patient in the ED and then places a Case Request Cath Lab Order [CATH48] or a Case Request EP Lab Order [EP48] , which auto-generates a new case.
ED Provider	Places Send To Cath Order [NUR1602] , which automatically changes patient status to "Send To Cath" and automatically updates patient disposition to "Admit"

Cath/EP Lab Scheduler Schedules the Cath Procedure from the Snapboard
Cath Lab/EP Lab Team Cath Lab team will communicate with the ED via phone call that they are ready to receive the patient.
ED Nurse Requests Transport via the Patient Transport button and indicates which department the patient is moving to
ED Nurse Places the patient in an Off the Floor care area upon patient's physical departure
Transporter Completes transport request.
Cath/EP Lab Nurse Case tracks the patient "In Pre-Procedure Area" which automatically transfers the patient into one of the Cath or EP Lab rooms (Pre, Post, Intra)

STEMI (ED to Cath Lab at Different Site in Different Service Area)- HVH ED to NYP

ED Provider Calls the Transfer Center to request **Rescue Transfer** for STEMI. No need to place a Transfer Center Request. This information is given over the phone with the Transfer Center.
Transfer Center Creates intake, including all patient transfer information.
Transfer Center Notifies Cath Lab staff of STEMI. Calls ED team and Cath Lab team for handoff.
Cath Lab Team Activates STEMI Button for **case creation**.
Cath Lab Team Schedules the Cath Procedure from the Snapboard
ED Provider Enters a disposition of **Transfer to Other Hospital** and selects **Close Visit in Preparation for Transfer to Other Hospital Order. Completes EMTALA form**.
ED Nurse Completes final orders/documentation. Discharges patient upon physical departure
Cath Lab Nurse Case tracks the patient "In Room" which automatically transfers the patient into one of the Cath Lab rooms (Pre, Post, Intra).

Non-STEMI Going Straight to Cath (Different Site)- HVH ED to NYP Cath

ED Provider Places **IP Consult to Cardiovascular Interventional Order [CON147]** to contact Cardiologist or places the **Case Request Cath Lab Order [CATH48]** directly.
Cath Lab Provider (sending site) Places a **Case Request Cath Lab Order [CATH48]** or a **Case Request EP Lab Order [EP48]**, which auto-generates a new case
ED Provider Places **Transfer Center Request** order **[ADT21]**
Transfer Center Initiates Transfer Intake, including 3 way conversation with referring and accepting provider
Transfer Center Notifies Cath Lab staff of incoming patient. Calls ED team and Cath Lab team for handoff.
ED Provider Enters a disposition of **Transfer to Other Hospital** and selects **Close Visit in Preparation for Transfer to Other Hospital** order. Completes EMTALA form.
Cath/EP Lab Scheduler (accepting site) Schedules the Cath Procedure from the Snapboard
Cath Lab/EP Lab Team Cath Lab team will communicate with the ED via phone call that they are ready to receive the patient.
ED Nurse Completes final orders/documentation. Discharges patient upon physical departure

Transfer Center

Coordinates EMS transfer to receiving facility

Cath/EP Lab Nurse (accepting site)

Case tracks the patient "In Pre-Procedure Area" which automatically transfers the patient into one of the Cath or EP Lab rooms (Pre, Post, Intra)

Emergency Department to Other Procedural Area

Affected Departments	
ED	All EDs
Procedural Area	Endoscopy, Dental, IR
Who	
Does What	
	ED to Endoscopy
ED Provider	Places Inpatient Consult to Gastroenterology or Inpatient Consult to Pediatric Gastroenterology Order .
GI Provider	Assesses patient in the ED and then places a Prep for Procedure and ORDER GI Procedure .
ED Provider	Selects Admit for Disposition. Places Bed Request Order [ADT9] , selecting the appropriate service.
ED Provider	Completes the Provider Endorsement in the Dispo Activity with the name of GI consultant (this marks the patient as Ready to Move). Sends Secure Chat to PPOC confirming endorsement.
PPOC/Admitting/Bed Coordinator/MTR	Assigns patient to appropriate provider team and marks provider team as primary, which updates patient's treatment team if applicable. Assigns patient to room/bed.
Admitting Team	Evaluates patient and places inpatient orders using admission order set, including Admit to Inpatient Order [ADT1] .
ED Nurse / UA	Creates Transport request (only if transport is used).
ED Nurse	Places the patient in an Off the Floor care area upon patient's physical departure.
Transporter	Completes Transport request, which will update the PLF (only if transport is used). If Transport not used, OR-GI sends PPA to pick up patient from ED.
GI Staff	Schedules GI appointment from the case depot.
GI Staff	Front Desk will contact ED or Inpatient unit, when they are ready for the patient.
	ED to Procedure to ED
ED Provider	Places IP Consult to [Service] Order for procedure.
Procedure Team	Calls the ED Provider for the consult and determines if procedure is needed.
Procedure Team	Places appropriate order(s) for procedure. Schedules procedure from Appointment list. Contacts the ED when they are ready for the patient to go to procedure.
ED Provider	Places Send to Procedure Order. This updates the Patient Status to "At Procedure."
ED Nurse / UA	Creates Transport request (if transport is used).
ED Nurse	Places the patient in the Off the Floor care area upon patient's physical departure. Patient will remain on the ED track board. If appropriate, hold the patient's bed in the ED.
Transporter	Completes Transport Request (if transport is used). If Transport not used, Procedure Team arranges transport.

Procedure Team
Procedure Team
ED Nurse

Checks-in patient updating their virtual location, their bedded location remains as "Off the Floor" in the ED.
After procedure is complete, places Transport Request back to ED.
Rooms the patient back in the ED upon the patient's return.

ED Registrar
ED Nurse
ED Provider
Dental Provider
Dental Provider
Dental Provider/ED
Provider
Dental Provider
Dental Provider
Dental Provider
ED Provider

Queens ED to Dental

Arrives patient in the Queens ED
Triage and assesses patient for dental chief complaint. Places patient in EDS Pending room/bed
Places **Inpatient Consult to OMFS** order.
Patient appears on the Dental patient list
Assesses the patient in the ED.
Moves patient to dental bed via ED track board or ED Manager
Documents and completes procedure in Wisdom Treatment Plan. Completes Time Out, Side Site, Consent forms if applicable. Enters additional orders if applicable.
Documents consult note and discharge instructions
Places patient in EDS pending bed
Documents ED provider note using information from dental consult note.
Will dispo patient as appropriate (Admit or Discharge)

Emergency Department to Psych

	Affected Departments
ED	All EDs
IP Psych	Westchester, Allen, Milstein, Cornell IP Psych
Who	Does What
	Milstein ED to Milstein CPEP/ GBG Adult ED to GBG CPEP
ED Provider	Places Inpatient Consult to ED Psychiatry Order [CON208] or [CON856] to contact the ED Psychiatrist.
ED Psychiatrist	Evaluates patient in the ED and determines if patient needs to be transferred to CPEP. Places Transfer to CPEP [ADT22] order.
Psych Nurse	Rooms patient in CPEP bed.
	Allen ED to Milstein CPEP / LMH Adult and Peds ED to GBG CPEP
ED Provider	Places Inpatient Consult to ED Psychiatry Order CON208] or [CON856] to contact the ED Psychiatrist.
ED Psychiatrist	Evaluates patient in the ED and determines patient needs to be transferred to CPEP. Places Transfer Center Request [ADT21] order, with a request type of ED to CPEP .
Transfer Center	Initiates 3-way conversation between sending and receiving providers. Coordinates EMS transfer to CPEP.
ED Provider	Selects Transport Other NYPH ED/CPEP for Disposition. Places the Close Visit in Preparation for Transport between EDs Order .
ED RN	Discharges patient from Medical ED upon departure.
ED Psych Nurse	Re-arrives and Rooms patient in CPEP bed (in Milstein / Cornell).
ED Psychiatrist	Psych ED care team places Transfer to CPEP Order [ADT22] . Psych ED Care team evaluates patient and determines plan of care.
ED Psychiatrist	If patient needs to be moved back to Medical ED, PROVIDER places the CPEP Back to Medical ED [ADT25] order which reverts patient class back to Emergency.
	Milstein ED to Milstein EOB / GBG Adult and Peds ED to EOB
ED Provider	Places Inpatient Consult to ED Psychiatric [CON208] or Inpatient Consult to Pediatric Psychiatry (ED) [CON856] order and contacts ED Psychiatrist.
ED Psychiatrist	Evaluates patient in the ED and determines patient needs Extended Observation Bed (EOB), then places order ADMIT TO EOB [ADT23] .
ED Psych Nurse / Psych Access Center (off Hours)	Places patient in the Psych care Area/EOB room from the ED Manager
Transport / Psych Staff	Transports patient to EOB unit.

Pediatric patients are transported to Pediatric IP Unit if EOB beds are not available.

Psych Nurse

Rooms patient in EOB bed.

MSCH ED to Adult CPEP

ED Provider

Places **Inpatient Consult to Psychiatric (ED) [CON208]** or **Inpatient Consult to Pediatric Psychiatry (ED) Order [CON856]** and contacts ED Psychiatrist.

ED Psychiatrist

Evaluates patient in the ED and determines patient needs to be admitted to CPEP, then places **Transfer to CPEP [ADT22]** order.

ED Nurse

Hand off with CPEP nurse.

ED Provider

Selects **Transport Other NYPH ED / CPEP** for Disposition. Completes the **Discharge Order [ADT8]**. Completes the **EMTALA Form**.

Transfer Center

Coordinates Transfer and Transport of Patient to accepting NYP ED / CPEP (*MSCHONY Only*)

ED Nurse

Completes final orders/documentation.

ED Nurse

Discharges patient from ED, causing patient to fall off the ED Track Board.

ED Nurse (Receiving ED)

Re-arrives patient to Adult CPEP.

GBG Peds ED to Adult CPEP (17 years and older)

ED Provider

Places **Inpatient Consult to ED Psychiatry [CON208]** or **Inpatient Consult to ED Pediatric Psychiatry [CON856]** order to contact ED Psychiatrist.

ED Psychiatrist

Evaluates patient in the ED and determines if patient needs to be admitted to CPEP.

Places **Transfer to CPEP Order [ADT22]**.

ED Nurse

Hand off with CPEP nurse.

ED Nurse

Will physically move patient to the new bed, then will update the ED track board by right clicking on the patient's name and selecting Transfer and selecting the new bed location in the CPEP care area.

Medical ED to Inpatient Psych (Different Service Area, Columbia to Cornell)

ED Provider

Places **Inpatient Consult to Psychiatric (ED) [CON208]** or **Inpatient Consult to Pediatric Psychiatry (ED) [CON856]** order and contacts ED Psychiatrist.

ED Psychiatrist/ Telepsych

Evaluates patient and determines patient needs to be admitted, places **Psych Access Transfer [ADT31]** with a Request type of **Psych Access-Intake Needed**.

Psych Access

Completes psych intake, coordinates placement, assigns Unit and Room

Admitting

Updates pending admission, pends out of Admission workflow.

ED Provider

Selects **Admit to Behavioral Health** for Disposition. Places the **Close Visit in Preparation for Psych Transport Order**. Completes the **EMTALA Form**.

Emergency Department

Coordinates Transfer and Transport of Patient to accepting NYP Inpatient Psych Unit.

ED Nurse	Completes final orders/documentation. Discharges patient upon physical departure.
Medical ED to Inpatient Psych (Same Service Area, Allen to Milstein or LMH to Cornell)	
ED Provider	Places Inpatient Consult to ED Psychiatry [CON208] or Inpatient Consult to ED Pediatric Psychiatry Order [CON856] to contact the ED Psychiatrist.
ED Psychiatrist	Evaluates patient in the ED and determines patient needs to be admitted. Places Psych Access Transfer [ADT31] .
WBHC Psych Access Admitting ED Provider ED Nurse	Completes psych intake, coordinates placement, assigns Unit and Room. Updates current admission, pends out of Admission workflow. Selects Admit to Behavioral Health for Disposition. Requests transport to IP Psych unit
CPEP to Inpatient Psych (Same Service Area, Allen to Milstein or LMH to Cornell)	
ED Psychiatrist WBHC Psych Access Admitting ED Provider Emergency Department ED Nurse	Evaluates patient in the ED and determines patient needs to be admitted, places Psych Access Transfer [ADT31] . Completes psych intake, coordinates placement, assigns Unit and Room Updates current admission, pends out of Admission workflow. Selects Admit to Behavioral Health for Disposition. Coordinates Transfer and Transport of Patient to accepting NYP Inpatient Psych Unit. Requests transport to IP Psych unit
CPEP to Inpatient Psych (Different service area Columbia to Cornell)	
ED Psychiatrist WBHC Psych Access Admitting ED Provider Emergency Department ED Nurse	Evaluates patient in the ED and determines patient needs to be admitted, places Psych Access Transfer [ADT31] with a Request type of Psych Access-Intake Needed . Completes psych intake, coordinates placement, assigns Unit and Room Updates pending admission, pends out of Admission workflow. Selects Admit to Behavioral Health for Disposition. Completes the Close Visit in Preparation for Psych Transport [ADT8] . Completes the EMTALA Form (as needed). Coordinates Transfer and Transport of Patient to accepting NYP Inpatient Psych Unit. Completes final orders/documentation. Discharges patient upon physical departure

Admissions to Westchester or Gracie Square Hospital

ED Provider

Places **Inpatient Consult to Psychiatric (ED) [CON208]** order

ED Psychiatrist

Evaluates patient in the ED and determines patient needs to be admitted, places **Psych Access Transfer [ADT31]** with a Request type of **Psych Access-Intake Needed**.

WBHC Psych Access

Completes psych intake, coordinates placement, assigns Unit and Room
Haiku notification sent to requesting ED provider when bed assigned

WBHC Admitting

Updates pending HOV Encounter.

ED Provider

Selects **Admit to Behavioral Health** for Disposition.

Completes the **Close Visit in Preparation for Psych Transport [ADT8]**.

Completes the **EMTALA Form** (as needed).

Emergency Department

Coordinates Transfer and Transport of Patient to accepting NYP Inpatient Psych Unit.

ED Nurse

Completes final orders/documentation. Discharges patient upon physical departure

Admitting/ Evaluation Center

Checks in HOV encounter, upon patient's arrival.

Emergency Department to Inpatient Hospice

Affected Departments	
ED	All EDs
Hospice Bed	IP Hospice
Who	
Does What	
ED Provider	Places IP Consult to Palliative Care [CON27] and speaks with consultant.
Accepting Provider	Assesses patient in the ED, places Admit to IP Hospice Order [ADT50] .
Sending/ Receiving Provider	Completes Discharge/Readmit Order reconciliation.
ED Provider	Selects Admit for Disposition. Places Close Visit in Preparation for NYPH Hospice Admission Order [ADT8] .
ED Nurse	Contacts admitting via phone call or Secure Chat.
Admitting / Transfer Center	Updates pending admission.
PPOC	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team, which updates patient's treatment team <i>if applicable</i>)
PPOC	Assigns patient to room/bed.
ED Nurse	Requests transport.
Transporter	Completes transport request.
ED Nurse	Discharges the patient from ED.
Hospice Nurse/Clerk	If transport is not available, completes transfer in Unit Manager by dragging the patient's chart to the bed upon patient arrival.
ED to Inpatient Hospice at BMH	
ED Provider	Sends secure chat message to Medical Transfer Resident (BMH)/Hospitalist (HVH) to discuss patient
ED Provider	Selects Admit disposition. Places Bed Request Order [ADT9] , which includes question for Service assignment. Once the acceptance is verified, the ED Provider will complete Provider Endorsement in the Dispo Activity. This will mark the patient as Ready to Move.
Medical Transfer Resident	Assigns patient to appropriate provider team.
PPOC	Assigns patient to room/bed.
ED Nurse	Requests transport.
Transporter	Completes transport request.
Inpatient Provider	Places Admit to IP Hospice Order [ADT50] .

Emergency Department to Emergency Department

	Affected Departments
ED Staff	All EDs
Who	Does What
	If Patient Is Being Transferred to Non-NYP ED (Including Queens/BMH/HVH)
ED Provider	Select Transfer to Other Hospital for Disposition. Responsible to ensure handoff and acceptance by provider at receiving site.
ED Provider	Places Transfer Center Order [ADT21] , selecting External Request Type and Close Visit in Preparation for Transfer to Other Hospital [ADT8] .
ED Provider	Complete the EMTALA E-Sig Form , including the name of the accepting provider, and document this in your provider note.
ED Provider	Calls NYP Transfer Center to Inform them of patient
Transfer Center	Coordinates Transfer and Transport of Patient to accepting ED.
Transfer Center	Notifies the destination ED of the incoming patient and gives verbal report.
ED Nurse	Completes final orders/documentation.
ED Nurse	Provides care information and AVS summary to patient.
ED Nurse	Obtains patient signature on AVS.
ED Nurse	Discharges patient from ED, causing patient to fall off Track Board.
EMS Transport	Completes patient transport.
	If Patient Is Being Transferred from one NYPH ED to another NYPH ED or CPEP (NYPH includes CUIMC/Allen/MSCH/WCMC/LMH/WBHC/Lawrence)
ED Provider	Select Transport to Other NYPH ED/CPEP for Disposition. Responsible to ensure handoff and acceptance by provider at receiving site (can be done at this step or as part of the Transfer Center call).
ED Provider	Places Close Visit in Preparation for Transport Between EDs Order [ADT8] and Transfer Center Order [ADT21] , Selecting ED to ED Request Type.
ED Provider	Calls NYP Transfer Center to Inform them of patient
Transfer Center	Coordinates Transfer and Transport of Patient to accepting NYPH ED.
Transfer Center	Notifies the destination ED of the incoming patient and gives verbal report.
ED Nurse (Transferring ED)	Discharges patient from ED upon patient's physical departure. This causes patient to fall off the ED track board.
EMS	Completes Transport
ED Nurse (Receiving ED)	Arrives patient to the receiving ED upon the patient's physical arrival. The causes the patient to appear on the receiving ED's track board.

ED Nurse

If Patient Is Being Transferred to Adult ED from Peds ED (and vice versa at LMH and GBG)

Will physically move patient to the new bed, then will update the ED track board by right clicking on the patient's name and selecting Transfer and selecting the new bed location

Mobile Stroke Unit (MSU) to Emergency Department

	Affected Departments
ED	Mobile Stroke Unit All EDs
Who	Does What
	Mobile Stroke Unit (MSU) to NYP ED
MSU ambulance	Receives page notification about potential stroke patient in the field.
EMS Ambulance Dispatcher	Dispatches MSU Ambulance to the scene.
MSU team	Notifies on-call Neurologist via page/Rover en route.
MSU team	Evaluate the patient in the field, determines possible stroke.
MSU Nurse	Arrives the patient in the MSU.
On-Call Neurologist	Orders CT Scan which auto populates the patient in Radiology Workqueue.
MSU Radiology Technician	Performs and results CT scan.
On-Call Neurologist	Evaluates patient clinical information and places necessary orders using Telestroke Panel .
MSU Nurse	Documents POC tests and administers necessary medical care.
MSU Team	Notifies NYP ED about arriving patient via page/Rover.
MSU Nurse	Clicks Transfer Button to perform the "Push Transfer", from virtual MSU unit to physical NYP ED - under the same encounter.
MSU Team	Completes patient hand-off.
	West Campus Mobile Stroke Unit (Epic) to East Campus NYP ED (non-Epic)
MSU Team	Notifies non-NYP ED about arriving patient via phone.
MSU Nurse	Prints stroke encounter documentation and hands it to the receiving non-Epic NYP ED.
Receiving Team	Completes handoff documentation in respective EMR.
	East Campus Mobile Stroke Unit (non-Epic) to West Campus NYP ED (Epic)
MSU Team	Notifies non-NYP ED about arriving patient via phone.
MSU Nurse	Prints stroke encounter documentation and hands it to the receiving Epic NYP ED.
MSU Team	Discharges the patient from SCM (Allscripts).
Receiving Team	Arrives patient in Epic.

MSU Team
MSU Nurse
Receiving team

MSU to Non-NYP ED

Notifies non-NYP ED about arriving patient via phone.

Prints stroke encounter documentation and hands it to the receiving non-NYP ED.

Completes handoff documentation in respective EMR.

Patient is moving from ACH Inpatient Unit to...

Operating Room

Inpatient Unit (with Team Change ICU to Floor)

Inpatient Unit

Radiology

Interventional Radiology

Cath/EP Lab

Other Procedural Area

Inpatient Rehab

Inpatient Psych

Inpatient Hospice

Inpatient Unit to Other Inpatient Unit within Organization

Patient is moving from Inpatient Unit to...

[Operating Room](#)

[Inpatient Unit \(with PPOC/ Milstein, Allen, Cornell & Queens\)](#)

[Inpatient Unit \(with PPOC/ Brooklyn Methodist\)](#)

[Inpatient Unit \(No PPOC/ LMH\)](#)

[Inpatient Unit \(No PPOC/ MSCHONY\)](#)

[Inpatient Unit \(No PPOC/ Lawrence & Hudson Valley\)](#)

[Inpatient Unit to Inpatient Unit at Different NYP Campus](#)

[L&D Unit](#)

[Radiology](#)

[Interventional Radiology](#)

[Cath/EP Lab](#)

[Other Procedural Area](#)

[Inpatient Rehab](#)

[Inpatient Psych](#)

[Inpatient Hospice](#)

[Return to Start](#)

Inpatient Unit to Operating Room

Affected Departments	
Who	Does What
Inpatient Units	All Medical/Surgical/ICU Units
OR	All ORs
	Floor to OR
Pre-Op Nurse	Performs Pre Op Checklist and marks the patient as ready to move.
OR Transport	Moves the patient to the OR.
Intra-Op Nurse	Mark the patient In Room, which automatically transfers the patient while holding the patient's inpatient bed.
	Floor to Pre-Op Area
Pre-Op Nurse	Performs Pre Op Checklist and marks the patient as ready to move.
OR Transport	Moves the patient to the OR.
Pre-Op Nurse	Mark the patient In Pre-op which automatically transfers the patient while holding the patient's inpatient bed.
	Floor to PACU
IP Nurse	Performs Pre Op Checklist and marks the patient as ready to move.
OR Transport	Moves the patient to the OR.
Pre-Op Nurse	Mark the patient In Pre-op which automatically transfers the patient while holding the patient's inpatient bed.
	OR to Recovery (PACU)
OR Staff	Calls the PACU or uses secure chat inform OR patient is coming.
PACU Nurse	Creates a Non-OR Recovery appointment from the toolbar and marks the patient In PACU, which will automatically transfer the patient to the PACU department.

Inpatient Unit to Inpatient Unit (with PPOC/ Milstein, Allen, Cornell & Queens)

Affected Departments	
Units	All Medical/Surgical/ICU Units
Who	Does What
Between Different Units (No Team Change)	
Provider	Places Transfer to new Unit order [ADT7] , which generates bed request.
PPOC	Once bed is available, PPOC connects Sending Provider with Receiving Provider to obtain acceptance of team assignment.
Sending Unit Nurse/Clerk	Marks patient as Ready to Move. (Patients will automatically be marked Ready to Move if Service and Level of Care remain the same)
PPOC	Assigns Unit/Room from Unassigned tab of Bed Planning.
Sending Unit Nurse/Clerk	Requests transport via transport button on unit manager.
Receiving Provider	Completes transfer Medication Reconciliation.
Receiving Unit Nurse/Clerk	Completes transfer in Unit Manager by dragging the patient to the bed upon patient arrival.
Between Different Units (With Team Change ICU to Floor)	
Provider	Places Transfer to new Unit order [ADT7] , which generates bed request.
Sending Unit Nurse/Clerk	Marks patient as Ready to Move.
PPOC	Assigns provider team then connects Sending Provider with Receiving Provider to facilitate endorsement through secure chat.
PPOC	Assigns Unit/Room from Unassigned tab of Bed Planning.
Sending Unit Nurse/Clerk	Requests transport via transport button on unit manager.
Receiving Provider	Completes transfer Medication Reconciliation.
Receiving Unit Nurse/Clerk	Completes transfer in Unit Manager by dragging the patient to the bed upon patient arrival.
Floor to ICU	
Provider	Places Transfer to new Unit order [ADT7] , which generates bed request.
Provider	Secure Chats ICU Fellow for Consult
PPOC	PPOC connects Sending Provider with Receiving Provider to obtain acceptance of team assignment.
Sending Unit Nurse/Clerk	Marks patient as Ready to Move.

PPOC	PPOC will communicate with ICU Fellow/RN to determine bed placement. Assigns Unit/Room from Unassigned tab of Bed Planning.
Sending Unit Nurse/Clerk	Requests transport via transport button on unit manager.
Receiving Provider	Completes transfer Medication Reconciliation.
Receiving Unit Nurse/Clerk	Completes transfer in Unit Manager by dragging the patient to the bed upon patient arrival.
If Moved Via Transport (Complete Transfer Event via Transport set to Yes)	
IP Nurse/Clerk	Requests transport via transport button on unit manager.
Transporter	Completes Transport request and ADT Transfer event auto-completes.
Within Same Unit (Intra-unit Transfer)	
IP Nurse/Clerk	Places bed request from Unit Manager. The bed request will automatically be marked Ready to Move.
PPOC	Assigns Unit/Room from Unassigned tab of Bed Planning.
IP Nurse/Clerk	Completes transfer in Unit Manager by dragging the patient to the bed

Inpatient Unit to Inpatient Unit (with PPOC Brooklyn Methodist Hospital)

Affected Departments	
Units	All Medical/Surgical/ICU Units
Who	Does What
Between Different Units (No Team Change)	
Provider	Places Transfer to new Unit order [ADT7] , which generates bed request.
Sending Unit Nurse/Clerk	Marks patient as Ready to Move. (Patients will automatically be marked Ready to Move if Service and Level of Care remain the same)
PPOC	Assigns Unit/Room from Unassigned tab of Bed Planning.
Sending Unit Nurse/Clerk	Requests transport via transport button on unit manager.
Receiving Provider	Completes transfer Medication Reconciliation.
Receiving Unit Nurse/Clerk	Completes transfer in Unit Manager by dragging the patient to the bed upon patient arrival.
Between Different Units (With Team Change ICU to Floor)	
ICU Fellow	Determines patient is medically cleared for Floor bed. Places Transfer to new Unit order [ADT7] , which generates bed request
PPOC	Assigns Unit/Room from Unassigned tab of Bed Planning. Sends secure chat message to Medicine team with patient and bed assignment details
Medicine Provider	Evaluates patient, deems patient is suitable for transfer.
Medicine Provider	Completes endorsement (MD Cert) via the transfer navigator
Sending Unit Nurse/Clerk	Marks patient as Ready to Move.
Sending Unit Nurse/Clerk	Requests transport via transport button on unit manager.
Medicine Provider	Completes transfer Medication Reconciliation assigns patient to provider team
Receiving Unit Nurse/Clerk	Completes transfer in Unit Manager by dragging the patient to the bed upon patient arrival.
Floor to ICU	
Provider	Places Transfer to new Unit order [ADT7] , which generates bed request.
Provider	Secure Chats ICU Fellow for Consult
ICU Fellow	ICU Fellow completes endorsement (MD Cert) through the transfer navigator, adds patient to ICU Provider team
Sending Unit Nurse/Clerk	Marks patient as Ready to Move.

PPOC	PPOC will communicate with ICU Fellow/RN to determine bed placement. Assigns Unit/Room from Unassigned tab of Bed Planning.
Sending Unit Nurse/Clerk	Requests transport via transport button on unit manager.
Receiving Provider	Completes transfer Medication Reconciliation.
Receiving Unit Nurse/Clerk	Completes transfer in Unit Manager by dragging the patient to the bed upon patient arrival.
If Moved Via Transport (Complete Transfer Event via Transport set to Yes)	
IP Nurse/Clerk	Requests transport via transport button on unit manager.
Transporter	Completes Transport request and ADT Transfer event auto-completes.
Within Same Unit (Intra-unit Transfer)	
IP Nurse/Clerk	Places bed request from Unit Manager. The bed request will automatically be marked Ready to Move.
PPOC	Assigns Unit/Room from Unassigned tab of Bed Planning.
IP Nurse/Clerk	Completes transfer in Unit Manager by dragging the patient to the bed

Inpatient Unit to Inpatient Unit (No PPOC MSCHONY)

Affected Departments	
Units	All Medical/Surgical/ICU Units
Who	Does What
Between Different Units (No Team Change)	
Provider	Places Transfer to new Unit order [ADT7] , which generates bed request.
Sending Unit Nurse/Clerk	Marks patient as Ready to Move. (Patients will automatically be marked Ready to Move if Service and Level of Care remain the same)
Admitting/Bed Coordinator	Assigns Unit/Room from Unassigned tab of Bed Planning.
Sending Unit Nurse/Clerk	Requests transport via transport button on unit manager.
Receiving Provider	Completes transfer Medication Reconciliation.
Receiving Unit Nurse/Clerk	Completes transfer in Unit Manager by dragging the patient to the bed upon patient arrival.
Between Different Units (With Team Change ICU to Floor)	
ICU Fellow	Determines patient is medically cleared for Floor bed. Secure Chats Medicine for handoff
Medicine Provider	Completes endorsement via the transfer navigator
Medicine Provider	Evaluates patient, Places Transfer to new Unit order [ADT7] , which generates bed request.
Sending Unit Nurse/Clerk	Marks patient as Ready to Move.
Admitting/Bed Coordinator	Assigns Unit/Room from Unassigned tab of Bed Planning.
Sending Unit Nurse/Clerk	Requests transport via transport button on unit manager.
Receiving Provider	Completes transfer Medication Reconciliation.
Receiving Unit Nurse/Clerk	Completes transfer in Unit Manager by dragging the patient to the bed upon patient arrival.
Floor to ICU	
Medicine Provider	Secure Chats ICU Fellow for Consult
ICU Fellow	ICU Fellow completes endorsement through the transfer navigator
Medicine Provider	Places Transfer to new Unit order [ADT7] , which generates bed request.
Sending Unit Nurse/Clerk	Marks patient as Ready to Move.
Admitting/Bed Coordinator	Admitting/ Bed Coordinator will communicate with ICU Fellow/RN to determine bed placement. Assigns Unit/Room from Unassigned tab of Bed Planning.
Sending Unit Nurse/Clerk	Requests transport via transport button on unit manager.

Receiving Provider

Completes transfer Medication Reconciliation.

Receiving Unit Nurse/Clerk

Completes transfer in Unit Manager by dragging the patient to the bed upon patient arrival.

If Moved Via Transport (Complete Transfer Event via Transport set to Yes)

IP Nurse/Clerk

Requests transport via transport button on unit manager.

Transporter

Completes Transport request and ADT Transfer event auto-completes.

Within Same Unit (Intra-unit Transfer)

IP Nurse/Clerk

Places bed request from Unit Manager. The bed request will automatically be marked Ready to Move.

Admitting/Bed Coordinator

Assigns Unit/Room from Unassigned tab of Bed Planning.

IP Nurse/Clerk

Completes transfer in Unit Manager by dragging the patient to the bed

Inpatient Unit to Inpatient Unit (No PPOC LMH)

Affected Departments	
Units	All Medical/Surgical/ICU Units
Who	Does What
Between Different Units (No Team Change)	
Provider	Places Transfer to new Unit order [ADT7] , which generates bed request.
Sending Unit Nurse/Clerk	Marks patient as Ready to Move. (Patients will automatically be marked Ready to Move if Service and Level of Care remain the same)
Admitting/Bed Coordinator	Assigns Unit/Room from Unassigned tab of Bed Planning.
Sending Unit Nurse/Clerk	Requests transport via transport button on unit manager.
Receiving Provider	Completes transfer Medication Reconciliation.
Receiving Unit Nurse/Clerk	Completes transfer in Unit Manager by dragging the patient to the bed upon patient arrival.
Between Different Units (With Team Change ICU to Floor)	
ICU Fellow	Determines patient is medically cleared for Floor bed. Places Transfer to new Unit order [ADT7] , which generates bed request
Admitting/Bed Coordinator	Assigns Unit/Room from Unassigned tab of Bed Planning. Sends secure chat message to Medicine team with patient and bed assignment details
Medicine Provider	Evaluates patient, deems patient is suitable for transfer.
Medicine Provider	Completes endorsement (MD Cert) via the transfer navigator and Completes Nursing Communication step
Sending Unit Nurse/Clerk	Marks patient as Ready to Move.
Sending Unit Nurse/Clerk	Requests transport via transport button on unit manager.
Receiving Provider	Completes transfer Medication Reconciliation.
Receiving Unit Nurse/Clerk	Completes transfer in Unit Manager by dragging the patient to the bed upon patient arrival.
Floor to ICU	
Medicine Provider	Secure Chats ICU Fellow for Consult
ICU Fellow	ICU Fellow completes endorsement through the transfer navigator
Medicine Provider	Places Transfer to new Unit order [ADT7] , which generates bed request.
Sending Unit Nurse/Clerk	Marks patient as Ready to Move.

Admitting/Bed Coordinator Admitting/ Bed Coordinator will communicate with ICU Fellow/RN to determine bed placement. Assigns Unit/Room from Unassigned tab of Bed Planning.

Sending Unit Nurse/Clerk Requests transport via transport button on unit manager.

Receiving Provider Completes transfer Medication Reconciliation.

Receiving Unit Nurse/Clerk Completes transfer in Unit Manager by dragging the patient to the bed upon patient arrival.

If Moved Via Transport (Complete Transfer Event via Transport set to Yes)

IP Nurse/Clerk Requests transport via transport button on unit manager.

Transporter Completes Transport request and ADT Transfer event auto-completes.

Within Same Unit (Intra-unit Transfer)

IP Nurse/Clerk Places bed request from Unit Manager. The bed request will automatically be marked Ready to Move.

Admitting/Bed Coordinator Assigns Unit/Room from Unassigned tab of Bed Planning.

IP Nurse/Clerk Completes transfer in Unit Manager by dragging the patient to the bed

Inpatient Unit to Inpatient Unit (No PPOC Lawrence & Hudson Valley)

Affected Departments	
Units	All Medical/Surgical/ICU Units
Who	Does What
Between Different Units (No Team Change)	
Provider	Places Transfer to new Unit order [ADT7] , which generates bed request.
Sending Unit Nurse/Clerk	Marks patient as Ready to Move. (Patients will automatically be marked Ready to Move if Service and Level of Care remain the same)
Nurse Admin/ Unit Clerk	Assigns Unit/Room from Unassigned tab of Bed Planning.
Sending Unit Nurse/Clerk	Requests transport via transport button on unit manager.
Receiving Provider	Completes transfer Medication Reconciliation.
Receiving Unit Nurse/Clerk	Completes transfer in Unit Manager by dragging the patient to the bed upon patient arrival.
Between Different Units (With Team Change ICU to Floor)	
ICU Attending	Determines patient is medically cleared for Floor bed. Secure Chats Medicine for handoff
Medicine Provider	Completes endorsement via the transfer navigator
Medicine Provider	Evaluates patient, Places Transfer to new Unit order [ADT7] , which generates bed request.
Sending Unit Nurse/Clerk	Marks patient as Ready to Move.
Nurse Admin/ Unit Clerk	Assigns Unit/Room from Unassigned tab of Bed Planning.
Sending Unit Nurse/Clerk	Requests transport via transport button on unit manager.
Receiving Provider	Completes transfer Medication Reconciliation.
Receiving Unit Nurse/Clerk	Completes transfer in Unit Manager by dragging the patient to the bed upon patient arrival.
Floor to ICU	
Medicine Provider	Secure Chats ICU Fellow for Consult
ICU Attending	ICU Attending completes endorsement through the transfer navigator
Medicine Provider	Places Transfer to new Unit order [ADT7] , which generates bed request.
Sending Unit Nurse/Clerk	Marks patient as Ready to Move.
Nurse Admin/ Unit Clerk	Admitting/ Bed Coordinator will communicate with ICU Fellow/RN to determine bed placement. Assigns Unit/Room from Unassigned tab of Bed Planning.
Sending Unit Nurse/Clerk	Requests transport via transport button on unit manager.

Receiving Provider

Completes transfer Medication Reconciliation.

Receiving Unit Nurse/Clerk

Completes transfer in Unit Manager by dragging the patient to the bed upon patient arrival.

IP Nurse/Clerk

If Moved Via Transport (Complete Transfer Event via Transport set to Yes)

Requests transport via transport button on unit manager.

Transporter

Completes Transport request and ADT Transfer event auto-completes.

IP Nurse/Clerk

Within Same Unit (Intra-unit Transfer)

Places bed request from Unit Manager. The bed request will automatically be marked Ready to Move.

Admitting/Bed Coordinator

Assigns Unit/Room from Unassigned tab of Bed Planning.

IP Nurse/Clerk

Completes transfer in Unit Manager by dragging the patient to the bed

Inpatient Unit to L&D Unit

	Affected Departments
Units	All Medical/Surgical/ICU Units
L&D Department	ALN 1 River West, MSCH 10 L&D, ACH 14 L&D, LMH 6C L&D, NYPQ 3E L&D, LAW 4W L&D, HVH 2 L&D, BMH CP 4 L&D
Who	Does What
Provider Receiving Provider	Within Same Hospital Building Places transfer order Transfer patient to new unit [ADT7] , which generates bed request and the Completes transfer Med Rec
Provider Receiving Provider	Between Hospitals in the Same Service Area (Milstein to MSCHONY) Places transfer order Transfer patient to new unit [ADT7] , which generates bed request and the Transfer Center Order [ADT21] with Request Type of Intra-Hospital Completes transfer Med Rec
IP Nurse/Clerk Transporter L&D Nurse/Clerk/ PFA	If Moved Via Transport (Complete Transfer Event via Transport set to Yes) Requests transport via transport button on unit manager Completes Transport request and ADT Transfer event auto-completes Uses the Arrival button from the L&D Manager to complete the transfer
L&D Nurse/Clerk	Within Same Unit (Intra-unit Transfer) Completes transfer in L&D Manager by dragging the patient to the bed upon patient arrival

Inpatient Unit to Radiology

	Affected Departments
Units	All Medical/Surgical/ICU Units
Radiology Departments	XR, US, MRI, CT, and NM Departments
Who	Does What
	Before Appointment
Provider / NP / PA	Places radiology imaging order
Radiology Tech	Schedules exam from Scheduled Orders Report (SOR)
IP Nurse/Clerk	Requests transport from Unit Manager
OR	
Radiology Tech	Requests transport from Tech Work List (TWL)
Radiology Tech/ Front Desk	Checks in the patient upon arrival, which automatically updates the patient's location on the Unit Manager
Radiology Tech	Requests transport back to IP unit
	Post Appointment (Patient returns to the unit)
IP Nurse/Clerk	Updates patient location to Back in Bed with right click from Unit Manager

Inpatient Unit to Interventional Radiology

Affected Departments	
Units	All Medical/Surgical/ICU Units
Interventional Radiology	Interventional Radiology
Who	Does What
Provider/ NP/PA	Places an IR Consult order
IR Provider	Places an order for the performed IR procedure
IR Front Desk	Schedules the IR procedure from the Snapboard
IR Traffic Tech	Creates transport from the Status Board
IR Staff	Checks in appointment when patient arrives
	If Moved Via Transport (Complete Transfer Event via Transport set to Yes)
IR Nurse/Staff	Marks patient Ready to Move
IR Staff	Requests transport to IP (inpatient) unit
Transporter	Completes Transport request and ADT Transfer event auto-completes

Inpatient Unit to Cath/EP Lab

Affected Departments	
Units	All Medical/Surgical/ICU Units
Cath/EP Lab	Cath/EP Lab
Who	Does What
NP/PA/Provider	Places Consult Order IP Consult to Cardiovascular Interventional [CON147] and contacts Cardiologist or places the Case Request Cath Lab Order [CATH48] or the Case Request EP Lab Order [EP48] directly.
Cath Lab/EP Provider	Assesses the patient and places a Case Request Cath Lab Order [CATH48] or a Case Request EP Lab Order [EP48] , which auto-generates a new case.
Cath/EP Scheduler	Schedules case from Snapboard
IP Nurse	Requests transport to the Cath/EP Lab.
Transporter	Picks up and transports patient to Cath/EP Lab
Cath/EP Lab Pre/Recovery Nurse	Case tracks the patient "In Pre-Procedure Area" which automatically transfers the patient into one of the Cath lab rooms (Pre, Post, Intra)
STEMI	
IP Cardiology consult provider/fellow	Will communicate with the Cath lab that there is a STEMI on the unit
Cath Lab Nurse / Tech	Activates STEMI Button for case creation
IP Nurse	Requests transport to the Cath Lab.
Transporter	Transports patient to Cath lab
Cath Lab Nurse	Case tracks the patient "In Room" which automatically transfers the patient into one of the Cath Lab rooms (Pre, Post, Intra)

Inpatient Unit to Procedural Area

Affected Departments	
Unit	All Medical/Surgical/ICU Units
Procedural Area	Endoscopy
Who	
Does What	
	Before Appointment (for areas using a DAR)
Provider	Places HOD order
HOD Scheduler	Schedules the appointment from Snapboard
IP Nurse/Clerk	Requests transport
OR	
Registrar/Tech	Requests transport from DAR
Registrar/Tech	Schedules and checks in the appointment, which automatically updates the patient's location on the Unit Manager
	Without An Appointment
IP Nurse/Clerk	Updates patient location with right click from Unit Manager
	If Moved Via Transport
Transporter	Completes Transport request and patient location is automatically updated
	Before Appointment
Provider/ NP/PA	Places radiology imaging order
Radiology Tech	Schedules exam from Scheduled Orders Report (SOR)
IP Nurse/Clerk	Requests transport from Unit Manager
OR	
Radiology Tech	Requests transport from Tech Work List (TWL)
Radiology Tech/ Front Desk	Checks in the patient upon arrival, which automatically updates the patient's location on the Unit Manager
Radiology Tech	Requests transport back to IP unit
	Post Appointment (Patient returns to the unit)
IP Nurse/Clerk	Updates patient location to Back in Bed with right click from Unit Manager

Inpatient Unit to Inpatient Rehab

Affected Departments	
Units	All Medical/Surgical/ICU Units
Exempt Unit	IP Rehab
Who	Does What
If The Patient Is New To Exempt Unit	
Provider	Places consult order and contacts Receiving Provider.
Receiving Provider	Places Admit to IP Rehab [ADT26] Order, which generates new preadmission and bed request
IP Nurse/Clerk	Contact admitting via Email or Secure Chat
Admitting	Updated pending admission for the patient in the IP Rehab unit
FCC & Admissions Analyst	Obtain financial approval
IP Rehab Team	Assigns Unit/Room from Unassigned tab of Bed Planning
Provider	Once bed is available, places a Discharge order [ADT8] for current admission
IP Nurse/Clerk	Requests transport
Receiving Unit	Contacts Admitting to alert them of patient's arrival to rehab unit
Admitting	Discharges patient from previous admission and Completes the new admission
Sending Provider	Completes Discharge/Readmit Order reconciliation.
If The Patient Is Returning From A Leave Of Absence (LoA)	
Provider	Places a discharge order for the current admission.
IP Nurse / Clerk	Discharges the patient when the patient is ready to transfer back.
IP Rehab Nurse/Clerk	Drags the patient from the Patients on Leave care area of the Unit Manager into their bed.

Inpatient Unit (Med/Surg) to Inpatient Psych

Affected Departments	
Units	All Medical/Surgical/ICU Units
Exempt Unit	IP Psych
Who	Does What
Med to Psych within the same hospital	
Sending Provider	Places Psych Transfer Request [ADT31] from EpicCare or Calls the Psych Access Center if provider does not have access to Order Entry. Places a Discharge Order [ADT8] for current admission
Psych Access Center	Initiates intake encounter in TC module, selects the appropriate Request Type determines what unit the patient will go to
Psych Access Center	Provider approval obtained, Location confirmed. (EMS is activated by sending unit)
Admitting	Updates pending pre-admission for the patient on the IP Psych unit
FCC	Finds encounter on Auth/Cert workqueue, obtains financial approval
Psych Access Center	Assigns Unit/Room from Upcoming tab of Bed Planning Activity
Admitting/ Unit Clerk/RN	Discharges the patient from Medical Admission
IP Psych/Unit Clerk	Completes admission workflow in Unit Manager by dragging the patient to the bed upon patient arrival
Admitting Provider	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to IP Psych Order
Admission to Westchester Behavioral Health Center & Gracie Square Hospital	
Sending Provider	Places Psych Transfer Request [ADT31] from EpicCare or Calls the Psych Access Center if provider does not have access to Order Entry. Places a Discharge Order [ADT8] for current admission
Psych Access Center	Initiates intake encounter in TC module, selects the appropriate Request Type determines what unit the patient will go to
Psych Access Center	Provider approval obtained, Location confirmed. (EMS is activated by sending unit)
Admitting	Updates pending HOV Encounter
FCC	Finds encounter on Auth/Cert workqueue, obtains financial approval
Psych Access Center	Assigns Unit/Room from Upcoming tab of Bed Planning Activity
Social worker/UA	Coordinates transport to WD/GSH
IP Nurse	Discharges the patient from Medical Admission upon departure
Admitting/Evaluation Center	Checks in HOV encounter
Evaluation Center	Assesses patient and completes Psych Intake

Admitting Psych Provider	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to IP Psych Order (if at WD Evaluation Center process is completed)
IP Psych/Unit Clerk	Completes admission workflow in Unit Manager by dragging the patient to the bed upon patient arrival
Provider	If The Patient Is Returning From A Leave Of Absence (LoA) Places a discharge order for the current admission.
IP Nurse / Clerk	Discharges the patient when the patient is ready to transfer back.
IP Psych Nurse/Clerk	Drags the patient from the Patients on Leave care area of the Unit Manager into their bed.
Transporter	If Moved Via Transport (Complete Transfer Event via Transport set to Yes) Completes Transport request and ADT Transfer event auto-completes

Inpatient Unit to Inpatient Hospice

Affected Departments	
Units	All Medical/Surgical/ICU Units IP Hospice
Who	Does What
Provider	Places a Discharge Order [ADT8] for current admission
Provider	Places Admit to Inpatient Hospice Order [ADT50]
IP Nurse/Clerk	Contacts Admitting via secure chat to update pending admission
Admitting	Updates pending admission for the patient in the Hospice Unit.
IP Nurse/Clerk	Discharges the patient.
IP Nurse/Clerk	Completes the new admission from the Unit Manager.
Receiving Provider	Completes Discharge/Readmit Order reconciliation.
If The Patient Is Returning From A Leave Of Absence (LoA)	
Provider	Places a discharge order for the current admission.
IP Nurse	Discharges the patient when the patient is ready to transfer back.
Exempt Nurse/Clerk	Drags the patient from the Patients on Leave care area of the Unit Manager into their bed.
If Moved Via Transport (Complete Transfer Event via Transport set to Yes)	
Transporter	Completes Transport request and ADT Transfer event auto-completes

Inpatient Unit to Other Hospital within NYP Organization

Affected Hospitals	
Service Area 50: Columbia	Milstein Hospital, MSCHONY, Allen Hospital, Lawrence Hospital
Service Area 10: Cornell	Weill Cornell Medical Center, Lower Manhattan Hospital, Westchester Behavioral Health Center
Service Area 80: NYP Regionals	Queens Hospital, Brooklyn Methodist Hospital, Hudson Valley Hospital
Who	Does What
Within the Same Service Area	
Sending Provider	Places Transfer Center Order [ADT21] With a Request Type of Intra-Hospital
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Transfer Center/ Referring/ On Call	3 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS
PPOC	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team, which updates patient's treatment team
Sending Provider	Endorses treatment team assignment (if appropriate)
PPOC	Assigns Unit/Room from Upcoming tab of Bed Planning Activity
Admitting Provider	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Order [ADT1]
Across Service Areas	
Sending Provider	Places Transfer Center Order [Cross Campus - ADT21] from EpicCare or Calls the Transfer Center if provider does not have access to Order Entry. Places a Discharge order [ADT8] for current admission
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Transfer Center	3 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS
Admitting	Updates pending pre admission for the patient
FCC	Finds encounter on Auth/Cert workqueue, obtains financial approval
PPOC	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team, which updates patient's treatment team
Accepting Attending	Endorses treatment team assignment (if appropriate)
PPOC	Assigns Unit/Room from Upcoming tab of Bed Planning Activity
IP Nurse / Clerk	Discharges the patient when the patient is ready to transfer
Admitting Provider	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to IP Order

Patient is moving from CCH Operating Room to...

PACU

CCH Operating Room to BMH Operating Room

CCH PACU to BMH PACU

Inpatient Unit

CCH Operating Room to BMH Operating Room

	Affected Department
OR	All ORs
Who	Does What
	Admitted Patient
CCH Pre/PACU RN	Communicate to BMH OR that case will need surgical procedure done in Main OR
BMH OR BA/UA/Charge RN	Locates patient on the BMH/CCH OR SnapBoard removes patient from the schedule.. Once patient is back in the BMH/CCH OR Cases depot, schedule into a BMH OR room by dragging and dropping the case request. Click 'Rebuild' when prompted.
CCH Pre/PACU RN	Sending RN gives handoff to receiving RN
Surgeon/ Charge RN	Places the Transfer Center order [ADT21]. Request Type: Intra Hospital
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance activates EMS
CCH PACU UA/RN	Transfer patient after EMS picks up patient using Transfer activity. Enter Destination Hospital Area: BMH Parent Hospital Location, Unit: BMH CP Operating Room, Room: click to auto-populate. Enter Level of Care. Click Transfer
BMH Pre/PACU RN	Case tracks patient to the specific beds/surgical bays in the department
	Patient Not Admitted
CCH OR	Communicate to BMH OR that case will need surgical procedure done in Main OR
BMH OR BA/UA/Charge RN	Locates patient on the BMH/CCH OR SnapBoard removes patient from the schedule. BMH/CCH OR Cases depot, schedule into a BMH OR room by dragging and dropping the case request. Click 'Rebuild' when prompted
CCH OR	Contacts the patient and instruct them to go to BMH if patient has not yet arrived
BMH OR Staff	Case tracks patient to the specific beds/surgical bays in the department

CCH PACU to BMH PACU

	Affected Department
OR	All ORs
Who	Does What
CCH PACU RN	Handoff report to BMH PACU RN. When patient leaves CCH PACU mark Out Of Recovery Time
Surgeon/ Charge RN	Places the Transfer Center order [ADT21]. Request Type: Intra Hospital
Transfer Center	Completes the intake, activates EMS
CCH PACU UA/RN	Transfer patient after EMS picks up patient using Transfer activity. Enter Destination Hospital Area: BMH Parent Hospital Location, Unit: BMH CP Operating Room, Room: click to auto-populate. Enter Level of Care. Click Transfer
BMH PACU RN / UA/BA/Clerk	Using the BMH Outlying Status Board locates patient in the CCH PACU and assigns them to a BMH PACU bay. Mark the Return to Recovery Time in All Events. Continue and complete PACU documentation. Enter Recovery Care Complete and Out of Recovery (2nd Time).

Patient is moving from Operating Room to...

PACU

Inpatient Unit

L&D Unit

Inpatient Rehab

Inpatient Psych

Operating Room to PACU

Affected Department	
OR	All ORs
Who	Does What
Periop Nurse	Within the Operating Room, updates patient location to the specific beds/surgical bays in the department.
	To PACU
IntraOp Nurse	Marks Case Finish event to trigger an alert to PACU staff that "PACU Bed Needed".
PACU Nurse	When PACU RN sees the "PACU Bed Needed" on the Status Board; pre-assignment of the PACU Bay can be completed by clicking the Staffing button; the pre-assign bay will be displayed on the PACU Status Board.
PACU Nurse	When patient is physically in PACU, recovery RN can change the pre-assigned bed to the actual bay location; by clicking the Assign button.

Post Surgical Inpatient Unit

Returning to Unit Post Surgery Inpatient (IP)

Surgery Admit (OP >> IP)

Direct to Floor (No PACU)

Returning to Unit Post Surgery

Affected Department	
OR	All ORs
Units	All Medical/Surgical/ICU Units
Who	Does What
	If The Patient Is Returning to Held Inpatient Bed
IntraOp Nurse	Marks Case Finish event to trigger an alert to PACU staff that "PACU Bed Needed".
PACU Nurse	When PACU RN sees the "PACU Bed Needed" on the Status Board. Pre-assign PACU Bay by clicking the Staffing button; the pre-assigned bay will be displayed on the PACU Status Board. When patient is physically in PACU, recovery RN updates the pre-assignment to the actual bay location; by clicking the Assign button.
PACU Nurse	Marks patient as Recovery Care Complete in Event Tracking which will auto trigger Ready to Move (clinically and otherwise ready to be sent to IP)
PACU Nurse	Request Transport from status board in OpTime or notifies PPCA that patient is ready to leave recovery
Transporter	Complete transport request, which updates location to the held bed.
IP Nurse/Clerk	If Transport is not used, Completes transfer in Unit Manager by right clicking patient name in Incoming Transfers care area and completing the Transfer workflow.
	If The Patient Is NOT Returning to Held Inpatient Bed (with PPOC)
Surgical Fellow, Resident or Surgeon	Places a Transfer order [ADT7] using the Post-Op to Floor Navigator, which auto-creates a bed request
Sending Provider	Completes Transfer Med Rec
IntraOp Nurse	Marks Case Finish event to trigger an alert to PACU staff that "PACU Bed Needed".
PACU Nurse	When PACU RN sees the "PACU Bed Needed" on the Status Board. Pre-assign PACU Bay by clicking the Staffing button; the pre-assigned bay will be displayed on the PACU Status Board. When patient is physically in PACU, recovery RN updates the pre-assignment to the actual bay location; by clicking the Assign button.
PACU Nurse	Marks patient as Recovery Care Complete in Event Tracking which will auto trigger Ready to Move (clinically and otherwise ready to be sent to IP)

PPOC	Assigns Unit/Room from Unassigned tab of Bed Planning
PACU Nurse	Request Transport from status board in OpTime or notifies PPCA that patient is ready to leave recovery
Transporter	Complete transport request, which updates location to the assigned bed.
IP Nurse/Clerk	If Transport is not utilized, completes transfer in Unit Manager by right clicking patient name in Incoming Transfers care area and completing the Transfer workflow
	If The Patient Is NOT Returning to Held Inpatient Bed (No PPOC – MSCHONY/LMH)
Surgical Fellow, Resident or Surgeon	Places a Transfer order [ADT7] using the Post-Op to Floor Navigator, which auto-creates a bed request
Sending Provider	Completes Transfer Med Rec
IntraOp Nurse	Marks Case Finish event to trigger an alert to PACU staff that "PACU Bed Needed". When PACU RN sees the "PACU Bed Needed" on the Status Board. Pre-assign PACU Bay by clicking the Staffing button; the pre-assigned bay will be displayed on the PACU Status Board. When patient is physically in PACU, recovery RN updates the pre-assignment to the actual bay location; by clicking the Assign button.
PACU Nurse	Marks patient as Recovery Care Complete in Event Tracking which will auto trigger Ready to Move (clinically and otherwise ready to be sent to IP)
PACU Nurse	Assigns Unit/Room from Unassigned tab of Bed Planning
Bed Coordinator/Admitting	
PACU Nurse	Request Transport from status board in OpTime or notifies PPCA that patient is ready to leave recovery
Transporter	Complete transport request, which updates location to the assigned bed.
IP Nurse/Clerk	If Transport is not utilized, completes transfer in Unit Manager by right clicking patient name in Incoming Transfers care area and completing the Transfer workflow
	If The Patient Is NOT Returning to Held Inpatient Bed (No PPOC – Lawrence & Hudson Valley)
Surgical Fellow, Resident or Surgeon	Places a Transfer order [ADT7] using the Post-Op to Floor Navigator, which auto-creates a bed request
Sending Provider	Completes Transfer Med Rec
IntraOp Nurse	Marks Case Finish event to trigger an alert to PACU staff that "PACU Bed Needed".

PACU Nurse

When PACU RN sees the "PACU Bed Needed" on the Status Board. Pre-assign PACU Bay by clicking the Staffing button; the pre-assigned bay will be displayed on the PACU Status Board. When patient is physically in PACU, recovery RN updates the pre-assignment to the actual bay location; by clicking the Assign button.

PACU Nurse

Marks patient as Recovery Care Complete in Event Tracking which will auto trigger Ready to Move (clinically and otherwise ready to be sent to IP)

Nurse Admin Supervisor/Clerk

Assigns Unit/Room from Unassigned tab of Bed Planning / Assigns Unit/Room from Unit Manager

PACU Nurse

Request Transport from status board in OpTime or notifies PPCA that patient is ready to leave recovery

Transporter

Complete transport request, which updates location to the assigned bed.

IP Nurse/Clerk

If Transport is not utilized, completes transfer in Unit Manager by right clicking patient name in Incoming Transfers care area and completing the Transfer workflow

Surgery Admit (Planned Surgical Admission)

	Affected Department
OR	All ORs
Units	All Medical/Surgical/ICU Units
Who	Does What
	If The Patient Is Coming in for a Surgery Admit Encounter – PPOC/PPC
Surgical Fellow, Resident or Surgeon	Places an Admission order [ADT1] using the Pre-op Order Set
Receiving Provider	Completes Admission Med Rec
PACU Nurse	Marks patient as Recovery Care Complete in Event Tracking which will auto trigger Ready to Move (clinically and otherwise ready to be sent to IP)
PPOC/ MTR/ On Call Provider	Assigns patient to a Provider team (if applicable). Secure Chats providers to verify team assignment
Accepting Provider	Endorses team assignment (if applicable)
PPOC	Assigns Unit/Room from Unassigned tab of Bed Planning
OR Nurse/Clerk	Request Transport via status board in OpTime
Transporter	Completes Transport request and ADT Transfer event auto-completes
IP Nurse/Clerk	If Transport is not utilized, completes transfer in Unit Manager by right clicking patient name in Incoming Transfers care area and completing the Transfer workflow
	If The Patient Is Coming in for a Surgery Admit Encounter (No PPOC – MSCHONY/ LMH)
Surgical Fellow, Resident or Surgeon	Places an Admission order [ADT1] using the Pre-op Order Set
Receiving Provider	Completes Admission Med Rec
PACU Nurse	Marks patient as Recovery Care Complete in Event Tracking which will auto trigger Ready to Move (clinically and otherwise ready to be sent to IP)
Bed Coordinator/Admitting	Assigns patient to a Provider team (if applicable). Secure Chats providers to verify team assignment
Accepting Provider	Endorses team assignment (if applicable)
Bed Coordinator/Admitting	Assigns Unit/Room from Unassigned tab of Bed Planning
OR Nurse/Clerk	Request Transport via status board in OpTime

Transporter

IP Nurse/Clerk

Completes Transport request and ADT Transfer event auto-completes

If Transport is not utilized, completes transfer in Unit Manager by right clicking patient name in Incoming Transfers care area and completing the Transfer workflow

If The Patient Is Coming in for a Surgery Admit Encounter (No PPOC – Lawrence & Hudson Valley Hospital)

Surgical Fellow, Resident or Surgeon

Places an **Admission order [ADT1]** using the Pre-op Order Set

Receiving Provider

Completes Admission Med Rec

PACU Nurse

Marks patient as Recovery Care Complete in Event Tracking which will auto trigger Ready to Move (clinically and otherwise ready to be sent to IP)

Nurse Admin Supervisor

Assigns patient to a Provider team (if applicable). Secure Chats providers to verify team assignment

Accepting Provider

Endorses team assignment (if applicable)

Nurse Supervisor/ Clerk

Assigns Unit/Room from Unassigned tab of Bed Planning / Assigns Unit/Room from Unit Manager

OR Nurse/Clerk

Request Transport via status board in OpTime

Transporter

Completes Transport request and ADT Transfer event auto-completes

IP Nurse/Clerk

If Transport is not utilized, completes transfer in Unit Manager by right clicking patient name in Incoming Transfers care area and completing the Transfer workflow

Direct to Floor (No PACU)

Affected Department	
OR	All ORs
Units	All Medical/Surgical/ICU Units
Who	Does What
	If The Patient Is Going from OR to ICU <u>Planned</u> (no PACU)
PPOC	Reviews PPOC Status board for daily OR patients that could go to ICU and coordinates patient with the ICU departments.
Surgical Fellow, Resident or Surgeon	For Surgery Admit and Hospital Outpatient encounters, Places an Admit to Inpatient [ADT1] or For Inpatient encounters going to a new unit places the Transfer Patient to New Unit [ADT7] order from Pre-op Navigator.
PPOC	Assigns bed, which updates Status Board with bed assignment
Anesthesiologist	Before “closing” in the OR; calls ICU to give report and gets the Bed # that patient is assigned to (To ensure that the assigned bed is ready)
Intra RN	Notifies Perioperative Patient Care Assistant that unit is ready for the patient
Perioperative Patient Care Assistant (PPCA)	Transports patient to the floor
IP Nurse/Clerk	Completes transfer in Unit Manager by right clicking patient name in Incoming Transfers care area and completing the Transfer workflow
	If The Patient Is Going from OR to ICU <u>Unplanned</u> (no PACU)
OR Team (Anesthesia / Surgeon)	For Surgery Admit and Hospital Outpatient encounters, Places an Admit to Inpatient [ADT1] or For Inpatient encounters going to a new unit places the Transfer Patient to New Unit [ADT7] order
PPOC	Assigns bed, which updates Status Board with bed assignment.
Anesthesiologist	Before “closing” in the OR; calls ICU to give report and gets the Bed # that patient is assigned to (To ensure that the assigned bed is ready)
Intra RN	Notifies Perioperative Patient Care Assistant that unit is ready for the patient
Perioperative Patient Care Assistant (PPCA)	Transports patient to the floor

IP Nurse/Clerk

Completes transfer in Unit Manager by right clicking patient name in Incoming Transfers care area and completing the Transfer workflow

RN Admin, Bed Coordinator,
Admitting

Surgical Fellow, Resident or
Surgeon

RN Admin, Bed Coordinator,
Admitting

Anesthesiologist

Intra RN
Perioperative Patient Care
Assistant (PPCA)

IP Nurse/Clerk

If The Patient Is Going from OR to ICU Planned (no PACU) – No PPOC/PPC

Reviews PPOC Status board for daily OR patients that could go to ICU and coordinates patient with the ICU departments.

For Surgery Admit and Hospital Outpatient encounters, Places an **Admit to Inpatient [ADT1]** or For Inpatient encounters going to a new unit places the **Transfer Patient to New Unit [ADT7]** order from Pre-op Navigator.

Assigns bed, which updates Status Board with bed assignment

Before “closing” in the OR; calls ICU to give report and gets the Bed # that patient is assigned to (To ensure that the assigned bed is ready)

Notifies Perioperative Patient Care Assistant that unit is ready for the patient

Transports patient to the floor

Completes transfer in Unit Manager by right clicking patient name in Incoming Transfers care area and completing the Transfer workflow

If The Patient Is Going from OR to ICU Unplanned (no PACU) - No PPOC/PPC

For Surgery Admit and Hospital Outpatient encounters, Places an **Admit to Inpatient [ADT1]** or For Inpatient encounters going to a new unit places the **Transfer Patient to New Unit [ADT7]** order

Assigns bed, which updates Status Board with bed assignment.

Before “closing” in the OR; calls ICU to give report and gets the Bed # that patient is assigned to (To ensure that the assigned bed is ready)

Notifies Perioperative Patient Care Assistant that unit is ready for the patient

Transports patient to the floor

Completes transfer in Unit Manager by right clicking patient name in Incoming Transfers care area and completing the Transfer workflow

OR Team (Anesthesia / Surgeon)

RN Admin, Bed Coordinator,
Admitting

Anesthesiologist

Intra RN
Perioperative Patient Care
Assistant (PPCA)

IP Nurse/Clerk

Operating Room to L&D Unit

Affected Department	
OR	All ORs
L&D Department	ALN 1 River West, MSCH 10 L&D, ACH 14 L&D, LMH 6C L&D, NYPQ 3E L&D, LAW 4W L&D, HVH 2 L&D, BMH CP 4 L&D
Who	
OR Nurse/Clerk	Request Transport via status board in OpTime
Transporter	Completes Transport request and ADT Transfer event auto-completes
L&D Nurse/Clerk	Uses the Arrival button from the L&D Manager to complete the transfer Optionally, refers to the Unit Manager to track incoming transfers prior to arrival

Operating Room to Inpatient Rehab

	Affected Department
OR	All ORs
Exempt Unit	IP Rehab
Who	Does What
	If The Patient Is New To Exempt Unit
Surgeon	Places consult order and contacts receiving provider
Sending Provider	Completes Discharge/Readmit Order reconciliation
Receiving Provider	Places an Admit to IP Rehab order [ADT26]
PACU Nurse / OR Clerk	Contacts admitting via phone, email or secure chat
PPOC	Connects Sending Provider with Receiving Provider to obtain acceptance of team assignment
Admitting	Updates the new admission for the patient in the Exempt Unit
PACU Nurse / OR Clerk	Marks patient as Ready to Move/Recovery Care Complete (clinically and otherwise ready to be sent to IP)
IP Rehab Team	Assigns Unit/Room from Unassigned tab of Bed Planning
PACU Nurse / OR Clerk	Request Transport from status board in OpTime/ Discharges the patient when the patient is ready to transfer back
Transporter	Completes Transport request and ADT Transfer event auto-completes
Exempt Nurse/Clerk	Completes the new admission from the Unit Manager
	If The Patient Is Returning From A Leave Of Absence (LoA)
Surgeon	Places a discharge order for the current admission
PACU Nurse	Discharges the patient when the patient is ready to transfer back / Requests Transport
Transporter	Completes Transport request and ADT Transfer event auto-completes
Exempt Nurse/Clerk	Drags the patient from the Patients on Leave of Absence care area of the Unit Manager into their bed

Operating Room to Inpatient Psych

Affected Department	
OR	All ORs
Exempt Unit	IP Psych
Who	Does What

If The Patient Is New To Exempt Unit

Surgeon	Places consult order and contacts receiving provider
Provider	Completes Discharge/Readmit Order reconciliation
Receiving Provider	Places Admit to IP Psych order [ADT19]
PACU Nurse / OR Clerk	Contacts admitting via phone, email or secure chat
PPOC	Connects Sending Provider with Receiving Provider to obtain acceptance of team assignment
Admitting	Creates a new admission for the patient in the Exempt Unit
PPOC	Assigns Unit/Room from Unassigned tab of Bed Planning
PACU Nurse / OR Clerk	Discharges the patient when the patient is ready to transfer back / Request Transport from status board in OpTime
Transporter	Completes Transport request and ADT Transfer event auto-completes
Exempt Nurse/Clerk	Completes the new admission from the Unit Manager

If The Patient Is Returning From A Leave Of Absence (LoA)

Surgeon	Places a Discharge order [ADT8] for the current admission
PACU Clerk /Nurse	Discharges the patient when the patient is ready to transfer back / Request Transport
Transporter	Completes Transport request and ADT Transfer event auto-completes
Exempt Nurse/Clerk	Returns the patient from leave, by right clicking the patient name on the Leave of Absence care area of the Unit Manager

Patient is moving from DHK Operating Room/GIEndo to...

G3 PACU

Operating Room

Emergency Department

Inpatient Unit

L&D Unit

Patient is moving from Radiology to...

[Operating Room](#)

[Inpatient Unit](#)

[Other Procedural Area](#)

[Inpatient Rehab/Psych](#)

[Emergency Department](#)

Radiology to Operating Room

Affected Departments	
Radiology Departments	XR, US, MRI, CT, DXA, and NM Departments, (Mammo)
OR	All ORs
Who	Does What
For Surgical Case (Radiology to Surgery)	
Radiologist	If urgent, the results are discussed with the ordering provider and patient is referred back to their provider.
Clinic Staff	Notifies the Surgeon for a consult
Surgeon	Places Case Request Order [SUR1] , which auto-creates a new case
OR Scheduler	Schedules case request from the Case Depot
Admitting	Admits the patient to the surgery department, then contacts OR Staff
Rad Tech	Creates Transport request (only if transport is used).
OR Transporter/ Transport	Completes Transport to OR.
Periop Nurse	Case tracks the patient into the OR departments, which automatically transfers the patient into one of the surgery departments.

Radiology to Inpatient Unit

	Affected Departments
Radiology Departments	XR, US, MRI, CT, DXA, and NM Departments
Units	All Medical/Surgical/ICU Units
Who	Does What
	If The Patient Is Returning to the Unit
Radiology Staff	Creates outgoing transport request
Transporter	Receives and completes transport request
	If The Patient Is New to the Unit
Radiologist	If urgent, the results are discussed with the ordering provider and patient is referred back to their provider.
Radiology Provider	Contacts Admitting to request admission or places the Admit to Inpatient [ADT1] order
Patient Access	Clicks Admit button to update the HOV encounter to a pending admission
Admitting Provider	Places Admit to Inpatient order (this could occur after patient gets to the floor)
PPOC / Admitting (in Non PPOC areas)	Assigns provider treatment team
Attending Provider	Endorses Order (may contact clinic Provider to review patient endorsement is not required)
PPOC / Admitting (in Non PPOC areas)	Assigns Unit/Room from Unassigned tab of Bed Planning
Radiology Nurse/Clerk	Checks out appointment and requests transport from toolbar
Transporter	Completes Transport request and ADT Transfer event auto-completes
IP Nurse/Clerk	Completes admission in Unit Manager by dragging the patient to the bed upon patient arrival

Radiology to Procedural Area

Affected Departments	
Radiology Departments	XR, US, MRI, CT, DXA, and NM Departments
Procedural Area	Endo, IR, INR
Who Does What	
Radiology Tech	Ends patient's exam and requests patient transport if needed
Clinic Front Desk	Checks in appointment when patient arrives

Radiology to Inpatient Rehab/ Psych

Affected Departments	
Radiology Departments	XR, US, MRI, CT, DXA, and NM Departments
Exempt Unit	IP Psych/IP Psych
Who	Does What
	If The Patient Is Returning From A Leave Of Absence (LoA)
Radiology Front Desk	Checks patient out when the patient is ready to transfer back.
IP Psych Nurse/Clerk	Drags the patient from the Patients on Leave care area of the Unit Manager into their bed.
	If Moved Via Transport (Complete Transfer Event via Transport set to Yes)
Radiology Nurse/Clerk	Requests transport via transport button
Transporter	Completes Transport request and ADT Transfer event auto-completes

Radiology to Emergency Department

	Affected Departments
Radiology Departments	XR, US, MRI, CT, DXA, and NM Departments
Emergency Departments	West ED East ED
Who	Does What
Radiology Front Desk / Radiology Tech	Checks out the patient upon completion of exam.
Radiology Tech	Requests transport back to ED
Transport	Transports patient to ED

Patient is moving from Interventional Radiology...

Operating Room

Inpatient Unit

Procedural Area

Inpatient Rehab/Psych

Interventional Radiology to Operating Room

Affected Departments	
Who	Does What
Interventional Radiology OR	Interventional Radiology OR
	For Surgical Case (IR to Surgery)
Interventional Radiologist Surgeon OR Scheduler	Notifies the Surgeon for a consult Places Case Request Order [SUR1] , which auto-creates a new case Schedules case request from the Case Depot
Admitting	Upgrades IR HOV encounter to an admission; completes admission workflow and changes patient class, then notifies OR Staff
OR Staff	Marks the In Room case tracking event to auto-transfer the patient to the OR
	For Prep Only
Pre-Op Nurse	Finds the appointment on the Status Board, marks patient in a Pre-Op bay
Procedural Staff Procedural Staff	Assign the patient to a Pre-Op bay, which will automatically mark the In Pre-Op case tracking event If the patient is an inpatient, this will automatically transfer the patient
PACU Nurse	Marks To PACU case tracking event and calls the PACU to let them know the patient is coming
	Uses the status board to put the patient into a bay, auto-updates case tracking event for In Recovery If the patient is an inpatient, this will auto-transfer the patient to the OR department
	For PACU Only
PACU Nurse	Finds the appointment on the Status Board, marks patient in a PACU bay
PACU Nurse	Uses the status board to put the patient into a bay, auto-updates case tracking event for In Recovery If the patient is an inpatient, this will auto-transfer the patient to the OR department
	From IR to PACU (within the same revenue location)
PACU Nurse	Finds the appointment on the NYC PACU Outlying Patients board
PACU Nurse	Locates patient, highlights and right clicks to assign them to the appropriate bay for recovery

Interventional Radiology to Inpatient Unit

	Affected Departments
Interventional Radiology Units	Interventional Radiology All Medical/Surgical/ICU Units
Who	Does What
	If The Patient Is Returning to an Inpatient Unit
Radiology Staff Transporter	Creates outgoing transport request Receives and completes transport request
	If The Patient Is Going From Outpatient to Inpatient (with PPOC – Milstein, Allen, Cornell, Queens, Brooklyn)
IR Front Desk Staff	Checks in appointment
Interventional Radiologist	Places Admit to IP [ADT1] which generates bed request (direct admit with RTM)
IR Staff	Sends secure chat message to both Admitting and PPOC to alert them of the admission
Patient Access	Clicks Admit button to upgrade the HOV encounter to a pending admission. PENDING out of workflow, leaving encounter In pending status
PPOC / PPC / MTR	Assigns provider treatment team
Admitting Provider	Endorses assignment, may contact the Interventional Radiologist to discuss case (endorsement is not required here). Completes admission order set and admission medication reconciliation (<i>this can happen once patient arrives to the unit</i>)
PPOC / PPC	Assigns Unit/Room from Unassigned tab of Bed Planning
IR Radiology Nurse/Clerk Transporter	Checks out appointment and requests transport from toolbar
IP Nurse/Clerk	Completes Transport request and ADT Transfer event auto-completes Completes admission in Unit Manager by dragging the patient to the bed upon patient arrival
	If The Patient Is Going From Outpatient to Inpatient (No PPOC - LMH, MSCHONY)
IR Front Desk Staff	Checks in appointment
Interventional Radiologist	Places Admit to IP [ADT1] which generates bed request (direct admit with RTM)
IR Staff	Sends secure chat message to both Admitting and PPOC to alert them of the admission
Patient Access	Clicks Admit button to update the HOV encounter to a pending admission
Admitting/ Nursing Admin Supervisor	Assigns provider treatment team

Admitting Provider

Endorses assignment, may contact the Interventional Radiologist to discuss case (endorsement is not required here). Completes admission order set and admission medication reconciliation (this can happen once patient arrives to the unit)

Admitting/ Bed Coordinator

Assigns Unit/Room from Unassigned tab of Bed Planning.

IR Radiology Nurse/Clerk

Checks out appointment and requests transport from toolbar

Transporter

Completes Transport request and ADT Transfer event auto-completes

IP Nurse/Clerk

Completes admission in Unit Manager by dragging the patient to the bed upon patient arrival

If The Patient Is Going From Outpatient to Inpatient (No PPOC – Lawrence & Hudson Valley)

IR Front Desk Staff

Checks in appointment

Interventional Radiologist

Places **Admit to IP [ADT1]** which generates bed request (direct admit with RTM)

IR Staff

Sends secure chat message to both Admitting and Bed Planning to alert them of the admission

Patient Access

Clicks Admit button to update the HOV encounter to a pending admission

Nursing Admin Supervisor

Assigns provider treatment team from Unassigned tab of Bed Planning

Admitting Provider

Endorses assignment, may contact the Interventional Radiologist to discuss case (endorsement is not required here). Completes admission order set and admission medication reconciliation (this can happen once patient arrives to the unit)

**Nursing Admin Supervisor/
Clerk**

Assigns Unit/Room from Unassigned tab of Bed Planning / Assigns unit & room from Unit Manager

IR Radiology Nurse/Clerk

Checks out appointment and requests transport from toolbar

Transporter

Completes Transport request and ADT Transfer event auto-completes

IP Nurse/Clerk

Completes admission in Unit Manager by dragging the patient to the bed upon patient arrival

Interventional Radiology to Procedural Area

Affected Departments	
Interventional Radiology	Interventional Radiology
Procedural Area	Endoscopy
Who	
Does What	
IR Staff	Checks out appointment and requests patient transport if needed
Clinic Front Desk	Checks in appointment when patient arrives

Interventional Radiology to Inpatient Rehab/ Psych

Affected Departments	
Interventional Radiology Exempt Unit	Interventional Radiology IP Rehab / IP Psych
Who	Does What
	If The Patient Is Returning From A Leave Of Absence (LoA)
Radiology Front Desk IP Rehab Nurse/Clerk	Checks patient out when the patient is ready to transfer back. Drags the patient from the Patients on Leave care area of the Unit Manager into their bed.
	If Moved Via Transport (Complete Transfer Event via Transport set to Yes)
Radiology Nurse/Clerk Transporter	Requests transport via transport button Completes Transport request and ADT Transfer event auto-completes

Patient is moving from Cath/EP Lab to...

Operating Room

Inpatient Unit

Inpatient Unit (LMH/MSCHONY)

Inpatient Unit (Lawrence/ Hudson Valley)

Inpatient Rehab/Psych

Cath/EP Lab to Operating Room

Affected Departments	
Cath/EP Lab	Cath Lab
OR	All ORs
Who	Does What
For Surgical Case (Cath To Surgery)	
Clinic Staff	Notifies the Surgeon for a consult
Surgeon	Places Case Request Order [SUR1] , which auto-creates a new case.
OR Scheduler	Schedules case request from the Snapboard.
OR Staff	Marks the In Room case tracking event to auto-transfer the patient to the OR.
For Prep Only	
Pre-Op Nurse	Finds the appointment on the Status Board, marks patient in a Pre-Op bay
Procedural Staff	Assign the patient to a Pre-Op bay, which will automatically mark the In Pre-Op case tracking event If the patient is an inpatient , this will automatically transfer the patient
For PACU Recovery Care Only	
Procedural Staff	Marks To PACU case tracking event and calls the PACU to let them know the patient is coming (MSCHONY)
PACU Nurse/ Invasive Cardiology Nurse/ OR Nurse	Uses the status board to put the patient into a bay, auto-updates case tracking event for In Recovery If the patient is an inpatient , this will auto-transfer the patient to the OR department
For Hybrid Labs	
TAVR & Other Hybrid procedures would go directly to CCU	

Cath/EP Lab to Inpatient Unit

Affected Departments	
Cath/EP Lab	Cath Lab
Units	All Medical/Surgical/ICU Units
Who	Does What
	If The Patient Is Moving To Previous Inpatient Bed
Cardiologist	Completes Transfer Med Rec
Invasive Cardiology Nurse	Contacts charge nurse to indicate they will drop off the patient
Transporter /IP Nurse /Clerk	Completes transport request which updates location to the held bed. When transport is not available the Nurse/Clerk completes request by dragging the patient to the held bed upon patient arrival
IP Nurse/Clerk	Completes transfer in Unit Manager by right clicking patient name in Incoming Transfers care area and completing the Transfer workflow
	If The Patient Is Moving To A Bed He Has Not Previously Occupied (with PPOC/PPC)
Cardiologist	Places a Transfer order [ADT7] using the Post-Op to Floor Navigator, which auto-creates a bed request
Sending Provider	Completes Transfer Med Rec
Invasive Cardiology Nurse	Marks patient as Case Close in Event Tracking which will auto trigger Ready to Move (clinically and otherwise ready to be sent to IP)
PPOC/PPC/MTR	Assigns patient to a treatment team (if applicable). Secure Chats providers to verify team assignment
Accepting Provider	Endorses team assignment (if applicable)
PPOC/PPC	Assigns Unit/Room from Unassigned tab of Bed Planning
IP Nurse/Clerk	Completes transfer in Unit Manager by right clicking patient name in Incoming Transfers care area and completing the Transfer workflow
	If The Patient Is Coming from a planned Surgical Admission
Cardiologist	Places Admit to Inpatient [ADT1] from Pre procedure Navigator
Invasive Cardiology Nurse	Marks patient as Case Close in Event Tracking which will auto trigger Ready to Move (clinically and otherwise ready to be sent to IP)
PPOC /PPC/MTR	Assigns patient to a treatment team (if applicable). Secure Chats providers to verify team assignment
Accepting Provider	Endorses team assignment (handoff) (if applicable)

PPOC /PPC

Assigns Unit/Room from Unassigned tab of Bed Planning

Cath Lab Staff

Monitors story board for bed assignment. Contacts charge nurse to indicate they will drop off the patient

IP Nurse/Clerk

Completes transfer in Unit Manager by dragging the patient to the bed upon patient arrival

If The Patient Is Coming from an Unplanned Surgical Admission

Cardiologist

Places an **Admit to Inpatient [ADT1]** order using the **Post-Op to Floor Navigator**, which auto-creates a bed request

Invasive Cardiology Nurse

Marks patient as Case Close in Event Tracking which will auto trigger Ready to Move (clinically and otherwise ready to be sent to IP)

PPOC /PPC/MTR

Assigns patient to a treatment team (if applicable). Secure Chats providers to verify team assignment

Sending Provider

Endorses team assignment ((handoff) (if applicable)

PPOC /PPC

Assigns Unit/Room from Unassigned tab of Bed Planning

IP Nurse/Clerk

Completes transfer in Unit Manager by right clicking patient name in Incoming Transfers care area and completing the Transfer workflow

Cath/EP Lab to Inpatient Unit (MSCHONY/LMH)

Affected Departments	
Cath/EP Lab	Cath Lab
Units	All Medical/Surgical/ICU Units
Who	Does What
	If The Patient Is Moving To Previous Inpatient Bed
Cardiologist	Completes Transfer Med Rec
Invasive Cardiology Nurse	Contacts charge nurse to indicate they will drop off the patient
Transporter /IP Nurse /Clerk	Completes transport request which updates location to the held bed. When transport is not available the Nurse/Clerk completes request by dragging the patient to the held bed upon patient arrival
IP Nurse/Clerk	Completes transfer in Unit Manager by right clicking patient name in Incoming Transfers care area and completing the Transfer workflow
	If The Patient Is Moving To A Bed He Has Not Previously Occupied (No PPOC - LMH, MSCHONY)
Cardiologist	Places a Transfer order [ADT7] using the Post-Op to Floor Navigator, which auto-creates a bed request
Sending Provider	Completes Transfer Med Rec
Invasive Cardiology Nurse	Marks patient as Case Close in Event Tracking which will auto trigger Ready to Move (clinically and otherwise ready to be sent to IP)
Admitting/ Bed Coordinator	Assigns patient to a treatment team (if applicable). Secure Chats providers to verify team assignment
Accepting Provider	Endorses team assignment (if applicable)
Admitting/ Bed Coordinator	Assigns Unit/Room from Unassigned tab of Bed Planning
IP Nurse/Clerk	Completes transfer in Unit Manager by right clicking patient name in Incoming Transfers care area and completing the Transfer workflow
	If The Patient Is Coming from a planned Surgical Admission
Cardiologist	Places Admit to Inpatient [ADT1] from Pre procedure Navigator
Invasive Cardiology Nurse	Marks patient as Case Close in Event Tracking which will auto trigger Ready to Move (clinically and otherwise ready to be sent to IP)
Admitting/ Bed	Assigns patient to a treatment team (if applicable). Secure Chats providers to verify team assignment

Accepting Provider
Admitting/ Bed
Coordinator

Endorses team assignment (handoff) (if applicable)
Assigns Unit/Room from Unassigned tab of Bed Planning

Cath Lab Staff

Monitors story board for bed assignment. Contacts charge nurse to indicate they will drop off the patient

IP Nurse/Clerk

Completes transfer in Unit Manager by dragging the patient to the bed upon patient arrival

If The Patient Is Coming from an Unplanned Surgical Admission

Cardiologist

Places an **Admit to Inpatient [ADT1]** order using the **Post-Op to Floor Navigator**, which auto-creates a bed request

Invasive Cardiology Nurse

Marks patient as Case Close in Event Tracking which will auto trigger Ready to Move (clinically and otherwise ready to be sent to IP)

Admitting/ Bed
Coordinator

Assigns patient to a treatment team (if applicable). Secure Chats providers to verify team assignment

Sending Provider
Admitting/ Bed
Coordinator

Endorses team assignment ((handoff) (if applicable)

Assigns Unit/Room from Unassigned tab of Bed Planning

IP Nurse/Clerk

Completes transfer in Unit Manager by right clicking patient name in Incoming Transfers care area and completing the Transfer workflow

Cath/EP Lab to Inpatient Unit (Lawrence & Hudson Valley)

Affected Departments	
Cath/EP Lab	Cath Lab
Units	All Medical/Surgical/ICU Units
Who	Does What
	If The Patient Is Moving To Previous Inpatient Bed
Cardiologist	Completes Transfer Med Rec
Invasive Cardiology Nurse	Contacts charge nurse to indicate they will drop off the patient
Transporter /IP Nurse /Clerk	Completes transport request which updates location to the held bed. When transport is not available the Nurse/Clerk completes request by dragging the patient to the held bed upon patient arrival
IP Nurse/Clerk	Completes transfer in Unit Manager by right clicking patient name in Incoming Transfers care area and completing the Transfer workflow
	If The Patient Is Moving To A Bed He Has Not Previously Occupied (No PPOC - Lawrence)
Cardiologist	Places a Transfer order [ADT7] using the Post-Op to Floor Navigator, which auto-creates a bed request
Sending Provider	Completes Transfer Med Rec
Invasive Cardiology Nurse	Marks patient as Case Close in Event Tracking which will auto trigger Ready to Move (clinically and otherwise ready to be sent to IP)
Nurse Admin Supervisor	Assigns patient to a treatment team (if applicable). Secure Chats providers to verify team assignment
Accepting Provider	Endorses team assignment (if applicable)
Nursing Admin Supervisor/ Clerk	Assigns Unit/Room from Unassigned tab of Bed Planning / Assigns Unit/Room from Unit Manager
IP Nurse/ Clerk	Completes transfer in Unit Manager by right clicking patient name in Incoming Transfers care area and completing the Transfer workflow
	If The Patient Is Coming from a planned Surgical Admission
Cardiologist	Places Admit to Inpatient [ADT1] from Pre procedure Navigator
Invasive Cardiology Nurse	Marks patient as Case Close in Event Tracking which will auto trigger Ready to Move (clinically and otherwise ready to be sent to IP)
Nurse Admin Supervisor	Assigns patient to a treatment team (if applicable). Secure Chats providers to verify team assignment
Accepting Provider	Endorses team assignment (handoff) (if applicable)

**Nursing Admin Supervisor/
Clerk**

Assigns Unit/Room from Unassigned tab of Bed Planning / Assigns Unit/Room from Unit Manager

Cath Lab Staff

Monitors story board for bed assignment. Contacts charge nurse to indicate they will drop off the patient

IP Nurse/Clerk

Completes transfer in Unit Manager by dragging the patient to the bed upon patient arrival

If The Patient Is Coming from an Unplanned Surgical Admission

Cardiologist

Places an **Admit to Inpatient [ADT1]** order using the **Post-Op to Floor Navigator**, which auto-creates a bed request

Invasive Cardiology Nurse

Marks patient as Case Close in Event Tracking which will auto trigger Ready to Move (clinically and otherwise ready to be sent to IP)

Nurse Admin Supervisor

Assigns patient to a treatment team (if applicable). Secure Chats providers to verify team assignment

Sending Provider

Endorses team assignment ((handoff) (if applicable)

**Nursing Admin Supervisor/
Clerk**

Assigns Unit/Room from Unassigned tab of Bed Planning / Assigns Unit/Room from Unit Manager

IP Nurse/Clerk

Completes transfer in Unit Manager by right clicking patient name in Incoming Transfers care area and completing the Transfer workflow

Cath/EP Lab to Inpatient Rehab/Psych

Affected Departments	
Who	Does What
Cath/EP Lab	Cath Lab
Exempt Unit	Inpatient Rehab
If The Patient Is Returning From A Leave Of Absence (LoA)	
Cath RN / Clerk	Request transport back to the unit for the patient from toolbar.
Cath RN / Clerk	Discharges patient from current Cath/EP Lab admission.
IP Rehab Nurse/Clerk	Drags the patient from the Patients on Leave care area of the Unit Manager into their bed.
If Moved Via Transport (Complete Transfer Event via Transport set to Yes)	
Cath Nurse/Clerk	Requests transport via transport button.
Transporter	Completes transport, which automatically transfers the patient.

Patient is moving from Peds Hematology/Oncology/BMT to...

Operating Room/ Endo Suite

Inpatient Unit

Pediatric Hematology/Oncology/BMT to Operating Room/Endo Suite

Affected Departments

Procedural Area Pediatric Hematology/Oncology/BMT

OR OR/ Endo

Who Does What

Peds IT Chemotherapy (No Admission)

Clinic Provider Provider orders Lumbar Puncture using Case Request Operating Room

OR Scheduler Schedules case request

Clinic Staff Checks in appointment when patient arrives

Clinic Provider Access clinic visit and releases treatment plan medications after checking treatment parameters

Clinic RN Confirms w/ OR Procedural area is ready for patient and Patient transport is coordinated

Transporter Brings patient to procedural area

Admitting Admits patient to OR (separate OR Encounter)

OR RN If patient requires further clinic care or chemotherapy per their treatment plan, after the patient has recovered, the Procedural area RN calls to give report to the Clinic RN. Patient transport is coordinated

Transporter After recovery/report, the patient is transported back to clinic by transporter

Clinic RN Patient arrives via transport and remainder of treatment required is performed.

Clinic Staff Checks out appointment.

Peds IT Chemotherapy (with Admission – Inpatient Visit type)

Clinic Provider Provider orders Lumbar Puncture using Case Request Operating Room

OR Scheduler Schedules case request

Clinic Staff Checks in appointment when patient arrives

Clinic Provider Access clinic visit and releases treatment plan medications after checking treatment parameters

Clinic RN Confirms w/ OR Procedural area is ready for patient and Patient transport is coordinated

Transporter Brings patient to procedural area and patient to procedural area

OR RN Contact Admitting to upgrade HOV encounter (Clinic encounter to IP, once patient is clinically ready)

OR RN Discharges OR/Endo Encounter

Admitting Upgrades Clinic encounter to IP Admission

Pediatric Hematology/Oncology/BMT to Inpatient Unit

Affected Departments	
Procedural Area	Pediatric Hematology/Oncology/BMT
Inpatient Unit	All Medical/Surgical/ICU Units
Who	Does What
	From Infusion unplanned adult admission
Hematology/Oncology Front Desk Staff	Checks in appointment
Hematology/Oncology Provider	Places Admit to Inpatient order [ADT1] , which updates patient class and generates bed request Contacts PPOC via secure chat to inform them that the patient needs a bed
PPOC / Admitting (in Non PPOC areas)	Assigns provider treatment team
Attending Provider PPOC / Admitting (in Non PPOC areas)	Endorses Order (may contact clinic Provider to review patient endorsement is not required)
Admitting Hematology/Oncology Nurse/Clerk	Assigns Unit/Room from Unassigned tab of Bed Planning
Transporter	Admits the patient - Clicks Admit button to upgrade the HOV encounter to a pending admission
IP Nurse/Clerk	Requests Transport Completes Transport request and ADT Transfer event auto-completes Completes admission in Unit Manager by dragging the patient to the bed upon patient arrival
	Unplanned Admission
Hematology/Oncology Front Desk Staff	Checks in appointment
Hematology/Oncology Provider	Places Admit to Inpatient order [ADT1] , which updates patient class and generates bed request Contacts PPOC via secure chat to inform them that the patient needs a bed
PPOC / Admitting (in Non PPOC areas)	Assigns provider treatment team
Attending Provider PPOC / Admitting (in Non PPOC areas)	Endorses Order (may contact clinic Provider to review patient endorsement but not required)
Admitting	Assigns Unit/Room from Unassigned tab of Bed Planning
	Admits the patient - Clicks Admit button to upgrade the HOV encounter to a pending admission

**Hematology/Oncology
Nurse/Clerk
Transporter
IP Nurse/Clerk**

Requests Transport

Completes Transport request and ADT Transfer event auto-completes

Completes admission in Unit Manager by dragging the patient to the bed upon patient arrival

Inpatient (Peds Infusion) Planned Admission

Checks in appointment when patient arrives

Access clinic visit and releases treatment plan medications after checking treatment parameters

Confirms the patient's bed is ready on the unit.

Admits the patient - Clicks Admit button to upgrade the HOV encounter to a pending admission and places bed request

Assigns Unit/Room

Patient transport is coordinated

Completes transport request

Arrives patient in the unit

Releases any remaining treatment plan orders and follows the Inpatient Chemotherapy Treatment workflow

**Hematology/Oncology
Clinic Staff**

**Hematology/Oncology
Provider**

**Hematology/Oncology
Clinic Staff**

Admitting

IP Clerk

Hematology/Oncology RN

Transporter

IP Clerk/RN

IP RN

Patient is moving from Procedural Area to...

Operating Room

Inpatient Unit

L&D Unit

Radiology

Interventional Radiology

Other Procedural Area

Inpatient Rehab / Psych

Procedural Area to Operating Room

Affected Departments	
Procedural Area	Audiology, Cardiology, Hematology, Infusion Clinic, Nephrology, Obstetrics, Oncology, Pediatric Cardiology, Pediatric Hematology/Oncology, Procedural Cardiology, Radiation Oncology
OR	All ORs
Who	
Does What	
	For Surgical Case (Procedural Area To Surgery)
Clinic Staff	Notifies the Surgeon for a consult
Surgeon	Places Case Request Order[SUR1] , which auto-creates a new case
OR Scheduler	Schedules case request from the Case Depot
Admitting	Admits the patient to the surgery department, then contacts OR Staff
Pre RN	Update patient location to the specific beds/surgical bays in the department (assign bed)
	Non-OR Recovery
Clinic Staff	Calls the PACU to tell them a patient is coming
PACU Nurse	Creates a Non-OR Recovery appointment from the toolbar Mark the patient In PACU, which will transfer the patient to the periop department
	If Moved Via Transport (Complete Transfer Event via Transport set to Yes)
Sending staff	Creates transport request
Transporter	Completes Transport request and ADT Transfer event auto-completes

Procedural Area (HOV) to Inpatient Unit

Affected Departments	
Procedural Area	Infusion, GI Endo
Inpatient Unit	All Medical/Surgical/ICU Units
Who	Does What
	From HOV Department
Front Desk Staff	Checks in appointment
Provider	Places Admit to Inpatient order [ADT1]
Procedural Area	Initiates Secure Chat message with Admitting and PPOC alerting them of admission
Admitting	Clicks Admit button to update the HOV encounter to a pending admission (does not complete admission workflow)
PPOC / Admitting /MTR	Assigns provider treatment team
Attending Provider	Endorses Order (may contact clinic Provider to review patient endorsement is not required)
PPOC / Admitting (in Non PPOC areas)	Assigns Unit/Room from Unassigned tab of Bed Planning
Front Desk Staff	Checks out appointment
Front Desk Staff	Requests Transport
Transporter	Completes Transport request and ADT Transfer event auto-completes
IP Nurse/Clerk	Completes admission in Unit Manager by dragging the patient to the bed upon patient arrival
	Inpatient (MSCHONY Peds Infusion) Planned Admission
Hematology/Oncology Clinic Staff	Checks in appointment when patient arrives
Hematology/Oncology Provider	Access clinic visit and releases treatment plan medications after checking treatment parameters
Hematology/Oncology Clinic Staff	Confirms the patient's bed is ready on the unit.
Admitting	Admits the patient - Clicks Admit button to upgrade the HOV encounter to a pending admission and places bed request
IP Clerk	Assigns Unit/Room
Hematology/Oncology RN	Patient transport is coordinated
Transporter	Completes transport request
IP Clerk/RN	Arrives patient in the unit
IP RN	Releases any remaining treatment plan orders and follows the Inpatient Chemotherapy Treatment workflow

Procedural Area to L&D Unit

Affected Departments	
Procedural Area	Infusion, GI Endo
L&D Department	ALN 1 River West, MSCH 10 L&D, ACH 14 L&D, LMH 6C L&D, NYPQ 3E L&D, LAW 4W L&D, HVH 2 L&D, BMH CP 4 L&D
Who	Does What
Clinic Provider	Notifies L&D Provider by phone of pending patient to L&D
Clinic Staff	Notifies Admitting by phone
Receiving Provider	Completes MedRec
Receiving Provider	If not a direct admit: does initial evaluation in triage to confirm patient needs to be admitted
Admitting	Selects the procedural encounter and chooses Admit. On the Encounter form, updates Labor and Delivery info to denote the mother will deliver in this encounter. On the Accommodation form, updates the unit and bed info to the receiving unit. Pends the admission.
L&D Nurse/Clerk	Arrives patient in the L&D from the L&D Manager/Grease Board using encounter started in the procedural area by using the Arrival button
	If Moved Via Transport (Complete Transfer Event via Transport set to Yes)
Clinic Staff	Creates transport request
Transporter	Completes Transport request and ADT Transfer event auto-completes

Procedural Area to Radiology

Affected Departments

Procedural Area

Infusion, GI Endo

Radiology Departments

XR, US, MRI, CT, and NM Departments

Who

Does What

Clinic Staff

Checks out appointment and requests patient transport if needed

Radiology Tech

Checks in appointment when patient arrives

Procedural Area to Interventional Radiology

Affected Departments

Procedural Area Infusion, GI Endo

Interventional Radiology Interventional Radiology

Who

Does What

Clinic Staff

Checks out appointment and requests patient transport if needed (occurs when patient transfers from another facility to IR - HSS and LMH)

IR Staff

Checks they have updated labs and imaging

IR Provider

Approves or changes IR procedure

IR Staff

Schedules appointment

IR Staff

Checks in appointment when patient arrives

Procedural Area to Procedural Area

Affected Departments	
Procedural Area	Infusion, GI Endo
Procedural Area	Radiology Endo Suite
Who	Does What
Sending Clinic Staff	Checks out appointment and requests patient transport if needed
Receiving Clinic Staff	Checks in appointment when patient arrives
Peds IT Chemotherapy	
Endo Provider	Provider orders Lumbar Puncture using Order set/Smartset for Endo suite/IR
Second Endo Clinic Staff	Schedules appointment request
First Endo Clinic Staff	Checks in appointment when patient arrives
Endo Provider	Access clinic visit and releases treatment plan medications after checking treatment parameters
First Endo RN	Confirms w/ Endo Suite procedural area is ready for patient and Patient transport is coordinated
Transporter	RN/Unit clerk the patient is in transport notifies procedural area.
Second Endo Clinic Staff	Checks in appointment when patient arrives
Endo Provider	Procedure is performed. Discharges patient if patient does not need additional clinic care.
Second Endo RN	If patient requires further clinic care or chemotherapy per their treatment plan, after the patient has recovered, the Procedural area RN calls to give report to the Clinic RN. Patient transport is coordinated
Transporter	After recovery/report, the patient is transported back to clinic by transporter.
First Endo RN	Patient arrives via transport and remainder of treatment required is performed.
First Endo Clinic Staff	Checks out appointment.

Procedural Area to Inpatient Rehab / Psych

	Affected Departments
Procedural Area	Infusion, GI Endo
Unit	IP Rehab/IP Psych
Who	Does What
Physical Therapy Front Desk IP Rehab Nurse/Clerk	If The Patient Is Returning From A Leave Of Absence (LoA) Checks patient out then the patient is ready to transfer back. Drags the patient from the Patients on Leave care area of the Unit Manager into their bed.
Physical Therapy Nurse/Clerk Transporter	If Moved Via Transport (Complete Transfer Event via Transport set to Yes) Requests transport via transport button Completes Transport request and ADT Transfer event auto-completes

Patient is moving from Inpatient Rehab Unit to...

Operating Room

Inpatient Unit

Radiology

Interventional Radiology

Cath/EP Lab

Other Procedural Area

Other Hospital within Organization

Inpatient Rehab Unit to Operating Room

Affected Departments	
IP Rehab	IP Rehab
OR	All ORs
Who	Does What
	Patient is starting a Leave of Absence (LoA)
IP Rehab Provider	Places consult order and contacts Surgeon
Surgeon	Assesses patient and then places a case request order, which auto-generates a new case
OR Scheduler	Schedules case request from the Case Depot
Admitting	Opens Patient Station, puts patient on Leave of Absence and clicks Admit to admit the patient to the surgery department, then contacts OR Staff
OR Staff	Update patient location to the specific beds/surgical bays in the department
	Patient is not Returning to Rehab/ Patient does not return within 24 Hours
IP Rehab Provider	Places consult order and contacts receiving provider
IP Rehab Provider	Completes Discharge/Readmit Order reconciliation
Surgeon	Assesses patient and then places a case request order, which auto-generates a new case
OR Scheduler	Schedules case request from the Case Depot. Contacts admitting to generate preadmission
Admitting	Updates Preadmission
IP Rehab Nurse/Clerk	Request transport to OR
Admitting	Discharges patient from IP Rehab admission, admits patient
PreOp RN	Case tracks patient into OR room
Recovery RN	Marks patient as Recovery care complete (clinically and otherwise ready to be sent to IP)
PPOC	Assigns Unit/Room from Unassigned tab of Bed Planning
IP Nurse/Clerk	Completes the new admission from the Unit Manager

Inpatient Rehab to Inpatient Unit

Affected Departments	
IP Rehab	IP Rehab
Units	All Medical/Surgical/ICU Units
Who	Does What
	Patient is not going to return to IP Rehab
IP Rehab Provider	Places consult order and contacts receiving provider
IP Rehab Provider	Completes Discharge/Readmit Order reconciliation
Admitting	Generates preadmission to the inpatient unit and requests bed
FCC	Obtains Financial clearance
PPOC	Assigns Unit/Room from Unassigned tab of Bed Planning
IP Rehab Nurse/Clerk	Discharges the patient
IP Nurse/Clerk	Completes the new admission from the Unit Manager
	Patient is starting a Leave of Absence (LoA)
IP Rehab Provider	Places consult order and contacts receiving provider
Accepting Provider	Contact Admitting
Admitting	Generates preadmission to the inpatient unit and requests bed
PPOC	Assigns patient to inpatient bed
IP Rehab Nurse/Clerk	Request transport to new unit
IP Rehab Nurse/Clerk	Puts patient on a Leave of Absence (LoA)
IP Rehab Nurse/Clerk	Requests Transport from within a Leave of Absence (LoA) workflow
Transporter	Completes Transport request and patient location is automatically updated
Receiving Unit Nurse/Clerk	Completes admission on Unit Manager by dragging the patient to the bed upon patient arrival

Inpatient Rehab to Radiology

Affected Departments	
IP Rehab	IP Rehab
Procedural Area	
Who	Does What
IP Rehab Provider	Places a Radiology Consult order
Radiology Provider	Places an order for the Radiology procedure
Radiology Tech	Schedules the Radiology procedure from the SOR
Admitting	Updates Registration for appointment
Radiology Tech	Creates transport from the Status Board
IP Rehab Nurse/Clerk	Places patient on a Leave of Absence (LoA)
Radiology Staff	Checks in appointment when patient arrives
If Moved Via Transport (Complete Transfer Event via Transport set to Yes)	
Radiology Staff	Requests transport to IP (inpatient) unit
Transporter	Completes Transport request and ADT Transfer event auto-completes

Inpatient Rehab to Interventional Radiology

Affected Departments	
IP Rehab	Rehab
Interventional Radiology	Main Interventional Radiology

Who	Does What
IP Rehab Provider	Places an IR Consult order
IR Provider	Places an order for the performed IR procedure
IR Front Desk	Schedules the IR procedure from the Snapboard
Admitting	Updates Registration for appointment
IR Traffic Tech	Creates transport from the Status Board
IP Rehab Nurse/Clerk	Places patient on a Leave of Absence (LoA)
IR Staff	Checks in appointment when patient arrives

IR Staff	If Moved Via Transport (Complete Transfer Event via Transport set to Yes) Requests transport to IP (inpatient) unit
Transporter	Completes Transport request and ADT Transfer event auto-completes

Inpatient Rehab to Cath/EP Lab

	Affected Departments
IP Rehab	Rehab
Cath/EP Lab	Cath Lab West
Who	Does What
	Patient is starting a leave of absence
IP Rehab Provider	Places consult order IP Consult to Cardiovascular Interventional [CON147] and contacts Cardiologist
Cardiologist	Assesses patient and then places a Case Request Cath Lab Order [CATH48] or a Case Request EP Lab Order [EP48] , which auto-generates a new case
Cath/EP Lab Scheduler	Schedules case from the Snapboard
IP Rehab Nurse/Clerk	Requests Transport
Transporter	Completes Transport request and patient location is automatically updated
Admitting	Opens Patient Station, puts patient on Leave of Absence and clicks Admit to admit the patient to the Cath/EP lab, then contacts Cath lab staff
Cath/EP Lab Pre/Recovery Nurse	Case tracks the patient "In Pre-Procedure Area" which automatically transfers the patient into one of the Cath/EP Lab rooms (Pre, Post, Intra)
	STEMI
IP Rehab Provider	Places consult order and contacts Cardiologist
IP Cardiology consult provider/fellow	Will communicate with the Cath lab that there is a STEMI on the unit
Cath Lab Nurse / Tech	Activates STEMI Button for case creation & creation of preadmission . Which will automatically create a Bed Request
IP Rehab Nurse	Opens Patient Station, puts patient on Leave of Absence
Cath Lab Staff	Completes transport
Cath Lab Nurse	Activates STEMI Arrival button to arrive patient
Cath Lab Nurse	Case tracks the patient "In Room" which automatically transfers the patient into one of the Cath Lab departments (Pre, Post, Intra)

Inpatient Rehab to Procedural Area

	Affected Departments
IP Rehab	IP Rehab
Procedural Area	Audiology, Cardiology, Hematology, Infusion Clinic, Nephrology, Obstetrics, Oncology, Pediatric Cardiology, Pediatric Hematology/Oncology, Procedural Cardiology, Radiation Oncology
Who	Does What
	Before Appointment
Clinic Staff	Requests transport from Department Appointments Report
Clinic Staff	Schedules and checks in appointment, which automatically updates the patient's location on the Unit Manager
	If Moved Via Transport
Transporter	Completes Transport request and patient location is automatically updated

Inpatient Rehab to Other Hospital within Organization

Affected Departments	
IP Rehab Units	IP Rehab All Medical/Surgical/ICU Units
Who	Does What
IP Rehab Provider	Places Transfer Center Order [ADT21] from EpicCare or Calls the Transfer Center if provider does not have access to Order Entry. Places a Discharge order [ADT8] for current admission
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Transfer Center Admitting FCC	3 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS Updates pending pre admission for the patient
PPOC / Admitting/ Nursing Supervisor / MTR	Finds encounter on Auth/Cert workqueue, obtains financial approval
Accepting Attending PPOC / Bed Planning IP Nurse / Clerk	Assigns patient (to appropriate provider team, which updates patient's treatment team) Endorses treatment team assignment (if appropriate) Assigns Unit/Room from Upcoming tab of Bed Planning Activity Discharges the patient when the patient is ready to transfer
Admitting Provider	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to IP Order
IP Nurse/Unit Clerk	Completes admission workflow in Unit Manager by dragging the patient to the bed upon patient arrival

Patient is moving from Inpatient Psych to...

[Operating Room](#)

[ECT \(Weill Cornell\)](#)

[Inpatient Unit](#)

[L&D Unit](#)

[Radiology](#)

[Interventional Radiology](#)

[Cath/EP Lab](#)

[Other Procedural Area](#)

[Emergency Department](#)

[Other Hospital within Organization](#)

Inpatient Psych to Operating Room

Affected Departments	
IP Psych OR	IP Psych West Campus OR (including Milstein, Allen, MSCHONY) East Campus OR (including Cornell, LMH)
Who	Does What
	Patient is starting a Leave of Absence
IP Psych Provider	Places consult order and contacts Surgeon
Surgeon	Assesses patient and then places a case request order, which auto-generates a new case
OR Scheduler	Schedules case request from the Case Depot. Contacts admitting to generate preadmission
Admitting	Opens Patient Station, puts patient on Leave of Absence and clicks Admit to admit the patient to the surgery department, then contacts OR Staff (to send PSA for pt.)
OR Transport	Transports patient to OR
PreOp RN	Update patient location to the specific beds/surgical bays in the department
	Patient is not going to return to IP Psych
IP Psych Provider	Places consult order and contacts receiving provider
IP Psych Provider	Completes Discharge/Readmit Order reconciliation
Surgeon	Assesses patient and then places a case request order, which auto-generates a new case
OR Scheduler	Schedules case request from the Case Depot. Contacts admitting to generate preadmission
Admitting	Creates Preadmission to the inpatient unit
IP Psych Nurse/Clerk	Discharges the patient, upon transports arrival
PreOp RN	Case tracks patient into OR room
Recovery RN	Marks patient as Recovery care complete (clinically and otherwise ready to be sent to IP)
PPOC	Assigns Unit/Room from Unassigned tab of Bed Planning
IP Nurse/Clerk	Completes the new admission from the Unit Manager
Return to Start	

Inpatient Psych to ECT (PACU)

Affected Departments	
Who	Does What
IP Psych OR	East IP Psych WC OR
Patient is starting a Leave of Absence	
IP Psych Provider	Places order for ECT
IP Psych RN	Schedules case request from the Case Depot
Admitting	Checks in appointment
IP Psych RN/Clerk	Requests patient transport
IP Psych Team/Transport PACU RN	Transports patient to PACU Updates patient location to the specific beds/surgical bays in the department

Inpatient Psych to Inpatient Unit

Affected Departments	
IP Psych Units	IP Psych All Medical/Surgical/ICU Units
Who	Does What
	Patient is not going to return to IP Psych
IP Psych Provider	Places consult order and contacts receiving provider
IP Psych Provider	Completes Discharge/Readmit Order reconciliation
IP Provider Admitting	Places Admit to IP [ADT1] Order or contacts admitting to create new admission
PPOC	Updates or generates preadmission to the inpatient unit and requests bed (pends encounter)
FCC	Once bed is available, PPOC connects Sending Provider with Receiving Provider to obtain acceptance of team assignment
PPOC	Obtains Financial clearance
IP Psych Nurse/Clerk	Assigns Unit/Room from Unassigned tab of Bed Planning
IP Psych Nurse/Clerk	Requests transport via transport button on Unit Manager
IP Nurse/Clerk	Discharges the patient upon departure
	Completes the new admission from the Unit Manager
	Patient is starting a Leave of Absence (LoA)
IP Psych Nurse/Clerk	Puts patient on a Leave of Absence
IP Psych Nurse/Clerk	Requests Transport from within the Leave of Absence (LoA) workflow
Transporter	Completes Transport request and patient location is automatically updated

Inpatient Psych to L&D Unit

Affected Departments	
Who	Does What
IP Psych	IP Psych
L&D Department	ALN 1 River West, MSCH 10 L&D, ACH 14 L&D, LMH 6C L&D, NYPQ 3E L&D, LAW 4W L&D, HVH 2 L&D, BMH CP 4 L&D
Patient is not going to return to IP Psych	
IP Psych Provider	Places consult order and contacts receiving provider
IP Psych Provider	Completes Discharge/Readmit Order reconciliation
IP Psych Nurse/Clerk	Contact L&D via phone
IP Psych Nurse/Clerk	Discharges the patient
L&D Nurse/Clerk	Arrives patient in the L&D from the L&D Manager/Grease Board by using the Arrival button
Patient is starting a Leave of Absence	
IP Psych Nurse/Clerk	Notifies Admitting by phone
IP Psych Nurse/Clerk	Puts patient on a Leave of Absence
L&D Nurse/Clerk	Arrives patient in the L&D from the L&D Manager/Grease Board by using the Arrival button

Inpatient Psych to Radiology

	Affected Departments
IP Psych	IP Psych
Radiology Departments	XR, US, MRI, CT, and NM Departments
Who	Does What
	Before Appointment
Clinic Staff	Requests transport from Department Appointments Report
Clinic Staff	Schedules and checks in appointment, which automatically updates the patient's location on the Unit Manager
	If Moved Via Transport
Transporter	Completes Transport request and patient location is automatically updated

Inpatient Psych to Interventional Radiology

Affected Departments	
IP Psych	IP Psych
Interventional Radiology	Interventional Radiology
Who	Does What
IP Psych Provider	Places an IR Consult order [CON51]
IR Provider	Places an order for the performed IR procedure
IR Front Desk	Schedules the IR procedure from the Snapboard
Admitting	Updates Registration for appointment
IR Traffic Tech	Creates transport from the Status Board
Exempt Nurse	Places patient on a Leave of Absence (LoA)
IR Staff	Checks in appointment when patient arrives
If Moved Via Transport (Complete Transfer Event via Transport set to Yes)	
IR Staff	Requests transport to IP (inpatient) unit
Transporter	Completes Transport request and ADT Transfer event auto-completes

Inpatient Psych to Cath/EP Lab

Affected Departments	
IP Psych	IP Psych
Cath/EP Lab	Cath Lab
Who	Does What
	Patient is Starting a Leave of Absence (LoA)
IP Psych Provider	Places consult order IP Consult to Cardiovascular Interventional [CON147] and contacts Cardiologist
Cardiologist	Assesses patient and then places a Case Request Cath Lab Order [CATH48] or a Case Request EP Lab Order [EP48] , which auto-generates a new case
Cath/EP Lab Scheduler	Schedules case request from the Snapboard
Admitting	Opens Patient Station, puts patient on Leave of Absence and clicks Admit to admit the patient to the Cath/EP lab, then contacts Cath lab staff
Cath/EP Lab Pre/Recovery Nurse	Case tracks the patient "In Pre-Procedure" which automatically transfers the patient into one of the Cath/EP Lab rooms (Pre, Post, Intra)
	STEMI
	Patient is Starting a Leave of Absence (LoA)
IP Psych Provider	Places IP Consult to Cardiovascular Interventional [CON147] and contacts Cardiologist
IP Cardiology consult provider/fellow	Will communicate with the Cath lab that there is a STEMI on the unit
Cath Lab Nurse / Tech	Activates STEMI Button for case creation & creation of preadmission . Which will automatically create a Bed Request
IP Psych RN	Opens Patient Station, puts patient on Leave of Absence
Cath Lab Staff	Completes transport
Cath Lab Nurse	Activates STEMI Arrival button to arrive patient
Cath Lab Nurse	Case tracks the patient "In Room" which automatically transfers the patient into one of the Cath Lab rooms (Pre, Post, Intra)

Inpatient Psych to Procedural Area

	Affected Departments
IP Psych	IP Psych
Procedural Area	Audiology, Cardiology, Hematology, Infusion Clinic, Nephrology, Obstetrics, Oncology, Pediatric Cardiology, Pediatric Hematology/Oncology, Procedural Cardiology, Radiation Oncology
Who	Does What
	Before Appointment
Clinic Staff	Requests transport from Department Appointments Report
Clinic Staff	Schedules and checks in appointment, which automatically updates the patient's location on the Unit Manager
	If Moved Via Transport
Transporter	Completes Transport request and patient location is automatically updated

Inpatient Psych to Emergency Department

Affected Departments	
IP Psych	IP Psych
ED	All EDs
Who	Does What
	Patient is starting a Leave of Absence
IP Psych Provider	Places Leave Of Absence order [ADT16]
IP Psych Nurse/Clerk	Puts patient on a Leave of Absence
IP Psych Nurse/Clerk	Requests Transport from within the Leave of Absence (LoA) workflow
ED Nurse/Clerk	Arrives patient to ED
ED Provider	Use the "restart from previous admission" tab to review applicable previous orders

Inpatient Psych to Other Hospital within Organization

Affected Departments	
IP Psych	IP Psych
Who	Does What
Sending Provider	Places Transfer Center Order [ADT21] from EpicCare or Calls the Transfer Center if provider does not have access to Order Entry. Places a discharge order (ADT8) for current admission
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Transfer Center Admitting	3 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS
FCC	Updates pending pre admission for the patient
PPOC/PPC/ Bed Coordinator/Nurse Admin	Finds encounter on Auth/Cert workqueue, obtains financial approval
Accepting Attending	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team, which updates patient's treatment team
PPOC/PPC/ Bed Coordinator/Nurse Admin	Endorses treatment team assignment (if appropriate)
IP Nurse / Clerk	Assigns Unit/Room from Upcoming tab of Bed Planning Activity
Admitting Provider	Discharges the patient when the patient is ready to transfer
IP Nurse/Unit Clerk	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to IP Order [ADT1]
	Completes admission workflow in Unit Manager by dragging the patient to the bed upon patient arrival

Patient is moving from Ambulatory Clinic (Direct Admit) to...

Operating Room

Inpatient Unit

L&D Unit

Emergency Department

Ambulatory Clinic (Direct Admit) to Operating Room

Affected Departments	
Who	Does What
Ambulatory Clinic	Outpatient practices/clinics
OR	ORs
Surgeon	After consult, the surgeon places the case request order within a pre-op order set, which auto-creates a new case. The surgeon may also be outside of the EpicTogether facilities - will contact admitting for a Direct Admission
OR Scheduler	Schedules case request from the Case Depot
Admitting	Admits the patient to the surgery department, then contacts OR Staff
FCC	Obtains financial clearance (if applicable)
OR Staff	Case tracks patient to the specific beds/surgical bays in the department

Patient is moving from Ambulatory Clinic (Direct Admit) to...

Milstein/Allen

MSCHONY Hospital

Weill Cornell Hospital

Lower Manhattan

Alexandra Cohen Hospital

Queens Hospital

Lawrence Hospital & Hudson Valley

Brooklyn Methodist Hospital

Ambulatory Clinic (Direct Admit) to Milstein/Allen Inpatient Unit

Affected Departments	
Ambulatory Clinic Units	Practices/clinics All Medical/Surgical/ICU Unit
Who	Does What
Referring provider	Places Direct Admit order [ADT 28] or Calls Admitting if provider does not have EpicCare Link access Region: Hospital's admitting department Transfer Center & Request Type: Direct Admit
Admitting FCC	Processes request, accepts patient, and requests bed. Updates pending admission and pends it
PPOC/PPC	Obtains financial clearance
Accepting Provider	Assigns Provider team
PPOC/PPC	Endorses team assignment (if applicable)
IP Nurse/Clerk	Assigns Unit/Room from Unassigned tab of Bed Planning Completes admission in Unit Manager by dragging the patient to the bed upon patient arrival
EEG Video Monitoring	
Referring Provider	Places order for EEG Referral Order (lands on WQ for scheduling)
Coordinator	Schedules appointment as a place holder, obtains authorization
Coordinator/ NP / Provider	Places Direct Admit order [ADT 28] or Calls Admitting if provider does not have EpicCare Link access Region: Hospital's admitting department Transfer Center & Request Type: Direct Admit
Admitting FCC	Processes request, accepts patient, and requests bed. Updates pending admission and pends it
PPOC/PPC	Obtains financial clearance
Accepting Provider	Assigns Provider team (if applicable)
PPOC/PPC	Endorses team assignment (if applicable)
IP Nurse/Clerk	Assigns Unit/Room from Unassigned tab of Bed Planning Completes admission in Unit Manager by dragging the patient to the bed upon patient arrival

Ambulatory Clinic (Direct Admit) to MSCHONY Hospital Inpatient Unit

Affected Departments	
Ambulatory Clinic Units	Practices/clinics All Medical/Surgical/ICU Unit
Who	Does What
Referring provider	Places Direct Admit order [ADT 28] or Calls Admitting if provider does not have EpicCare Link access Region: Hospital's admitting department Transfer Center & Request Type: Direct Admit
Admitting FCC	Processes request, accepts patient, and requests bed. Updates pending admission and pends it Obtains financial clearance
Accepting Provider	Endorses team assignment (if applicable)
Bed Coordinator	Assigns Unit/Room from Unassigned tab of Bed Planning
IP Nurse/Clerk	Completes admission in Unit Manager by dragging the patient to the bed upon patient arrival
EEG Video Monitoring	
Referring Provider Coordinator	Places order for EEG Referral Order (lands on WQ for scheduling) Schedules appointment as a place holder, obtains authorization
Coordinator/ NP / Provider	Places Direct Admit order [ADT 28] or Calls Admitting if provider does not have EpicCare Link access Region: Hospital's admitting department Transfer Center & Request Type: Direct Admit
Admitting FCC	Processes request, accepts patient, and requests bed. Updates pending admission and pends it Obtains financial clearance
PPOC/PPC	Assigns Provider team (if applicable)
Accepting Provider	Endorses team assignment (if applicable)
PPOC/PPC	Assigns Unit/Room from Unassigned tab of Bed Planning
IP Nurse/Clerk	Completes admission in Unit Manager by dragging the patient to the bed upon patient arrival

Ambulatory Clinic (Direct Admit) to Weill Cornell Inpatient Unit

Affected Departments	
Ambulatory Clinic Units	Practices/clinics All Medical/Surgical/ICU Unit
Who	Does What
Referring provider	Places Direct Admit order [ADT 28] or Calls Admitting if provider does not have EpicCare Link access Region: Hospital's admitting department Transfer Center & Request Type: Direct Admit
Admitting FCC	Processes request, accepts patient, and requests bed. Updates pending admission and pends it
PPOC	Obtains financial clearance
Accepting Provider PPOC	Assigns Provider team
IP Nurse/Clerk	Endorses team assignment (if applicable) Assigns Unit/Room from Unassigned tab of Bed Planning Completes admission in Unit Manager by dragging the patient to the bed upon patient arrival
EEG Video Monitoring	
Referring Provider Coordinator	Places order for EEG Referral Order (lands on WQ for scheduling) Schedules appointment as a place holder, obtains authorization
Coordinator/ NP / Provider	Places Direct Admit order [ADT 28] or Calls Admitting if provider does not have EpicCare Link access Region: Hospital's admitting department Transfer Center & Request Type: Direct Admit
Admitting FCC	Processes request, accepts patient, and requests bed. Updates pending admission and pends it
PPOC/PPC	Obtains financial clearance
Accepting Provider PPOC/PPC	Assigns Provider team (if applicable)
IP Nurse/Clerk	Endorses team assignment (if applicable) Assigns Unit/Room from Unassigned tab of Bed Planning Completes admission in Unit Manager by dragging the patient to the bed upon patient arrival

Ambulatory Clinic (Direct Admit) to Lower Manhattan Inpatient Unit

Affected Departments	
Who	Does What
Ambulatory Clinic Units	Practices/clinics All Medical/Surgical/ICU Unit
Referring provider	Places Direct Admit order [ADT 28] or Calls Admitting if provider does not have EpicCare Link access Region: Hospital's admitting department Transfer Center & Request Type: Direct Admit
Admitting FCC	Processes request, accepts patient, and requests bed. Updates pending admission and pends it Obtains financial clearance
Accepting Provider	Endorses team assignment (if applicable)
Admitting IP Nurse/Clerk	Assigns Unit/Room from Unassigned tab of Bed Planning Completes admission in Unit Manager by dragging the patient to the bed upon patient arrival

Ambulatory Clinic (Direct Admit) to Alexandra Cohen Inpatient Unit

Affected Departments	
Ambulatory Clinic Units	Practices/clinics All Medical/Surgical/ICU Unit
Who	Does What
Referring provider	Places Direct Admit order [ADT 28] or Calls Admitting if provider does not have EpicCare Link access Region: Hospital's admitting department Transfer Center & Request Type: Direct Admit
Admitting FCC	Processes request, accepts patient, and requests bed. Updates pending admission and pends it Obtains financial clearance
Admitting IP Nurse/Clerk	Assigns Unit/Room from Unassigned tab of Bed Planning Completes admission in Unit Manager by dragging the patient to the bed upon patient arrival

Ambulatory Clinic (Direct Admit) to Lawrence Or Hudson Valley Hospital

Affected Departments	
Who	Does What
Ambulatory Clinic Units	Practices/clinics All Medical/Surgical/ICU Unit
Referring provider	Places Direct Admit order [ADT 28] or Calls Admitting if provider does not have EpicCare Link access Region: Hospital's admitting department Transfer Center & Request Type: Direct Admit
Admitting FCC	Processes request, accepts patient, and requests bed. Updates pending admission and pends it Obtains financial clearance
Accepting Provider	Endorses team assignment (if applicable)
Nurse Admin Supervisor	Assigns Unit/Room from Unassigned tab of Bed Planning
IP Nurse/Clerk	Completes admission in Unit Manager by dragging the patient to the bed upon patient arrival

Ambulatory Clinic (Direct Admit) to Queens Inpatient Unit

Affected Departments	
Ambulatory Clinic Units	Practices/clinics All Medical/Surgical/ICU Unit
Who	Does What
Referring provider	Places Direct Admit order [ADT 28] or Calls Admitting if provider does not have EpicCare Link access Region: Hospital's admitting department Transfer Center & Request Type: Direct Admit
Admitting FCC	Processes request, accepts patient, and requests bed. Updates pending admission and pends it
PPOC/PPC	Obtains financial clearance
Accepting Provider	Assigns Provider team
PPOC/PPC	Endorses team assignment (if applicable)
IP Nurse/Clerk	Assigns Unit/Room from Unassigned tab of Bed Planning
IP Nurse/Unit Clerk	Completes admission in Unit Manager by dragging the patient to the bed upon patient arrival
	Completes admission workflow by dragging and dropping patient into their bed from the Direct Admits care area of the Unit Manager
EEG Video Monitoring	
Referring Provider Coordinator	Places order for EEG Referral Order (lands on WQ for scheduling)
Coordinator/ NP / Provider	Schedules appointment as a place holder, obtains authorization
Admitting FCC	Places Direct Admit order [ADT 28] or Calls Admitting if provider does not have EpicCare Link access Region: Hospital's admitting department Transfer Center & Request Type: Direct Admit
PPOC/PPC	Processes request, accepts patient, and requests bed. Updates pending admission and pends it
Accepting Provider	Obtains financial clearance
PPOC/PPC	Assigns Provider team (if applicable)
IP Nurse/Clerk	Endorses team assignment (if applicable)
	Assigns Unit/Room from Unassigned tab of Bed Planning
	Completes admission in Unit Manager by dragging the patient to the bed upon patient arrival

Ambulatory Clinic (Direct Admit) to Brooklyn Methodist Hospital Inpatient Unit

Affected Departments	
Ambulatory Clinic Units	Practices/clinics All Medical/Surgical/ICU Unit
Who	Does What
Referring provider	Places Transfer Center Order [ADT 21] or Calls BMH Transfer Center if provider does not have EpicCare Link access. Region: Hospital's admitting department Transfer Center & Request Type: Direct Admit
Transfer Center	Processes Intake, accepts patient, and confirms location which generates a pending preadmission
Transfer Center	Obtains financial clearance, updates preadmission with Auth Information
Admitting	Updates registration for the pending admission. Pends out of Admission workflow
Medical Transfer Resident	Assigns Provider team
Accepting Provider	Endorses team assignment (if applicable)
PPOC	Assigns Unit/Room from Unassigned tab of Bed Planning
IP Nurse/Clerk	Completes admission in Unit Manager by dragging the patient to the bed upon patient arrival
EEG Video Monitoring	
Referring Provider	Places order for EEG Referral Order (lands on WQ for scheduling)
Coordinator	Schedules appointment as a place holder, obtains authorization
Coordinator/ NP / Provider	Places Direct Admit order [ADT 28] or Calls Admitting if provider does not have EpicCare Link access Region: Hospital's admitting department Transfer Center & Request Type: Direct Admit
Admitting	Processes request, accepts patient, and requests bed. Updates pending admission and pends it
FCC	Obtains financial clearance
PPOC/PPC	Assigns Provider team (if applicable)
Accepting Provider	Endorses team assignment (if applicable)
PPOC/PPC	Assigns Unit/Room from Unassigned tab of Bed Planning
IP Nurse/Clerk	Completes admission in Unit Manager by dragging the patient to the bed upon patient arrival

Ambulatory Clinic (Direct Admit) to L&D Unit

	Affected Departments
Ambulatory Clinic	Practices/clinics
L&D Department	ALN 1 River West, MSCH 10 L&D, ACH 14 L&D, LMH 6C L&D, NYPQ 3E L&D, LAW 4W L&D, HVH 2 L&D, BMH CP 4 L&D
Who	Does What
Clinic Staff	Notifies Admitting by phone
Admitting	Creates a New L&D Assessment with a status of expected if patient does not have an existing pre-admission
L&D Nurse/Clerk	Arrives the patient on the L&D Manager/Grease board and uses existing Pre-Admission to admit patient with patient class of Observation

Ambulatory Clinic (Direct Admit) to Emergency Department

Affected Departments	
Who	Does What
Ambulatory Clinic	Practices/clinics
Emergency Department	EDs
Clinic Staff	Place a referral to ED Notify ED via phone that patient is heading to ED
ED Staff	Referral order is displayed on ED Track Board Arrive patient to ED via new ED encounter after patient's arrival

Patient is moving from Outside Hospital to...

Operating Room

Inpatient Unit

L&D Unit

Endo/Physical Therapy

Radiology

Interventional Radiology

Cath/EP Lab

Inpatient Rehab

Inpatient Psych

Inpatient Hospice

Emergency Department

Outside Hospital to Operating Room

Affected Departments	
OR	All ORs
Who	Does What
Sending Provider	Places Transfer Center Request order [ADT21] from EpicCare or Calls the Transfer Center if provider does not have access to Order Entry
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Transfer Center / Referring/On Call Attending	3 way conference call initiated, Provider approval obtained, Location confirmed
Accepting Provider/ Surgeon	Places a Case Request Order [SUR1] , which auto-creates a new case
OR Scheduler	Schedules case request from the Case Depot
FCC	Finds encounter on Auth/Cert workqueue, obtains financial approval
Transfer Center	Activates EMS
Admitting	Opens Patient Station, and clicks Admit to admit the patient to the surgery department, then contacts OR Staff
OR Staff	Case tracks patient to the specific beds/surgical bays in the department

Outside Hospital to Inpatient Unit

	Affected Departments
Units	All Medical/Surgical/ICU Unit
Who	Does What
Sending Provider	Places Transfer Center Request order [ADT21] in Epic or Calls the Transfer Center if provider does not have access to Epic
Transfer Center/ Queens Transfer Center	Determines patient status and correct service. A 3-way conference call initiated with the On-Call provider and Sending Provider Provider approval obtained, Location confirmed and preadmission created.
FCC (Transfer Center at BMH)	Finds encounter on Auth/Cert work queue, obtains financial approval
Admitting	Updates Pending admission
	Weill Cornell/Milstein/Allen/ Queens Hospital/ Brooklyn Methodist Hospital
PPOC/PPC	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team, which updates patient's treatment team and proceeds to assign patient to a Unit or Bed.
	Lower Manhattan/MSCHONY
Admitting/Bed Coordinator	Assigns patient to a Unit or Bed
	Lawrence Hospital/ Hudson Valley Hospital
Nursing Admin. Supervisor	Assigns patient to a Unit/Bed
Accepting Attending	Endorses treatment team assignment
Transfer Center/Queens Transfer Center	Activate EMS once Bed Assignment, Provider Acceptance and Financial Clearance have been completed.
IP Nurse/Unit Clerk	Completes admission workflow in the Direct Admits care area of the Unit Manager

Outside Hospital to L&D Unit

	Affected Departments
L&D Department	ALN 1 River West, MSCH 10 L&D, ACH 14 L&D, LMH 6C L&D, NYPQ 3E L&D, LAW 4W L&D, HVH 2 L&D, BMH CP 4 L&D
Who	Does What
Other Hospital Staff	Notifies Admitting by phone
Admitting	Admitting staff creates a New L&D Assessment with a status of expected (via arrival button on Grease Board)
L&D Nurse/Clerk	Arrives the patient in the L&D Manger/Grease board and uses existing Pre-Admission to admit patient with patient class of Emergency

Outside Hospital to Endo/Physical Therapy

Affected Departments	
Procedural Area	Endo
Who	Does What
Sending Provider	Places Transfer Center Request order [ADT21] from EpicCare or Calls the Transfer Center if provider does not have access to Order Entry
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Transfer Center/Referring/On Call Attending	3 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS
Sending Provider	Requests appointment
Receiving Department's Scheduler	Schedules appointment
Transfer Center	Activates EMS
Receiving Department's Staff	Checks in appointment, which automatically updates the patient's location on the Unit Manager

Outside Hospital to Radiology

	Affected Departments
Transfer Center Radiology	NYP Transfer Center Radiology
Who	Does What
Sending Provider	Places Transfer Center Request order [ADT21] or Calls the Transfer Center if provider does not have access to Order Entry
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Transfer Center / Referring/Attending/ On Call Attending Radiologist Radiology Scheduler Radiology Front Desk	4 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS Requests appointment Schedules appointment Checks in appointment, which automatically updates the patient's location on the Unit Manager
Sending Provider (HSS Provider) WC Radiology Fellow WC Front Desk Transfer Center Admitting/Patient Access WC Radiology Fellow Transfer Center EMS Radiology Front Desk	HSS to WC Contacts WC Radiology Fellow for approval Determines if patient will be accepted, Gives approval for transfer Schedules patient at WC and communicates the scheduled date/time to Transfer Center along with Demographics Initiates intake encounter in the Transfer Center activity Registers patient HSS faxes over the clinical documentation and provider transcribes and submits the procedure order Contacts HSS with scheduling info once front desk has communicated the information back Transports patient from HSS to WC Checks in appointment once the patient has physically arrived

Outside Hospital to Interventional Radiology

Affected Departments	
Transfer Center	NYP Transfer Center
IR Areas	Interventional Radiology
Who	Does What
Sending Provider	Places Transfer Center Request order [ADT21] from EpicCare or Calls the Transfer Center if provider does not have access to Order Entry
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Transfer Center / Referring/Attending/ On Call Attending Radiologist	4 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS
Radiology Scheduler	Requests appointment
Radiology Front Desk	Schedules appointment
	Checks in appointment, which automatically updates the patient's location on the Unit Manager
HSS to WC	
Sending Provider (HSS Provider)	Contacts WC Radiology Fellow for approval (<i>Emergent transfers should start with a call to the Transfer Center</i>)
WC Radiology Fellow	Determines if patient will be accepted, Gives approval for transfer
WC Front Desk	Schedules patient at WC and communicates the scheduled date/time to Transfer Center along with Demographics
Transfer Center	Initiates intake encounter in the Transfer Center activity
Admitting/Patient Access	Registers patient
WC Radiology Fellow	HSS faxes over the clinical documentation and provider transcribes and submits the procedure order
Transfer Center	Contacts HSS with scheduling info once front desk has communicated the information back
EMS	Transports patient from HSS to WC
Radiology Front Desk	Checks in appointment once the patient has physically arrived

Outside Hospital to Cath/EP Lab

Affected Departments	
Cath Lab	Cath Lab
Who	Does What
Sending Provider	Places Transfer Center Request order [ADT21] from EpicCare or Calls the Transfer Center if provider does not have access to Order Entry
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Transfer Center / Referring/On Call Attending	3 way conference call initiated, Provider approval obtained, Location confirmed
Accepting Provider/ Cardiologist	Places a Case Request Cath Lab Order [CATH48] or a Case Request EP Lab Order [EP48] , which auto-creates a new case and pending preadmission.
Cath/EP Scheduler	Schedules case request from the Snapboard
Transfer Center	Activates EMS
FCC	Finds encounter on Auth/Cert workqueue, obtains financial approval
Receiving Hospital Admitting User	Opens Patient Station, and clicks Admit to admit the patient to the Cath/EP Lab department, then contacts Cath/EP Lab Staff
Cath/EP Staff	Case tracks patient to “In Pre-Procedure “ which automatically transfers the patient into one of the Cath/EP Lab rooms (Pre, Post, Intra)
STEMI	
Sending Provider	Places Transfer Center Request order [ADT21] from EpicCare or Calls the Transfer Center if provider does not have access to Order Entry
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Transfer Center / Referring/On Call Attending	Activates EMS then 3 way conference call initiated, Provider approval obtained, Location confirmed. Contact MI Page Operator
Cath Lab Nurse	Activates STEMI Button for case creation & creation of preadmission . Which will automatically create a Bed Request
Cath Lab Staff	Completes transport
Cath Lab Nurse	Activates STEMI Arrival button to arrive patient

Cath Lab Nurse

Case tracks the patient "In Room" which automatically transfers the patient into one of the Cath Lab rooms (Pre, Post, Intra)

Outside Hospital to Inpatient Rehab

	Affected Departments
Units	All Medical/Surgical/ICU Units
Exempt Unit	IP Rehab
Who	Does What
Sending Provider	Places Transfer Center Order [ADT21] or calls the Transfer Center if provider does not have access to Order Entry
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Transfer Center/ Referring/ On Call Attending	3 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS
Admitting	Completes the admission workflow (If patient is taken directly to the floor by EMS, Unit will call down for completion of admission)
FCC & Admissions Analyst IP Rehab Team	Obtains financial approval Assigns Unit/Room from Upcoming tab of Bed Planning Activity
Admitting Provider	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to IP Rehab order [ADT26]
IP Rehab Nurse/Clerk	If not already completed by Admitting completes admission workflow in the Direct Admits care area of the Unit Manager
Receiving Provider	Completes Discharge/Readmit Order reconciliation.

Outside Hospital to Inpatient Psych

Affected Departments	
Units	All Medical/Surgical/ICU Units
Who	Does What
Sending Provider	Places Transfer Center Request order [ADT21] from EpicCare or Calls the Transfer Center if provider does not have access to Order Entry
Psych Access Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Psych Access Center FCC	3 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS Finds encounter on Auth/Cert workqueue, obtains financial approval
Admitting/ Psych Access	Completes the admission workflow (If patient is taken directly to the floor by EMS, Unit will call down for completion of admission)
Psych Access	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team, which updates patient's treatment team
Accepting Attending Psych Access Evaluation Center	Endorses treatment team assignment (if appropriate) Assigns Unit/Room from Upcoming tab of Bed Planning Activity Completes Intake and determines if patient should be admitted to IP or PHP
Admitting Provider	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Psych Order [ADT19]
IP Nurse/Unit Clerk	If not already completed by Admitting completes admission workflow in the Direct Admits care area of the Unit Manager

Outside Hospital to Inpatient Hospice

	Affected Departments
Inpatient Hospice	Inpatient Hospice
Who	Does What
Sending Provider	Places Transfer Center Order [ADT21] from EpicCare or Calls the Transfer Center if provider does not have access to Order Entry
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Transfer Center/ Referring/ On Call FCC	3 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS Finds encounter on Auth/Cert workqueue, obtains financial approval
PPOC	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team, which updates patient's treatment team
Accepting Attending PPOC	Endorses treatment team assignment (if appropriate) Assigns Unit/Room from Upcoming tab of Bed Planning Activity
Admitting	Completes the admission workflow (If patient is taken directly to the floor by EMS, Unit will call down for completion of admission)
Admitting Provider	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Hospice Order [ADT50]
IP Nurse/Unit Clerk	If not already completed by Admitting completes admission workflow in the Direct Admits care area of the Unit Manager

Outside Hospital to Emergency Department

Affected Departments	
ED	All EDs
Who	Does What
Referring Provider	Places Transfer Center Request order [ADT21] from EpicCare or Calls the Transfer Center if provider does not have access to Epic
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance. Creates new ED Expected encounter
Transfer Center/ Referring/ On Call ED Staff	3 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS Arrives patient from the Expected care area

Patient is moving from NYP Hospital to...

Operating Room

Inpatient Unit

L&D Unit

Radiology, Interventional Radiology, Endo or Physical Therapy

Cath/EP Lab

Inpatient Hospice

Inpatient Psych

Emergency Department

NYP Hospital to Operating Room

Affected Departments	
OR	All ORs
Who	Does What
	Within same Service Area (If patient is returning to Originating hospital)
Sending Provider	Places Transfer Center Request order [Intra Hospital ADT 21] from EpicCare or Calls the Transfer Center if provider does not have access to Order Entry
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Transfer Center / Referring/On Call Attending	3 way conference call initiated, Provider approval obtained, Location confirmed
Accepting Provider/ Surgeon	Places a Case Request Order [SUR1] , which auto-creates a new case
OR Scheduler	Schedules case request from the Case Depot
Transfer Center	Activates EMS
OR Staff	Contacts Admitting upon patient's arrival, to transfer patient into OR department
Admitting User	Opens Patient Station, and clicks Admit to admit the patient to the surgery department, then contacts OR Staff
OR Staff	Case tracks patient to the specific beds/surgical bays in the department
	If patient is not returning (Know at time of TC request)
Sending Provider	Places Transfer Center request [Intra Hospital ADT21]
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Transfer Center / Referring/On Call Attending	3 way conference call initiated, Provider approval obtained, Location confirmed
Accepting Provider/ Surgeon	Places a Case Request Order (SUR01) , which auto-creates a new case
OR Scheduler	Schedules case request from the Case Depot
Transfer Center	Activates EMS
Receiving Hospital Admitting User	Opens Patient Station, and clicks Admit to admit the patient to the surgery department, then contacts OR Staff
OR Staff	Case tracks patient to the specific beds/surgical bays in the department
Surgeon	Completes Transfer Med Rec
OR Nurse/Clerk	Marks patient as Ready to Move (clinically and otherwise ready to be sent to IP)

PPOC	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team, which updates patient's treatment team
Accepting Attending PPOC	Endorses treatment team assignment (if appropriate)
Admitting Provider	Assigns Unit/Room from Upcoming tab of Bed Planning Activity
	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Order [ADT1]
IP Nurse/Unit Clerk	Completes admission workflow in Unit Manager by dragging the patient to the bed upon patient arrival
	Across Service Areas
Sending Provider	Places Transfer Center Request order [Cross Campus ADT21] from EpicCare or Calls the Transfer Center if provider does not have access to Order Entry
Transfer Center Transfer Center / Referring/On Call Attending	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Accepting Provider/ Surgeon	3 way conference call initiated, Provider approval obtained, Location confirmed
OR Scheduler	Places a Case Request Order [SUR1] , which auto-creates a new case
Transfer Center	Schedules case request from the Case Depot
Receiving Hospital Admitting User	Activates EMS
FCC	Opens Patient Station, and clicks Admit to admit the patient to the surgery department, then contacts OR Staff
OR Staff	Finds encounter on Auth/Cert workqueue, obtains financial approval
OR Nurse/Clerk	Case tracks patient to the specific beds/surgical bays in the department
	Marks patient as Ready to Move (clinically and otherwise ready to be sent to IP)
PPOC	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team, which updates patient's treatment team
Accepting Attending	Endorses treatment team assignment (if appropriate)
PPOC	Assigns Unit/Room from Upcoming tab of Bed Planning Activity
Admitting Provider	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Order [ADT1]
IP Nurse/Unit Clerk	Completes admission workflow in Unit Manager by dragging the patient to the bed upon patient arrival
	Patient Is Starting A Leave Of Absence (LoA) (transfer from WD or Gracie)

Sending Provider

Places **Transfer Center Request order [ADT21]** and **LoA Order [ADT16]** from EpicCare or Calls the Transfer Center if provider does not have access to Order Entry

Transfer Center

Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance

**Transfer Center /
Referring/On Call
Attending**

3 way conference call initiated, Provider approval obtained, Location confirmed

Sending Provider

Places a **Case Request Order [SUR1]**, which auto-creates a new case

OR Scheduler

Schedules case request from the Case Depot

Transfer Center

Activates EMS

**Sending Hospital
Nurse/Unit Clerk
Receiving Hospital
Admitting**

Opens Patient Station, puts patient on a Leave of Absence (LoA)

OR Staff

Case tracks patient to the specific beds/surgical bays in the department

NYP Hospital to Inpatient Unit

Affected Hospitals	
Service Area 50: Columbia	Milstein Hospital, MSCHONY, Allen Hospital, Lawrence Hospital
Service Area 10: Cornell	Weill Cornell Medical Center, Lower Manhattan Hospital, Westchester Behavioral Health Center
Service Area 80: NYP Regionals	Queens Hospital
Who	Does What
	Within The Same Service Area
Sending Provider	Places Transfer Center Order [Intra Hospital - ADT21] or calls the Transfer Center if provider does not have access to Order Entry
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Transfer Center/ Referring/ On Call	3 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS
PPOC/PPC/ Bed Coordinator/Nurse Admin	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team, which updates patient's treatment team
Accepting Attending	Endorses treatment team assignment (if appropriate)
PPOC/PPC/ Bed Coordinator/Nurse Admin	Assigns Unit/Room from Upcoming tab of Bed Planning Activity
Admitting Provider	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Order [ADT1]
IP Nurse/Unit Clerk	If not already completed by Admitting completes transfer workflow in the incoming transfers care area of the Unit Manager
	Across Service Areas
Sending Provider	Places Transfer Center Order [Cross Campus - ADT21] from EpicCare or Calls the Transfer Center if provider does not have access to Order Entry
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Transfer Center/ Referring/ On Call	3 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS
Admitting	Updates pending admission created by the Transfer Center
FCC	Finds encounter on Auth/Cert workqueue, obtains financial approval
PPOC/PPC/ Bed Coordinator/Nurse Admin	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team, which updates patient's treatment team
Accepting Attending	Endorses treatment team assignment (if appropriate)

PPOC/PPC/ Bed
Coordinator/Nurse Admin

Assigns Unit/Room from Upcoming tab of Bed Planning Activity

Admitting Provider

Evaluates patient and places Orders for Inpatient care, using admission order set, including **Admit to Inpatient Order [ADT1]**

IP Nurse/Unit Clerk

If not already completed by Admitting completes admission workflow in the Direct Admits care area of the Unit Manager

CCH OR to BMH Inpatient

Surgical Fellow, Resident
or Surgeon
Surgeon
Transfer Center

Places a **Transfer order [ADT7] and Transfer Center order [ADT21]**. **Request Type:** Intra Hospital using the Post-Op to Floor Navigator, which auto-creates a bed request

Completes Transfer Med Rec

Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Marks patient as Recovery care complete which send alert to PPOC that patient is Ready to Move (clinically and otherwise ready to be sent to IP)

CCH OR /PACU Nurse

Endorses treatment team assignment

Accepting Attending
PPOC

Assigns Unit/Room from Upcoming tab of Bed Planning Activity

Transfer Center

3 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS

IP Nurse/Unit Clerk

Completes admission workflow in Unit Manager by dragging the patient to the bed upon patient arrival

Admitting Physician

Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Order (ADT1).

CCH Infusion/ Endo to BMH Inpatient

Surgical Fellow, Resident
or Surgeon
Surgeon

Places a **Transfer order [ADT7] and Transfer Center order [ADT21]**. **Request Type:** Intra Hospital using the Post-Op to Floor Navigator, which auto-creates a bed request

Completes Transfer Med Rec

Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Marks patient as Recovery care complete which send alert to PPOC that patient is Ready to Move (clinically and otherwise ready to be sent to IP)

CCH OR /PACU Nurse

Endorses treatment team assignment

Accepting Attending
PPOC

Assigns Unit/Room from Upcoming tab of Bed Planning Activity

Transfer Center

3 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS

IP Nurse/Unit Clerk

Completes admission workflow in Unit Manager by dragging the patient to the bed upon patient arrival

NYP Hospital to L&D Unit

Affected Departments	
L&D Department	ALN 1 River West, MSCH 10 L&D, ACH 14 L&D, LMH 6C L&D, NYPQ 3E L&D, LAW 4W L&D, HVH 2 L&D, BMH CP 4 L&D
Who	Does What
	Within The Same Service Area
Sending Provider	Places Transfer Center Order [Intra Hospital - ADT21] and a Transfer order [ADT7] or calls the Transfer Center if provider does not have access to Order Entry
Transfer Center Transfer Center/ Referring/ On Call	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance 3 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS
PPOC	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team, which updates patient's treatment team
Accepting Attending	Endorses treatment team assignment (if appropriate)
PPOC	Assigns Unit/Room from Upcoming tab of Bed Planning Activity
Admitting Provider	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Order [ADT1]
IP Nurse/Unit Clerk	If not already completed by Admitting completes transfer workflow in the incoming transfers care area of the Unit Manager
	Across Service Areas
Sending Provider	Places Transfer Center Order [Cross Campus - ADT21] from EpicCare or Calls the Transfer Center if provider does not have access to Order Entry
Transfer Center Transfer Center/ Referring/ On Call	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance 3 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS
Admitting	Completes the admission workflow (If patient is taken directly to the floor by EMS, Unit will call down for completion of admission)
FCC	Finds encounter on Auth/Cert workqueue, obtains financial approval

NYP Hospital to Radiology, Interventional Radiology, Endo, or Physical Therapy

Affected Departments	
Procedural Area	Audiology, Cardiology, Hematology, Infusion Clinic, Nephrology, Obstetrics, Oncology, Pediatric Cardiology, Pediatric Hematology/Oncology, Procedural Cardiology, Radiation Oncology, IR, Endo
Who	Does What
Sending Provider	Places Transfer Center Request order [ADT21] from EpicCare or Calls the Transfer Center if provider does not have access to Order Entry
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Transfer Center/ Referring/ On Call	3 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS
Sending Provider	Requests appointment
Receiving Department's Scheduler	Schedules appointment
Transfer Center	Activates EMS
Receiving Department's Staff	Checks in appointment, which automatically updates the patient's location on the Unit Manager

NYP Hospital to Cath/EP Lab

Affected Hospitals	
Service Area 50: Columbia	Milstein Hospital, MSCHONY, Allen Hospital, Lawrence Hospital
Service Area 10: Cornell	Weill Cornell Medical Center, Lower Manhattan Hospital, Westchester Behavioral Health Center
Service Area 80: NYP Regionals	Queens Hospital
Who	Does What
Within The Same Service Area	
If patient is returning to Originating hospital	
Sending Provider	Places Transfer Center Request Order [Intra Campus ADT21] from EpicCare or Calls the Transfer Center if provider does not have access to Order Entry
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Transfer Center / Referring/Attending/ On Call Attending	3 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS
Accepting Provider/ Cardiologist	Places a Case Request Cath Lab Order [CATH48] or a Case Request EP Lab Order [EP48] , which auto-creates a new case
Cath/EP Lab Scheduler	Schedules case request from the Snapboard
Transfer Center	Activates EMS
Cath/EP Lab Staff	Case tracks the patient to “In Pre-Procedure” which automatically transfers the patient into one of the Cath Lab rooms (Pre, Post, Intra)
If patient is not returning (Know at time of TC request)	
Sending Provider	Places Transfer Center Request Order [Intra campus ADT21]
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Transfer Center / Referring/Attending/ On Call Attending	3 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS
Accepting Provider/ Cardiologist	Places a Cath Case Request Cath Lab Order [CATH48] or a Case Request EP Lab Order [EP48] , which auto-creates a new case

Cath/EP Lab Scheduler Transfer Center	Schedules case request from the Snapboard Activates EMS
Cath/EP Lab Staff	Case tracks the patient to "In Pre-Procedure" which automatically transfers the patient into one of the Cath/EP Lab rooms (Pre, Post, Intra) Different Service Area
Sending Provider	Places Transfer Center Request order [Cross campus ADT21] from EpicCare or Calls the Transfer Center if provider does not have access to Order Entry
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Transfer Center/ Referring/ On Call	3 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS
Accepting Provider/ Cardiologist	Places a Cath Case Cath Lab Request Order [CATH48] or a Case Request EP Lab Order [EP48] , which auto-creates a new case
Cath/EP Lab Scheduler	Schedules case request from the Snapboard
FCC	Finds encounter on Auth/Cert workqueue, obtains financial approval
Transfer Center	Activates EMS
Referring Unit Nurse	Discharges the patient
Receiving Hospital Admitting User	Opens Patient Station, and clicks Admit to admit the patient to the surgery department, then contacts OR Staff
Cath/EP Lab Staff	Case tracks the patient to "In Pre-Procedure" which automatically transfers the patient into one of the Cath/EP Lab rooms (Pre, Post, Intra) STEMI Within The Same Service Area
Sending Provider	Places Transfer Center Request order [Intra campus ADT21]
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance. Activates EMS
Cath Lab Nurse	Activates STEMI Button for case creation and creation of preadmission which will automatically create a Bed Request
Cath Lab Staff	Completes transport and activates STEMI Arrival button to arrive patient
Cath Lab Nurse	Case tracks the patient "In Room" which automatically transfers the patient into one of the Cath Lab rooms (Pre, Post, Intra) Different Service Area

Sending Provider

Places **Transfer Center Request order [Cross campus ADT21]** from EpicCare or Calls the Transfer Center if provider does not have access to Order Entry

Transfer Center

Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance.
Activates EMS

Cath Lab Nurse

Activates STEMI Button for **case creation** and **creation of preadmission** which will automatically create a Bed Request

Cath Lab Staff

Completes transport

Cath Lab Nurse

Activates STEMI Arrival button to arrive patient

Admitting

Completes Admission workflow

Cath Lab Nurse

Case tracks the patient "In Room" which automatically transfers the patient into one of the Cath Lab rooms (Pre, Post, Intra)

NYP Hospital to Inpatient Hospice

Affected Departments	
Units	IP Hospice
Who	Does What
Within The Same Service Area	
Sending Provider	Places Transfer Center Request order [Intra Hospital - ADT21]
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Transfer Center/ Referring/ On Call	3 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS
PPOC	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team, which updates patient's treatment team
Accepting Attending PPOC	Endorses treatment team assignment (if appropriate) Assigns Unit/Room from Upcoming tab of Bed Planning Activity
Admitting Provider	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Hospice Order [ADT50]
IP Nurse/Unit Clerk	Completes transfer workflow in Unit Manager by dragging the patient to the bed upon patient arrival
Across Service Areas	
Sending Provider	Places Transfer Center Request order [Cross Campus - ADT21] from EpicCare or Calls the Transfer Center if provider does not have access to Order Entry
Transfer Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance
Transfer Center/ Referring/ On Call	3 way conference call initiated, Provider approval obtained, Location confirmed. Activates EMS
Admitting	Completes the admission workflow (If patient is taken directly to the floor by EMS, Unit will call down for completion of admission)
FCC	Finds encounter on Auth/Cert workqueue, obtains financial approval
PPOC	Assigns patient (found in unassigned tab of bed planning) to appropriate provider team, which updates patient's treatment team
Accepting Attending	Endorses treatment team assignment (if appropriate)

PPOC	Assigns Unit/Room from Upcoming tab of Bed Planning Activity
Admitting Provider	Evaluates patient and places Orders for Inpatient care, using admission order set, including Admit to Inpatient Hospice Order [ADT50]
IP Nurse/Unit Clerk	If not already completed by Admitting completes admission workflow in the Direct Admits care area of the Unit Manager

NYP Hospital to Inpatient Psych

Affected Departments	
Unit	All Medical/Surgical/ICU Units
IP Psych	IP Psych
Who	Does What
	From IP Med Unit
Consultation Liaison Team	Determines patient qualifies for psych Admission. Contact Psych Access Center
Consultation Liaison Team	Places Psych Transfer Request order [ADT31] or from EpicCare or Calls the Psych Access Center if provider does not have access to Epic. Transferred to WD or GS Evaluation Center
Psych Access Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance.
Psych Access Center	Provider approval obtained, Location confirmed. Activates EMS. Generates Preadmission and Bed request
Evaluation Center	Patient re-evaluated in EC
	From CPEP
CPEP Provider	Patient Evaluated in CPEP
CPEP Provider	Places Psych Transfer Request order [ADT31] or from EpicCare or Calls the Psych Access Center if provider does not have access to Epic. Transferred to WD or GS Evaluation Center
Access Center	Initiates intake encounter in TC module, determines patient status and correct service to contact for acceptance.
Access Center	Provider approval obtained, Location confirmed. Activates EMS. Generates Preadmission (that will be used by EC) and Bed request & Placement begins. Secure chat to EC of patient expected arrival
Evaluation Center	Patient re-evaluated in EC. Admission confirmed
FCC	Locates patient from auth/cert workqueue. Financial approval is obtained

NYP Hospital to Emergency Department

Affected Departments	
ED	All EDs
Who	Does What
	If Patient Is Being Transferred from one NYPH ED to another NYPH ED or CPEP (NYPH includes (CUIMC/Allen/MSCH/WCMC/LMH/WBHC/Lawrence))
ED Provider	Select Transport to Other NYPH ED/CPEP for Disposition. Responsible to ensure handoff and acceptance by provider at receiving site (can be done at this step or as part of the Transfer Center call).
ED Provider	Places Close Visit in Preparation for Transport Between EDs Order [ADT8] and Transfer Center Order [ADT21] , Selecting ED to ED Request Type.
ED Provider	Calls NYP Transfer Center to Inform them of patient
Transfer Center	Coordinates Transfer and Transport of Patient to accepting NYPH ED.
Transfer Center	Notifies the destination ED of the incoming patient and gives verbal report.
ED Nurse (Transferring ED)	Discharges patient from ED upon patient's physical departure. This causes patient to fall off the ED track board.
EMS	Completes Transport
ED Nurse (Receiving ED)	Arrives patient to the receiving ED upon the patient's physical arrival. The causes the patient to appear on the receiving ED's track board.
	If Patient Is Being Transferred from Non-NYP ED (Including Queens/BMH/HVH)
ED Provider	Select Transfer to Other Hospital for Disposition. Responsible to ensure handoff and acceptance by provider at receiving site.
ED Provider	Places Transfer Center Order [ADT21] , selecting External Request Type and Close Visit in Preparation for Transfer to Other Hospital [ADT8] .
ED Provider	Complete the EMTALA E-Sig Form, including the name of the accepting provider, and document this in your provider note.
ED Provider	Calls NYP Transfer Center to Inform them of patient
Transfer Center	Coordinates Transfer and Transport of Patient to accepting ED.
Transfer Center	Notifies the destination ED of the incoming patient and gives verbal report.
ED Nurse	Completes final orders/documentation.
ED Nurse	Provides care information and AVS summary to patient.
ED Nurse	Obtains patient signature on AVS.
ED Nurse	Discharges patient from ED, causing patient to fall off Track Board.
EMS Transport	Completes patient transport.

ADT Orders Matrix

Name	ID	Description	Who places the order
ADMIT TO INPATIENT	ADT1	This serves to formally admit the patient, The order updates patient class automatically once placed, and in instances where the patient class is not Inpatient, it will update the patient class to Inpatient.	Inpatient attending
ED TRANSFER TO L&D	ADT11	This is the same as the Transfer Patient (ADT7) but has been streamlined for quick L&D information. This makes it easier to order than to go through questions and question responses that are not necessary for L&D admits. It also moves patient to "Send to L&D" status on the ED TrackBoard.	ED Provider
ADMIT TO L&D	ADT13	This is the same as the Admit to Inpatient (ADT1) but has been streamlined for quick L&D information. This makes it easier to order than to go through questions and question responses that are not necessary for L&D admits.	Inpatient attending
ED IP BED REQUEST	ADT9	This serves to kick-off bed planning from the ED when ED Providers do not have admitting privileges, but can decide to initiate the process for getting a patient admitted. Initiates bed planning from the ED and generates a transfer bed request (PND record) for ED use only.	ED provider
TRANSFER PATIENT TO NEW UNIT	ADT7	Only used from Inpatient unit to another Inpatient unit and generates a transfer bed request (PND record).	Inpatient attending
DISCHARGE PATIENT	ADT8	Acts generally as a communication order to indicate to clinical staff to begin discharge documentation and preparation. This also creates a pending discharge record (PND record).	Inpatient Provider
UPDATE PATIENT STATUS	ADT14	This updates patient information like accommodation code or level of care, but does not update patient class. This is often used if Providers are already used to updating patient class themselves in their legacy system and can accurately make the right accommodate code and level of care adjustments.	Inpatient Provider

Name	ID	Description	Who places the order
Weekend Pass	ADT18	The provider will place the proper order, which will then create two PND records. A pending leave and a pending return from leave. The order defaults to "hold old bed" and defaults reasons default to "72 hrs. leave".	Inpatient attending
Day Pass	ADT17	The provider will place the proper order, which will then create two PND records. A pending leave and a pending return from leave. The order defaults to "hold old bed" and defaults reasons default to "24 hrs. leave".	Inpatient attending
Leave of Absence	ADT16	The generic Leave of Absence Order. The provider will place the proper order, which will then create two PND records. A pending leave and a pending return from leave.	Inpatient attending
Admit to Inpatient Hospice	ADT50	This serves to admit the patient to Inpatient Hospice. Updates patient class.	Inpatient attending
Transfer Center Request	ADT21	The provider will place this order, when a patient requires treatment, generally at a higher level of care at a different NYP facility.	Inpatient attending
Direct Admit	ADT28	The provider will place this order to request an admission from an ambulatory/clinic setting.	Ambulatory Provider
Admit to IP Psych	ADT19	This serves to admit the patient to Psychiatry. Typically from the CPEP into the Inpatient Psych class and initiate bed planning for the patient	Psych Provider
Admit to EOB	ADT23	This serves to admit the patient to EOB, this updates the patient class to EOB Psych but will not generate a bed request.	ED/ Psych Provider
Transfer to CPEP	ADT22	This serves to update the patient class from Emergency to ED Psych. This will not generate a bed request.	ED/ Psych Provider
Admit to IP Rehab	ADT26	This serves to admit the patient to Inpatient Rehab. Updates patient class.	Inpatient attending

Name	ID	Description	Who places the order
Psych Access Transfer Request	ADT31	This serves to generate an inpatient psychiatric bed request via Transfer Center.	Inpatient/Psych Provider
Admit to Floor	ADT32	(Medicare Only) This serves to accept the patient to an Inpatient floor for an admission < 2 Midnights. The order updates patient class automatically once placed.	Inpatient attending

Facility Structure Table

Term	Defined As	Example
<p>Service Area</p>	<p>Standard service areas typically represent distinct operational and business units within an organization. The number of service areas depends on our organizations financial structure. NYP maintains separate accounts receivable (AR) across the organization and thus has multiple Service Areas (SA). <i>Also referred to as Campus (East Campus/ West campus)</i></p>	<p>Cornell: SA10</p> <ul style="list-style-type: none"> • Weill Cornell • Lower Manhattan Hospital • Westchester Behavioral Health Center • Alexandra Cohen Hospital / DHK <p>Columbia: SA50</p> <ul style="list-style-type: none"> • Milstein Hospital • MSCHONY • Allen Hospital • Milstein Heart Center • Lawrence Hospital <p>Queens: SA80</p> <ul style="list-style-type: none"> • Queens Hospital • NYP Medical Group <p>Gracie Square: SA90</p>

Patient Flow EpicTogether Leads

Name	Role	Application	Email
Yesica Ferreras	EpicTogether Analyst	Grand Central	yef9002@nyp.org
Takiyah Small	EpicTogether Analyst	ASAP	tas9091@nyp.org
Jay Lee	EpicTogether Analyst	Beacon	jal2055@med.cornell.edu
Maxine Mirtil	EpicTogether Analyst	Cadence	mcm7005@nyp.org
Gary Erickson	EpicTogether Analyst	Cupid	gae9002@nyp.org
Mario Lee	EpicTogether Analyst	Cupid	mal9117@org
Kamali Sealey	EpicTogether Analyst	Ambulatory Core	ks3522@cumc.columbia.edu
Shaun Joseph	EpicTogether Analyst	Orders	shj9053@nyp.org
Quentian Diego	EpicTogether Analyst	ClinDoc	gud9001@nyp.org
Robert Albenda	EpicTogether Analyst	HB	roa9078@nyp.org
Marisa Mendoza	EpicTogether Analyst	OpTime	mtm9003@nyp.org
Janice Delarama	EpicTogether Analyst	OpTime	jjd9001@nyp.org
Anna Markola	EpicTogether Analyst	Radiant	anj9007@nyp.org
Theresa Tan	EpicTogether Analyst	Willow	tht9023@nyp.org

Discharge Readmit VS Leave of Absence (LoA)

Discharge Readmit (D/R)

- ED to ED
- IP to IP Psych (or vice versa)
- IP to IP Rehab (or vice versa)
- IP to IP Hospice (or vice versa)
- Admissions across service area

Leave of Absence (LoA)

- IP Rehab to IP
- IP Rehab to IR
- IP Rehab to Operating Room
- IP Psych to ED
- IP Psych to IR
- IP Psych to IP
- NYP Hospital to Operating Room
- Procedural Area to IP Psych
- Cath/EP La to Inpatient Rehab/Psych
- IR to IP Rehab/Psych
- Radiology to IP Rehab/Psych
- Operating Room to IP Rehab/Psych

Patient Movement Guide (PMG) Version Information

Version 2.3

New to this version:

1. Updated Queens ETAP Workflow
2. Removed Peds/Hem Onc workflow for Queens
3. Updated ED to ED workflows
4. Updated SA80 workflows (added BMH, HVH and GSH)
- 5.