



VCU Medical Center

October 19, 2015

To: Department of Internal Medicine Faculty
 From: John E. Nestler, MD, Chair
 Re: DOIM Policy on Inpatient Service Changes

It is increasingly recognized that the inpatient clinical services across the Department of Internal Medicine, (DOIM) are intricately interconnected. Minor adjustments have potentially profound consequences on seemingly unrelated services and the health system at-large. As such, the DOIM is implementing a policy that all proposed changes to inpatient clinical services of any division operating within the department must obtain approval from the department prior to implementation. This policy effects proposed changes to any existing or newly proposed services. This includes, but is not limited to, changes in a service's census/cap, staffing structure, admission algorithm/procedures, patient population, clinical services provided, geographic location, etc.

To facilitate the review process, the *Inpatient Service Change Proposal Form* should be completed and submitted to the department. The form will be placed on the DOIM website under "Resources for: Faculty and Staff".

Forms should be submitted to the Department of Medicine c/o Leslie Bobb. Forms can be submitted electronically to Leslie.Bobb@vcuhealth.org. Or via FAX to 828-5566.

In order to avoid delays, early involvement of the department during the planning stages is encouraged.

Enc. Inpatient Service Change Proposal Form

School of Medicine Department of Internal Medicine

Sanger Hall, Suite 1-030
 1101 East Marshall Street
 P.O. Box 980663
 Richmond, Virginia 23298-0663

804 828-3389 • Fax: 804 828-5566
 TDD: 1-800-828-1120

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 Department Administrator

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 Associate Administrator,
 Human Resources

James C. Winfile, MSHA
 Associate Administrator, Finance

Inpatient Service Change Proposal Form

Submitter Information:

Name: _____

Pager: _____

Contact Number: _____

Division: _____

Proposed Clinical Service Change Information:

(Feel free to attach additional explanatory and supporting documents as necessary)

Date of Submission: _____

Circle one: **New Service** **Change to Existing Service**

Brief Description of Proposed Change:

Proposed Patient Census / Cap (If this is a proposed change to an existing service, please describe how this differs from existing census / cap):

Patient Population (If this is a proposed change to an existing service, please describe how this differs from existing patient population):

Staffing Model - BOTH Day and Night Coverage (If this is a proposed change to an existing service, please describe how this differs from existing staffing model):

Admission Algorithm / Processes (If this is a proposed change to an existing service, please describe how this differs from existing admission algorithm / processes):

Geographic Location of the Service’s MD Work Space and Patients (If this is a proposed change to an existing service, please describe how this differs from existing MD work space and patients):

Anticipated Impact on Other Existing Services (this includes all other services, both inside and outside of the division proposing the service change):

Other Proposed Changes Not Included Above (If this is a proposed change to an existing service, please describe how this differs from existing services):

Submitter's Signature and Date:

Signatures of Department Approval:

Date:

Date:

Associate Chair for Clinical Affairs, DOIM

Chairman, Dept. of Internal Medicine

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