# Department of Medicine

## University Hospital Policies: Internal Medicine

University Hospital Services

Eight (8) Covered General Medicine Teams
Two (2) Covered Heme/Onc Teams
One (1) Covered "Team ED"
ICU Service
ICU Night Service
One (1) ACS Team
One (1) Day Admitting Team
One (1) Night Admitting Team
Two (2) Night Float Teams
One (1) Med Consult Resident
One (1) RRT/Code Team

ACGME Rules Applied to University Hospital

- **ACGME Rules Regarding Supervision**
  - *Level 1/Direct Supervision*, defined by immediate, in-person supervision, is required for all procedures performed by non-credentialed housestaff regardless of the time of day. The supervisor may be a credentialed house officer or faculty member; if the former, the responsible faculty member must be immediately available either on/off site (this is defined as Indirect Supervision depending on the time of day as is described below).
  - *Level 2A/Indirect Supervision*, defined as immediate on-site availability, is required of faculty between 7AM-4PM daily for housestaff clinical responsibilities and is required of senior housestaff 24 hours a day for PGY-1s.
  - *Level 2B/Indirect Supervision*, defined as immediate availability from off-site faculty, is required of faculty between 4PM-7AM daily for housestaff clinical responsibilities.
- **ACGME Rules Regarding Duty Hours**
  - The Work Day
    - No shift can be longer than twenty-four (24) hours for PGY-2/3s (16 hours maximum for PGY-1s).
      - An additional three (3) hours can be utilized to finish work that does not relate to direct patient care.
    - There must be ten (10) hours off between shifts.
  - The Work Week
    - No work week (Monday through Sunday) can exceed eighty (80) hours under any circumstance.
      - Moonlighting (for fellows and chief residents) counts toward the eighty (80) hours; PGY1s-PGY3s may not moonlight.
    - There must be a continuous twenty-four (24) hours off per week.
- **ACGME Rules Regarding Patient Numbers per Intern and Resident**
  - Interns (PGY-1)
    - *Interns can follow no more than ten (10) patients at any one time*.

        - No more than five (5) new patients + two (2) transfers can be assigned to an intern during a routine day of work.
        - No more than eight (8) total patients (news + transfers) can be assigned to an intern over a 2-day period.
    - Senior Residents (PGY-2/PGY-3)
        - *With one (1) intern on the team, the supervising resident can follow no more than fourteen (14) patients at any one time (this means the intern can follow up to ten (10) patients and the resident, without the intern, can follow an additional four (4) patients).*
            - With one (1) intern on the team, the supervising resident can only have five (5) new patients + two (2) transfers assigned to the team during a routine work day.
            - No more than eight (8) total patients (news + transfers) can be assigned to the team over a 2-day period.
        - *With two (2) interns on the team, the supervising resident can follow no more than twenty (20) patients at any one time.*
            - With two (2) interns on the team, the supervising resident can only have ten (10) new patients + four (4) transfers assigned to the team during a routine work day.
            - No more than sixteen (16) total patients (news + transfers) can be assigned to the team over a 2-day period.

With these rules serving as our guide, our own policy will be that any team with two interns can have no more than 16 patients total for the resident (with no more than 8 for either intern). All other patients will be assigned to an overflow/"OF" service which will be handled by either an attending with or without an advanced practitioner. When patient demand exceeds our total inpatient capacity, teams can flex to no more than 20 patients (10 per intern), but this should be the exception rather than the rule. Any team less than 2 interns can have no more than 14 patients (with no more than 10 patients to an intern). Overnight coverage will be provided by the housestaff night services with a nocturnist attending providing supervision as well as possibly serving as first-call for "OF" patients depending on patient load at the time. The Chief Residents will keep track of numbers daily to the best of their ability. Ultimately, though, it is your responsibility to immediately report an infraction of the above rules to the Chief Residents. Failure to do so could lead to loss of program accreditation (which ultimately will affect your residency training).

*Remember, however, no rule nor regulation should ever come before urgent patient care.*

<u>Admitting Schedule and Man-Power at University Hospital</u>

*Please see section "The Upstate IM Residency-An Overview"*

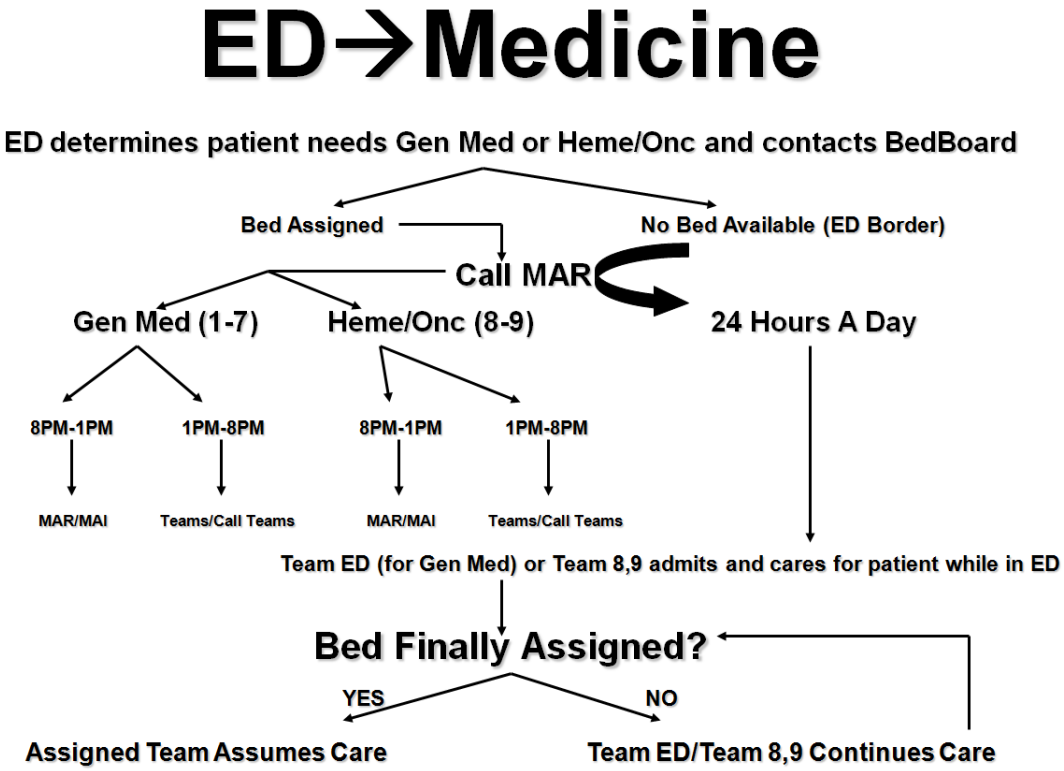
<u>Guidelines for Admissions/Transfers</u>

**Geographic Policy:**

Teams 1,2,3 – 6A/B
Team 4 – 6K
Team 5,10 – 5th and 7th floors
Team 6,7 – 8th and 10th floors
Team 8,9 – 10th floor
Uncovered Gen Med – anywhere but above

**ER admissions:**

- The MAR triages all patients admitted to the Medicine service and assigns them to the proper team based on our Geographic Policy.




- From 08:00-12:00, the Day MAR (with the help of the MAI) does all the Covered floor admissions for each team.
- From 12:00-16:00, the Day MAR, after triaging the patient, will assign admissions to the Covered and Uncovered Gen Med services; these services will be responsible for admitting the patient.
- From 16:00-20:00, the Day MAR will assign Covered floor admissions in the following order unless circumstances dictate otherwise (Uncovered Gen Med floor admissions will be handled by the Uncovered Gen Med services):
    - Day MAR (last admission at 7PM)
    - Day MAI (until 6:30PM)
        - All admissions done by the MAI must be supervised by the MAR
        - The MAI admission notes must have an addendum (i.e. a brief synopsis) written by the MAR.
    - On-Call Resident
    - CCU Resident (last admission at 7PM)
    - Non Cross-Covering Intern (if available)
- From 20:00-08:00, the Night MAR will assign all admissions in the following order unless circumstances dictate otherwise:
    - Night MAR (last admission at 7AM)
    - Night MAI (last admission at 6:30AM)
        - All admissions done by the MAI must be supervised by the MAR
        - The MAI admission notes must have an addendum (i.e. a brief synopsis) written by the MAR.

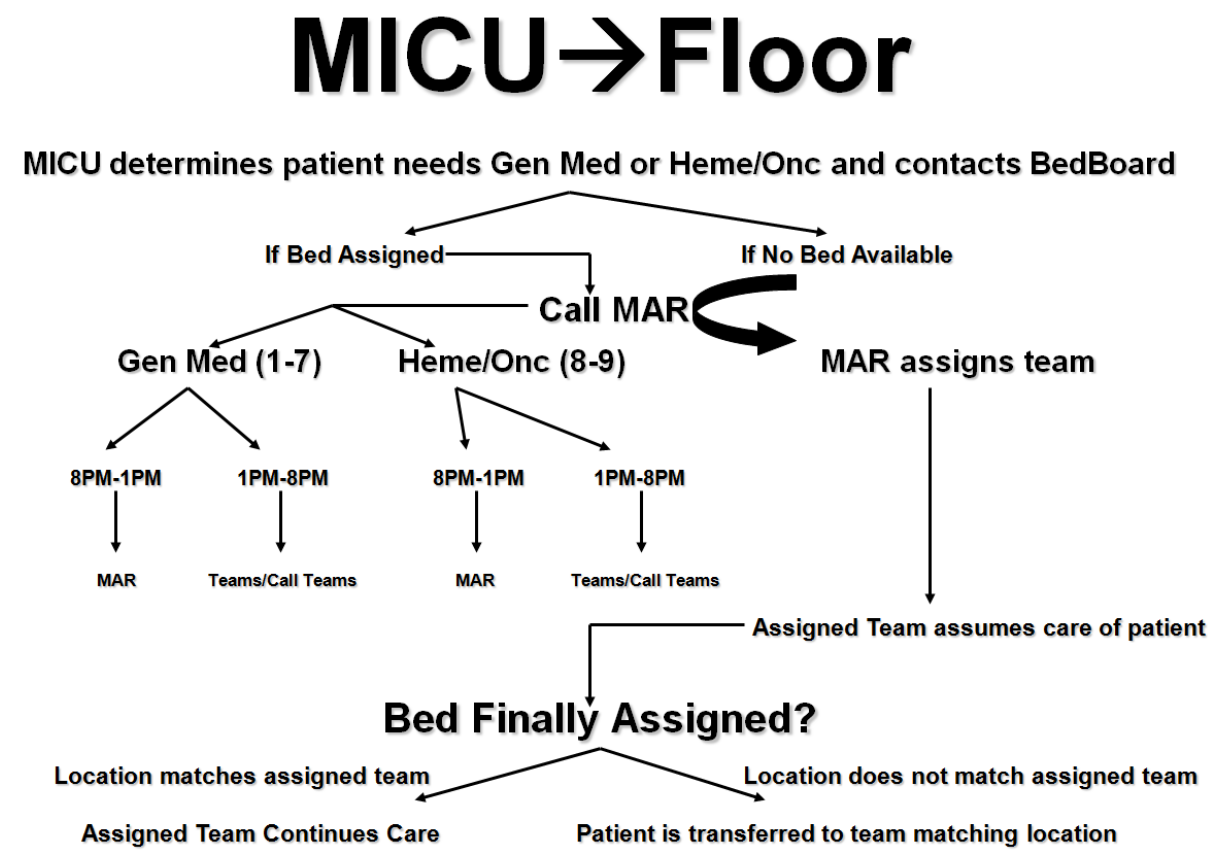
    - Senior Night Float
    - ICU Night Float (after 9PM; only if admission load is at extreme levels)
- The MAR generally does not do admissions 60 minutes prior to their shift change.
    - However, under certain conditions (such as ER crowding or multiple pending medicine admissions), the Day/Night MAR may be asked by the chief resident to stay an additional amount of time (not to exceed two hours) to help with admissions.

**Direct admissions:**

- They are handled in the same manner as above.
- If the patient is stable, they receive less priority than any ER admission.

**Transfers:**

- From the ICU/ACS
    - The ICU/ACS writes an off-service/transfer note and transfer orders (based on the diagram below).
    - The accepting service assumes responsibility of the transferred patient immediately upon the ICU/ACS service's transfer order (based on the diagram below) and writes an acceptance note.




- From an Outside Facility:
    - The outside facility must contact the University Hospital Transfer Center (464-5449).
    - The Transfer Center will coordinate the transfer with an accepting attending.

        - If the transfer is arranged directly with a General Medicine attending, ACS attending, ICU attending, or Hematologist/Oncologist, the accepting attending must alert the MAR.
        - If a consulting service accepts a transfer to one of the General Medicine teams (teams 1-3 and 5), the consulting attending should contact the MAR. While the consulting attending will be the accepting attending initially, the MAR (or designee) will admit the patient to one of the General Medicine services and reassign the patient to the appropriate General Medicine attending.
    - The admission process will occur as outlined above.
- From another Department at University Hospital:
    - Any potential transfer from another department requires either a medicine consult evaluation, subspecialty consult evaluation, or a direct request from the transferring attending to the receiving medical attending.
    - The service that arranges for the transfer to the Medicine service should contact the MAR so that team assignment occurs and accurate team numbers are maintained.
- From within the Department of Medicine:
    - The transferring medical team must inform the MAR of the transfer so that accurate team numbers can be maintained.

1. Weekdays
    a. 8AM-12PM
        i. The MAR is responsible for distributing and completing admissions (with the help of AM MAR and AM MAI) to all non-ICU/ACS teams; the ICU/ACS services are responsible for their own admissions.
            1. Heme/Onc patients are admitted to Team 8,9 based on disease.
            2. ACS patients are admitted by the ACS resident.
            3. ICU patients are admitted by the ICU team.
            4. Gen Med patients are admitted based on our Geographic Policy.
        ii. If help is needed, the MAR may contact the Chief Resident who will then be responsible for finding additional manpower.
    b. 12PM-8PM
        i. The MAR is responsible for distributing (and if manpower dictates, completing) admissions to all non-ICU/ACS teams; all covered and uncovered non-ICU/ACS services are responsible for completing their own admissions. The ICU/ACS services are responsible for their own admissions.
            1. Heme/Onc patients are admitted to Team 8,9 based on disease.
            2. ACS patients are admitted by the ACS resident.
            3. ICU patients are admitted by the ICU team.
            4. Gen Med patients are admitted based on our Geographic Policy.
    c. 8PM-8AM
        i. The MAR is responsible for distributing (and if manpower dictates, completing) admissions to all non-ICU/ACS teams; the ICU/ACS services and are responsible for their own admissions; Check www.amion.com to determine other potential admitters.

1. Heme/Onc patients are admitted to Team 8,9 based on disease.
2. ACS patients are admitted by the ACS resident.
3. ICU patients are admitted by the ICU team.
4. Gen Med patients are admitted based on our Geographic Policy.

2. Weekends
    a. 8AM-4PM
        i. The MAR is responsible for distributing (and if manpower dictates, completing) admissions to all non-ICU/ACS teams; the ICU/ACS services and the Uncovered Gen Med services are responsible for their own admissions. Check www.amion.com to determine other potential admitters.
            1. Heme/Onc patients are admitted to Team 8,9 based on disease.
            2. ACS patients are admitted by the ACS resident.
            3. ICU patients are admitted by the ICU team.
            4. Gen Med patients are admitted based on our Geographic Policy.
        ii. If help is needed, the MAR may contact the Chief Resident who will then be responsible for finding additional manpower (for example, jeopardy).
    b. 4PM-8AM
        i. The MAR is responsible for distributing (and if manpower dictates, completing) admissions to all non-ICU/ACS teams; the ICU/ACS services are responsible for their own admissions; Check www.amion.com to determine other potential admitters.
            1. Heme/Onc patients are admitted to Team 8,9 based on disease.
            2. ACS patients are admitted by the ACS resident.
            3. ICU patients are admitted by the ICU team.
            4. Gen Med patients are admitted based on our Geographic Policy.

3. ICU/ACS admissions
    Weekdays and Weekends, 24 hours a day, admissions to the ICU/ACS are the responsibility of the ICU/ACS service (the ACS service is covered by Senior Night Float from 8PM-8AM).

4. What About Overflow or Above-the-Cap?
    a. Unless there is an urgent/emergent patient safety issue, the ACGME rules outlined above may not be violated under any circumstance.
    b. Do not hesitate to contact EPO with any concerns/questions.

Discharge Summaries

Discharge Summaries must be completed within 48 hours of discharge and must include the following information:

1. Date of Admission
2. Date of Discharge
3. Primary Discharge Diagnosis
4. Secondary Discharge Diagnoses
5. Significant Procedures Performed During Hospitalization
6. Brief Summary of Hospitalization

7. Discharge Allergy List (drug and reaction)
8. Discharge Medication List (drug, dose, and schedule)
9. Disposition/Code Status/Proxy Status/Follow-Up Requirements
10. CC List

Signout/Handoffs

Signout or Handoffs are, unfortunately, an opportunity for error. As such, it is imperative that great care be taken in preparing these documents. We utilize EPIC's signout/handoff feature. The policy is as follows:

1)The senior resident (PGY-2, PGY-3) on covered services/ACS/MICU will be responsible for ensuring that the signout/handoff is accurate and up to date on a daily basis. This does not mean these are the individuals responsible for inputting the information (this can be done by any team member), but the senior resident, as the team leader, will be responsible for what is contained within the signout/handoff.

2)The attending on a service without a senior resident and attending on Uncovered services will be responsible for ensuring that the signout/handoff is accurate and up to date on a daily basis. This does not mean the attending is responsible for inputting the information (this can be done by any team member), but the attending will be responsible for what is contained within EPIC. If no signout is provided for Uncovered services, there will be no housestaff coverage provided and coverage will fall to the Nocturnist.

3)The Chair, The Program Director, and the Chief Residents will randomly review patient information in EPIC to ensure that the information contained is accurate and up to date. If information on a covered/ACS/MICU service is found to be outdated or inaccurate, the senior resident on that service will be given a warning with some instruction on how to improve. A 2nd and 3rd infraction will be result in Academic Deficiency and Academic Probation, respectively, for an infraction of the Professionalism, Interpersonal and Communication Skills, and Patient Care competencies.

4)If information on an uncovered service is found to be outdated or inaccurate, the attending will need to answer to their respective Division Chief and/or Department Chair. If after instructions on how to improve there are additional infractions noted on future reviews, these services will be at risk for losing housestaff involvement in all aspects of Uncovered patient care (except RRT/Code situations).

5)The individual completing the admission history/physical for a patient is responsible for inputting that patient's pertinent information onto the right service in EPIC; this is true regardless of time of day (i.e. overnight admitters are responsible for inputting this information).

6)When a cross-covering service comes across pertinent changes (a new fever, new abx, a new diagnosis, etc.), the cross-covering service is responsible for updating the signout in EPIC.

**For questions or clarifications please page the University Hospital Chief Resident weekdays from 7AM-4PM, and the on-call Chief Resident weekdays after 4PM or anytime on weekends.**

Medicine Consult at University Hospital

- *Medicine Consult (Dermatology Consult at UH only)*
  - Weekdays
    - 7AM-5PM
      - In hospital
    - 5PM-8PM
      - Home Call (may be UH or VA Med Consult Resident)
    - 8PM-7AM, Senior Night Float covers all urgent consults.
  - Weekends (1st Sat-UH; 1st Sun-VA / 2nd Sat-VA; 2nd Sun-UH)
    - Saturdays and Sundays
      - 7AM-4PM (or later until work is done)
      - 4PM-8PM (Home Call)
        - 4PM-8PM, you are first call for medicine consults and, after 2PM, back-up for admissions.
      - 8PM-7AM, Senior Night Float covers all urgent consults.

Admission Notes

Admission Notes must be completed using the H&P template provided by University Hospital via EPIC.

Daily Progress Notes

Daily Progress Notes must be completed using the SOAP (Subjective, Objective, Assessment, Plan) format.

1. Clerkship student notes are a vital part of the record and must be reviewed by the intern or resident; however, clerkship student notes alone do not legally suffice and, thus, a full daily progress note must be completed by the intern or resident.
2. Acting-Intern student notes are a vital part of the record and must be reviewed by the resident (not the intern); however, Acting-Intern student notes alone do not legally suffice and, thus, a full daily progress note must be completed by resident (not the intern).

Discharge Summaries

Discharge Summaries must be completed within 48 hours of discharge and must include the following information:

1. Date of Admission
2. Date of Discharge
3. Primary Discharge Diagnosis
4. Secondary Discharge Diagnoses
5. Significant Procedures Performed During Hospitalization
6. Brief Summary of Hospitalization
7. Discharge Allergy List (drug and reaction)
8. Discharge Medication List (drug, dose, and schedule)
9. Disposition/Code Status/Proxy Status/Follow-Up Requirements
10. CC List

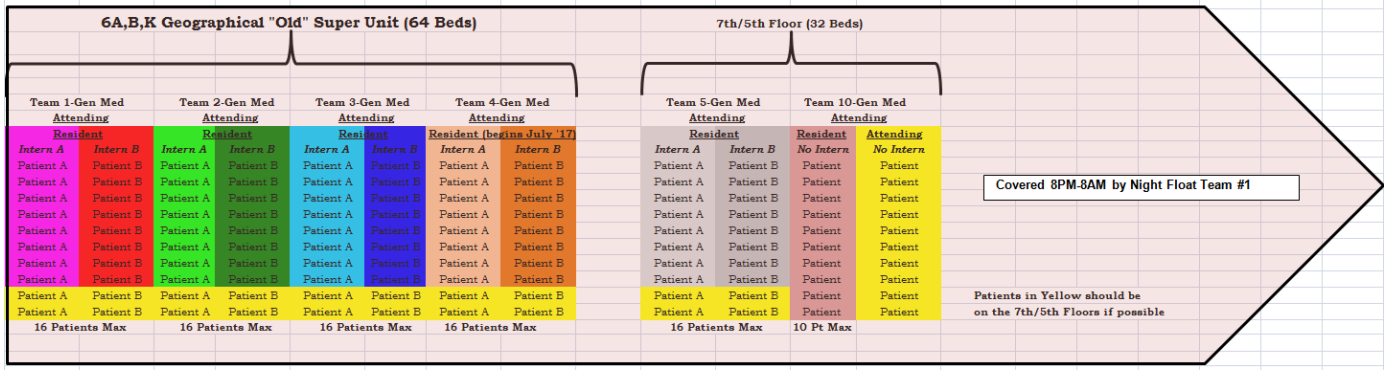
Signouts/Handoffs (See "Signouts/Handoffs Policy" in The Residency Handbook)

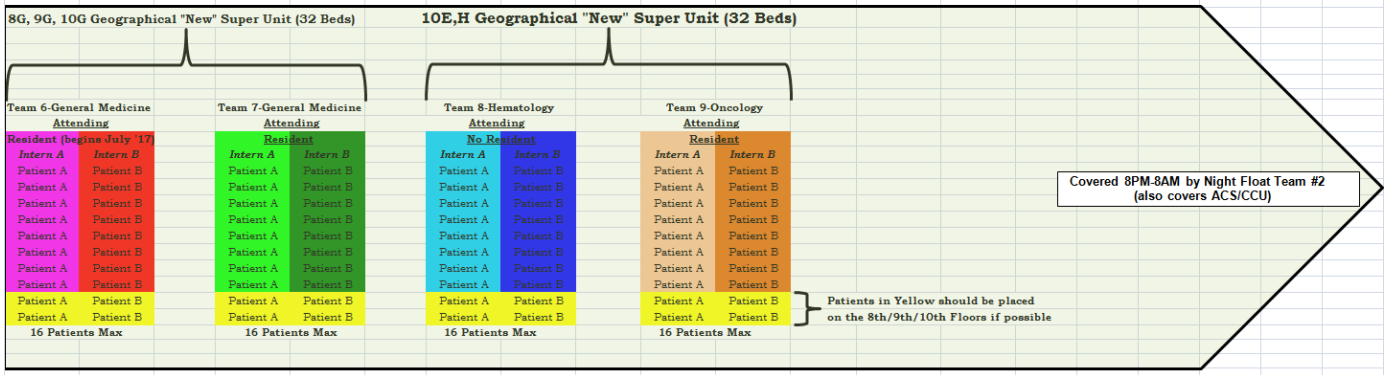
Signouts or Handoffs are, unfortunately, an opportunity for error. As such, it is imperative that great care be taken in preparing these documents. Signouts/Handoffs in UH's EPIC EMR are through the DOCFISH template and must include the following information (which should be updated as appropriate so that patient data is current and accurate):

1. Team Assignment
2. Intern/Resident of Record
3. Attending of Record
4. Code Status
5. Hospital Day Number
6. Antibiotic/s Day Number
7. Primary Reason for Admission
8. Secondary Issues of Importance
9. Allergies
10. Active Medications
11. Things to Do

**For questions or clarifications please page the University Hospital Chief Resident weekdays from 7AM-4PM, and the on-call Chief Resident weekdays after 4PM or anytime on weekends.**

# UH Floor Team Structure and Schedule




**These patients will be designated as Team#OF in EPIC; Attendings will cover "yellow" patients during the day, but housestaff will provide coverage at night**

## Weekday Rounding Schedule

| | | | |
|---|---|---|---|
| *7AM-8AM* | AM Didactics (Night Coverage should only be paged during this time) | | |
| *8AM-8:30AM* | Night Coverage Signout | | |
| *8:30AM-9AM* | Multi-Disciplinary/Discharge Rounds | | |
| *9AM-12PM* | Clinical Rounds/Patient Care | | |
| *12PM-1PM* | Noon Report/Lunch (Team Interns/Attending should only be paged during this time) | | |
| *1PM-4PM* | Clinical Rounds/Patient Care | | |
| *4PM* | Non-Call Team Signout anytime after this point; Supervision provided by Attending and/or Elective X Resident | | |
| *4PM-8PM* | Call Time | | |
| | Non-Call "Old" Teams signout to "Old" Call Team | | |
| | Non-Call "New" Teams signout to "New" Call Team | | |
| *8PM* | Call Team Signout can occur anytime after this point; Supervision provided by Nocturnist | | |
| | "Old" Call Team signout to NF Intern #1 | | |
| | "New" Call Team signout to NF Intern #2 | | |
| *8PM-8AM* | Night Coverage | | |
| | NF Team #1 | Covers "Old" Hospital (5,6,7) | |
| | NF Team #2 | Covers "New" Hospital (8,9,10) | |

| Call System (Q4D) | | |
|---|---|---|
| Teams 1,6 | old and new | |
| Teams 2,7 | old and new | |
| Teams 3,8(10) | old and new | |
| Teams 4,9 | old and new | |
| Team 5 | Sundays | |

## Important Phone Numbers:

Medical Admitting Resident (MAR): 441-8532
Intern Night Float: 467-7908
Cross-Covering Intern (after 4PM on weekdays and all day weekends) will also carry the same pager
ACS Resident: 213-0234
ICU Resident: 441-7526
Transfer Center: 464-5449
Chief Resident's Office: 464-4503

**Housestaff and Faculty Schedule can be found at www.amion.com (password: upstateim)**

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# UH Call and Admitting Coverage