

# Department of Medicine

## University Hospital Policies: Internal Medicine

### University Hospital Services

Four (4) Covered General Medicine Teams  
Two (2) Uncovered General Medicine Teams  
One (1) Covered Heme/Onc Team  
One (1) Uncovered Heme/Onc Team  
One (1) Covered "Team ED"  
ICU Service  
ICU Night Service  
One (1) ACS Team  
One (1) AM Admitting Team  
One (1) Night Admitting Team  
One (1) Night Float Team  
One (1) Med Consult Resident

### 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 (Sunday through Saturday) 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.

#### Admitting Schedule and Man-Power at University Hospital

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

#### Guidelines for Admissions/Transfers

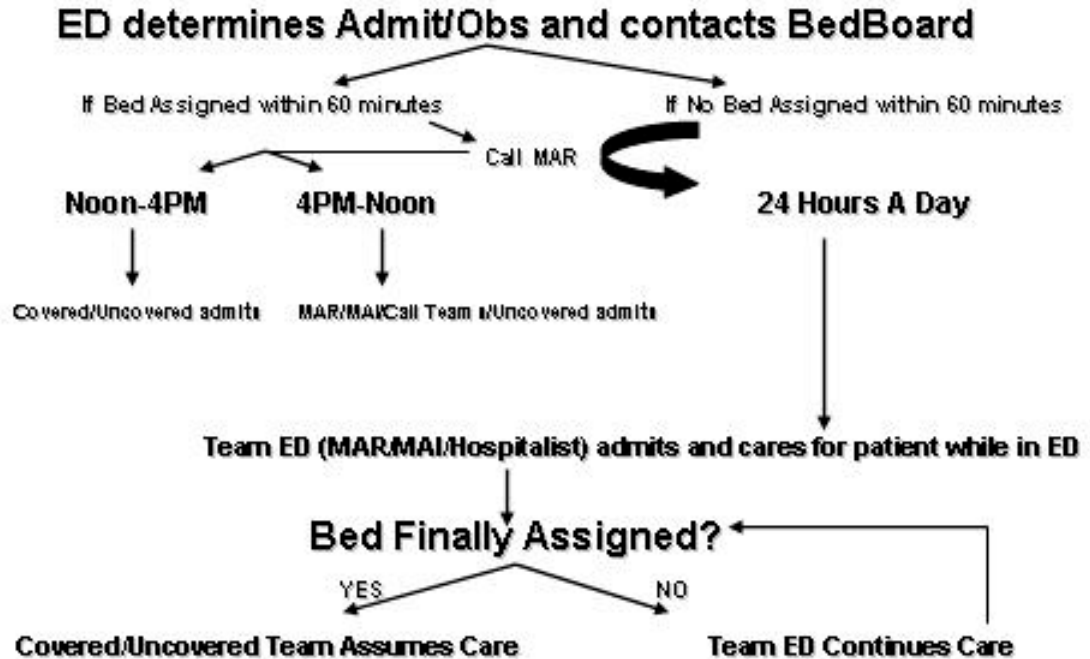
##### **Geographic Policy:**

Team 1 – 6B  
 Team 2 – 6A  
 Team 3 – 6K + 4 patients on 6A/B  
 Team 4 – 10E  
 Team 5 – 10G/8G  
 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.

# ED → Medicine



- 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 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):
  - 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.
  - The accepting service assumes responsibility of the transferred patient immediately upon the ICU/ACS service's transfer order.
- 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 the Covered non-ICU/ACS teams; the ICU/ACS services and Uncovered Gen Med services are responsible for their own admissions.
  - 1. Heme/Onc patients are distributed to either the covered (housestaff) or uncovered (no housestaff) service after discussing with the covered service attending.

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-4PM
    - i. The MAR is responsible for distributing (and if manpower dictates, completing) admissions to the covered and uncovered 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 distributed to either the covered (housestaff) or uncovered (no housestaff) service after discussing with the covered service attending.
      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. 4PM-8AM
    - i. The MAR is responsible for distributing (and if manpower dictates, completing) admissions to the covered non-ICU/ACS teams; the ICU/ACS services and the Uncovered Gen Med services are responsible for their own admissions; Check [www.amion.com](http://www.amion.com) to determine other potential admitters.
      1. Heme/Onc patients are distributed to either the covered (housestaff) or uncovered (no housestaff) service after discussing with the covered service attending.
      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 the covered non-ICU/ACS teams; the ICU/ACS services and the Uncovered Gen Med services are responsible for their own admissions.; Check [www.amion.com](http://www.amion.com) to determine other potential admitters.
        1. Heme/Onc patients are distributed to either the covered (housestaff) or uncovered (no housestaff) service after discussing with the covered service attending.
        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 the covered non-ICU/ACS teams; the ICU/ACS services and the Uncovered Gen Med

services are responsible for their own admissions; Check [www.amion.com](http://www.amion.com) to determine other potential admitters.

1. Heme/Onc patients are distributed to either the covered (housestaff) or uncovered (no housestaff) service after discussing with the covered service attending.
  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.

**Miscellaneous:**

- Covered Inpatient Teams
  - Team 1 (6B): General Medicine (Housestaff-20 patients)
  - Team 2 (6A): General Medicine (Housestaff-20 patients)
  - Team 3 (6K + 4 patients on 6A/B): General Medicine (Housestaff-20 patients)
  - Team 4 (10E): Hematology/Oncology (Housestaff-20 patients)
  - Team 5 (10K + 8G): General Medicine (Housestaff-20 patients)
  - ACS (8F): 14 to 20 patients depending on whether 1 or 2 interns present)
  - ICU (6H + 6I: two ICU teams, each with a maximum of 16 patients)
  
- Uncovered Inpatient Teams
  - General Medicine (anywhere other than above Gen Med Covered areas)
  - Hematology/Oncology (per Hematology/Oncology attending)
  - Cardiology (per Cardiology attending)
  
- The patients will be admitted as follows:
  - Patients deemed ICU candidates require a consult from the ICU service who will then determine if patient is admitted to the ICU.
  - Patients deemed ACS candidates require a consult from the ACS service who will then determine if patient is admitted to the ACS.
  - Patients deemed Heme/Onc candidates will be admitted to the covered Hematology/Oncology service unless directed to admit to the uncovered Hematology/Oncology service by the covered service attending.
  - Aside from the above patients who require admission to the ICU, ACS, or Hematology/Oncology services, all remaining patients are to be admitted to one of the General Medicine Services. Geographic assignment should dictate which team patient is admitted to, but judgment should always be used to ensure manpower is being used equitably.
  - If covered General Medicine Covered teams are capped (i.e. hard cap at 20), patients should be admitted to the uncovered General Medicine Team.
  - If the uncovered General Medicine team is capped (i.e. soft cap at 18), patients should be admitted to one of the covered service attendings, but without housestaff coverage.

- Each covered service attending can follow 24 patient total if needed (20 by housestaff and 4 by the attending directly).

#### Medicine Consult at University Hospital

##### - *Medicine Consult*

##### - 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 (1<sup>st</sup> Sat-UH; 1<sup>st</sup> Sun-VA / 2<sup>nd</sup> Sat-VA; 2<sup>nd</sup> 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.

#### 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 IPASS feature 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.**



<b>UH INPATIENT FLOOR CALL SCHEDULE</b>						
Week #1						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Team 4	Team 1	Team 2	Team 3	Team 4	LC - 1R, 1AI, 2BI	LC - 2R, 2AI, 1BI
					SC - 4R, 4AI, 3BI	SC - 3R, 3AI, 4BI
Week #2						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Team 3	Team 4	Team 1	Team 2	Team 3	LC - 4R, 4AI, 1BI	LC - 1R, 1AI, 4BI
					SC - 3R, 3AI, 2BI	SC - 2R, 2AI, 3BI
Week #3						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Team 2	Team 3	Team 4	Team 1	Team 2	LC - 3R, 3AI, 4BI	LC - 4R, 4AI, 3BI
					SC - 2R, 2AI, 1BI	SC - 1R, 1AI, 2BI
Week #4						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Team 1	Team 2	Team 3	Team 4	Team 1	LC - 2R, 2AI, 3BI	LC - 3R, 3AI, 2BI
					SC - 1R, 1AI, 4BI	SC - 4R, 4AI, 1BI
<b>1R</b>	Team 1 Resident		Some Useful Rules:			
<b>1AI</b>	Team 1A Intern		1) Call Team for given weekend day is called "Long Call"			
<b>1BI</b>	Team 1B Intern		2) Other Team for given weekend day is called "Short Call"			
<b>2R</b>	Team 2 Resident		3) R and AI always work together on weekends (with Attending)			
<b>2AI</b>	Team 2A Intern		4) BI always works alone on weekends (with Attending)			
<b>2BI</b>	Team 2B Intern		5) BI's call schedule always mirrors R/AI's call schedule			
<b>3R</b>	Team 3 Resident		6) Thursday Long Call is Sunday R/AI Short Call			
<b>3AI</b>	Team 3A Intern		7) Friday Long Call is Saturday R/AI Short Call			
<b>3BI</b>	Team 3B Intern		8) Team 5R and 5AI always Long-Call on Sundays			
<b>4R</b>	Team 4 Resident		(regularly scheduled Long Call R and AI can go home at 2PM)			
<b>4AI</b>	Team 4A Intern		9) Team 5BI always Long-Call on Saturdays			
<b>4BI</b>	Team 4B Intern		(regularly scheduled Long-Call Intern can go home at 2PM)			
<b>5R</b>	Team 5 Resident					
<b>5AI</b>	Team 5A Intern (works every Saturday 7AM-8PM)					
<b>5BI</b>	Team 5B Intern (works every Sunday 7AM-8PM)					
<b>LC</b>	Long Call (until 8PM)					
	R - No Day MAR responsibilities except for Team 5R who is always Day MAR from 8AM-2PM on Sundays					
	AI - Cross-Coverage except for BI Team; Takes over Cross-Coverage of BI Team at 2PM; signs out to Night Float at 6PM)					
	BI - Covers own team until 2PM, then becomes MAI until 6PM					
<b>SC</b>	Short Call (until 2PM)					
	R - Helps with Admissions until 2PM					
	AI - Covers own team until 2PM; can take admissions if available					
	BI - Covers own team until 2PM					