

## **Service Rules**

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**Days Service**

**General Responsibilities**

- Admit, follow-up and discharge primary patients
- Attend the Multidisciplinary Rounds (or designate NPAs to participate)
- M attending to cover Consult patients between 7:30 and 8:30am and provide RRT back-up weekends/holidays 7:30 to 8:30am
- Communicate with the other providers (inpatient / outpatient) as appropriate for the patient care
- Document the clinical activities in the day of the service; the documentation needs to support the level of service
- Update EPIC sign-off and verbally sign-off to the Long Day / Bridge and to the next attending on service
- Complete the billing electronically within 6 days after the end of the shift / shifts

**Service Hours**

- 7:30 am to finish staffing primary patients
  - Weekday admit new patients until 4 pm and sign-off at 5pm or after
  - Weekend/holidays admit new pts/consults until noon and signoff at noon or after

**Workflow**

- Arrive at 7:30am for morning sign-off from the night physician
- Take over the assigned pager/pagers
- By 8:30am: update the service lists with the new patients, update the patient's Care Team list in EPIC by taking over as attending for all new patients assigned, update the Paging Contact information in EPIC and take off the new patients from the Overnight Sign-out Lists
- Participate in Multidisciplinary Rounds, in weekdays, as clinical responsibilities allow
  - General Medicine Rounds – 10:55am – TC514
- L Attending and L NPA(s) will participate in Liver Rounds, every weekday – 1:15pm – TC514
- Continue to admit new patients till 4pm (weekdays) and noon (weekends)
- Sign-off (written and verbally) to the Long Day on weekdays at 5:00pm and to the Bridge on weekends/holidays at noon or after

**NPA Staffing**

General responsibilities

- carry service pagers
- distribute the new admissions in the weekdays mornings, based on the rules above
- carry admission pager 9100 from 7:30am to 1pm on weekdays
- clinical activities, per general responsibilities above
- procedures as skill and time available
- cover SSU according to the general responsibilities delineated; for SSU the

Patient coverage

- Patients on non-holiday weekdays will be staffed by NPA within the limits of their capacity
- NPA only staffing
  - NPAs could staff independently patients on day services and would staff independently majority of observation patients in SSU / general floor
  - All inpatients seen independently by NPAs must be discussed with service attending (review vitals, labs, and plan);
  - for SSU the communication with attending is PRN and the supervising attending is Consults attending
  - NPA will bill for encounters seen independently after communicating with attending physician

**Pager structure**

	<b>J Service</b>	<b>K Service</b>	<b>L Service</b>	<b>M service</b>	<b>SSU</b>	<b>Admit</b>	<b>Consult</b>
Attending	9222	9900	6111	8000		9100	9000
NPA 1	9933		6116	8118	7783		
NPA 2	9991		6226	8228			

**Services Structure**

<b>Service</b>	<b>J</b>	<b>K</b>	<b>L</b>	<b>M</b>
<b>Coverage</b>	<b>MD (+ NPA winter months)</b>	<b>MD only</b>	<b>MD + NPA</b>	<b>MD + NPA</b>
<b>Maximum Patient Capacity</b>	<b>10 (16)</b>	<b>10 (12 with CCP patients)</b>	<b>16</b>	<b>16</b>
<b>Patients</b>	<b>Renal Transplant</b>	<b>CCP Patients</b>	<b>Liver</b>	<b>Oncology</b> *Also covers consult pager daily from 7:30-8:30am
	<b>General Medicine Overflow General Cardiology Overflow</b>			

**Service Capacity and Overflow Coverage**

- Out of the 4 hospitalist services, 2 (M and L) are staffed with a NPPs throughout the year; J service is staffed with an additional NPP during the busy months for increased capacity
- Hospitalists services are designed to care for a total of 54 (60 during the winter) patients.
- K service could go up to 12 patients; CCP patients on the service seen by non K CCP attending shouldn't be counted against the K cap
- If there are >54 (60) patients on the hospitalist services, Consults will care for the first 4 patients; Consults will also care for up to 4 patients when patients are in CCD even if the day teams are not capped - in this situation when patients are repatriated to Mitchell they will be absorbed back into the day teams;
- When there is an additional NPP scheduled for day services, the NPP will float on L, M (and J); in an overflow situation the additional NPP will see ALL primary patients on Consult service (in that case the census on Consult service could go up to 7 patients)
- When NPAs present (weekdays), K (and J when uncovered) operate at a capacity of 60% of the # of patients on L and M.
  - For example, if 10 patients on L and M services, 6 patients on J and K services each
  - If 16 patients on L and M services, 10 patients on J and K services each.
- When no NPAs present (weekends, holidays or other exceptions), an attempt should be made to keep all services balanced.
- SSU capacity – NPP on SSU could carry up to 9 observation patients in SSU; if census in SSU is below 5 patients, the NPP on SSU could see observation patients in other units than SSU; capacity in this situation is up to 7 patients.

**Admission Rules****Primary Hospitalist Patients****Liver**

- Admit all patients followed by liver service as an outpatient or approved by liver team, including MICU transfers.
- Liver team consults on all patients on the liver service. Hospitalists must contact pager 2453.
- Undiagnosed initial presentation of liver disease may go to general medicine housestaff team at the discretion of General Medicine Inpatient Flow Director.

**Renal transplant**

- Admit all patients with prior renal transplant and not currently on dialysis, including MICU transfers.
- Renal transplant team consults on all patients s/p renal transplant admitted to hospitalist service. Hospitalists must contact pager listed under Nephrology Transplant Fellow in the paging system.

**Comprehensive Care Program**

- Admit all patients enrolled in the CCP, including MICU transfers.
- Primary CCP physician will follow the patient during the hospitalization and coordinate with the hospitalist on the K service.

**SSU**

- Admit all patients with expected hospitalization less than two midnights, under observation status to T3SW. ED Clinics will place an RFA and patients receiving a bed in SSU will be signed off to 7784 pager.

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**Housestaff Overflow Rules**

**General Medicine Overflow**

- GENS pager: 4367 - Housestaff assume coverage of pager at 7am and 7pm everyday.
- Day: Admit general medicine patients after daytime intern caps until 7pm. (cap=5 patients)
- Night: Admit general medicine patients after housestaff team caps until 6am. (cap=10 patient/team)
  - if the day intern doesn't cap the resident will backfill the service with up to 2 patients
  - example day intern admits 2 patients, night intern admits 5 patients, resident admits additional 2 patients before signing over the pager to hospitalist
- CCD: General medicine patients can be admitted to CCD by the hospitalists.
- Patients will be transferred the next morning to leukemia hospitalist service if their team is not capped (cap=10patients). Contact L-ONC pager 5662.
- If leukemia hospitalist service is capped, hospitalist service will follow in CCD until patient is moved to Mitchell. Consult team will serve as primary attending in CCD and then patient will be assigned to day service if/when transferred to Mitchell.
- MICU transfers: Patients transferred to the MICU from a hospitalist service may return to the hospitalist service to maintain continuity of care.
  - All other patients transferred from MICU to General Medicine will be managed by MICU service until next intern is available (or by resident without intern).
- Bounceback rule - patients readmitted within 48 hours after discharge will be readmitted to the original team (housestaff/ hospitalist) regardless of the cap; for housestaff the bounceback patients will be admitted by the resident/MROC

**General Cardiology Overflow**

- CARDS pager: 4278 - Housestaff assume coverage of pager at 7am and 8pm everyday.
- Day: Admit general cardiology patients after daytime team caps until 8pm. (cap=5 patients)
- Night: Admit general cardiology patients after nighttime team caps until 6am. (cap=5 patients)
  - Hospitalists will assume care of the general cardiology patients worked up by the night housestaff team the following morning:
    - if cardiology patients are located in CCD.
    - if housestaff admitted >3 patients and/or overnight admissions cap or nearly cap incoming day housestaff team (on Saturday and Sunday only, max 2 patients).
- Subspecialty cardiology: Patients with pulmonary hypertension, heart transplant or advanced heart failure on home inotropes will NOT be admitted to hospitalist services.
  - If intern capped, subspecialty cardiology patients are admitted by resident alone (or MROC).
- Cardiology consults on all cardiology patients admitted to hospitalist service. Hospitalists must contact pager 3547 upon admit or in the morning if patient admitted overnight and stable.

**Oncology**

- Admit all oncology patients who have a room assigned in Mitchell.
- During the day the OncGeo Director will triage patients to Mitchell based on housestaff cap, diagnosis, tele needs - hospitalist services should not cover Oncology Admission Pager at any time
- After 6pm (12pm on weekends) when moonlighters for Oncology start, if notified about oncology admission to Mitchell, contact Bed Access (phone 4-BEDS) to check bed availability in CCD (any floor)
- Preference is given for liquid tumor patients to be admitted to CCD, including patients with leukemia, lymphoma, multiple myeloma and bone marrow transplant.
- Acute leukemia and BMT will NOT be admitted to Mitchell. Patients will be covered by leukemia hospitalist service (L-ONC pager 5662) and remain in ED until CCD bed available.
- Oncology consults on all patients with solid or liquid tumors admitted to hospitalist service. Hospitalists must contact SOCS pager 7627 upon admit or in the morning if patient admitted overnight and stable.

**Crosscovered Services during off hours**

**IBD**

- Admits pts w/ pathologically confirmed IBD (UC or Crohn's) and hand off to IBD fellow in am

**Lung Transplant**

- All listed and post-lung transplant pts excluding immediate post-op care

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## **Bridge Service**

### **Responsibilities**

- Primarily responsibilities
  - new admissions starting at 1pm (noon on weekends/holidays)
  - new consults starting at 4:30pm (noon on weekends/holidays)
  - crosscover SSU patients between 5pm and 7:30pm
  - Weekends/Holidays
    - cross covering for all Day Service patients from noon to 7:30pm
    - cross covering for Consult Patients from noon to 7:30pm
      - including RRT back-up coverage
      - cross-cover and admit Lung Transplant and IBD patients
- Communicate with the other providers (inpatient / outpatient) as appropriate for the patient care
- Document the clinical activities in the day of the service; the documentation needs to support the level of service
- Update EPIC sign-off and verbally sign-off to Night Service
- Complete the billing electronically within 6 days after the end of the shift / shifts

### **Service hours**

- Weekdays - 1pm to 9pm
- Weekends /Holidays - Noon to 8pm

### **Workflow**

- Must be on-site for full duration, no leaving early
  - Must arrive ready to work (1pm weekdays, noon weekends)
  - Take over 9100 promptly and assume any outstanding/necessary work
  - No academic meetings may be scheduled while on bridge
  - Clinical work must take precedence to ongoing administrative meetings that you otherwise would normally attend
- Please see rules for admitting under Days Service
- Begins admissions at 1pm
- Assumes new consults at 4:30pm
- Triage all admissions and when there is more than one pending admission (working on one and more 2 or more pending) distribute admissions according to the following rules:
  - Day services could take admissions till 4pm
  - Day services will rotate for admits JKLMJKL...
  - After 4 pm the 2 long shift could take up to 2 admissions each
  - Continuity of care should be considered when assigning admissions to day services / LGs
- Last time for getting new admissions or consults at 8pm / 6:30pm weekends
- Signoff to Night Service at 8pm or after / 7:30pm weekends

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## **Long Day Shift**

### **Responsibilities**

- Cross covering for Day Service patients from 5pm to 7:30pm (please see day service rules for coverage model details)
- Cross covering for Consult Patients from 5pm to 7:30pm
  - including RRT back-up coverage
  - including Lung Transplant starting at 5pm
  - including IBD patients starting around 6pm
- Assist the Bridge Service with up to 2 admissions as needed
- Crosscover for CCP answering service #2111– communicate with CCP patients as requested by answering service and notify CCP Coordinator (Chris Breeze) and CCP PCP by email about the nature of the problem and the advice provided – call during business hours / change in management / asked to come to ED
- Communicate with the other providers (inpatient / outpatient) as appropriate for the patient care
- Document the clinical activities in the day of the service; the documentation needs to support the level of service
- Update EPIC sign-off notes and verbally sign-off to Night Service
- Complete the billing electronically within one week after the end of the shift / shifts

### **Service Hours**

- Weekdays only – 5 pm to 7:30pm

### **Workflow**

- Get the sign-off from Consult Service (5pm), Day Service (5pm), IBD Service (after 6pm) and Lung Tx Service (after 5pm)
- Take over assigned pagers
- Last time for getting new admissions or consults at 6pm
- Update the sign-off with pertinent clinical info and Overnight Sign-out for admissions
- Sign-off to Night Service starting at 7:30pm

## **Night Service**

### **Responsibilities**

- All new admissions and consults from 7:30pm to 6:30 am ((please see day service rules for coverage model details)
  - Last time for starting a new admissions or consults at 6 am
  - ER holding allowed
    - Pts called in for admission after 6 am may be held in ER for day team, definitely hold in ER for pts after 6:30 am
- Cross covering for all Day Service patients from 7:30pm to 7:30am
- Cross covering for Consult Patients from 7:30pm to 7:30am
  - including RRT back-up coverage
  - including cross-cover and admit Lung Transplant from 7:30pm to 7:30am
  - including cross-cover and admit IBD patients from 7:30pm to 7am
- Crosscover for CCP answering service #2111– communicate with CCP patients as requested by answering service and notify CCP Coordinator (Chris Breeze) and CCP PCP by email about the nature of the problem and the advice provided – call during business hours / change in management / asked to come to ED
- Communicate with the other providers (inpatient / outpatient) as appropriate for the patient care
- Document the clinical activities in the day of the service; the documentation needs to support the level of service
- Update EPIC sign-off notes and verbally sign-off to Day Services
- Complete the billing electronically within one week after the end of the shift/shifts

### **Service hours**

- 7:30 pm to 7:30 am

### **Workflow**

- Must be on-site for full duration
  - Must arrive ready to work
  - Take over assigned pager promptly and assume any outstanding work
- Please see rules for admitting under Days Service
- Begins admissions / new consults at 7:30pm
- Last time for starting a new admissions or consults at 6:30 am
- Signoff to Day Service at 7:30am

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**Consults****Responsibilities**

- New consults and follow-ups in accordance with institution's policy for consults
  - New consults seen within 2 hours for STAT consults and within 24 hours for Routine Consults
  - Specify if continue to see patients vs signing-off the case
- Daily follow-up for active consults
- Provide supervision for SSU NPA when requested
- Communicate with the other providers (inpatient / outpatient) as appropriate for the patient care
- Document the clinical activities in the day of the service; the documentation needs to support the level of service
- Update EPIC sign-off notes and verbally sign-off to Long Day / Bridge (on weekends/holidays)
- Complete the billing electronically within one week after the end of the shift / shifts
- Complete the online CME modules for medical consults (details in the packet for Consults and link online on our homepage) within 6 months after scheduled on the consult service
- New consults and daily follow-up for all Lung Transplant patients admitted under Lung Transplant Service
- Rapid Response Team
  - Respond to RRT in person when paged by Critical Care Outreach Nurse or Primary Service (RRT pagers will continue to inform about ongoing RRTs in the hospital; when paged by CCON immediate response is expected)
  - 7:30am to 5pm weekdays the RRT back-up is provided by ICU attending
  - Respond as needed and assist with management, including facilitating transfer to MICU if necessary
  - Critical care billing should be used if you respond in person to RRT
- Teaching
  - Psychiatry interns, Internal Medicine residents, and 4<sup>th</sup>-year medical students are rotating on consult service for 2-4 week blocks
  - Teaching Responsibilities
    - administer pre- and post rotation evaluations
    - delineate the expectations for the rotation on first day of service and give feedback to the trainees in the last day of service
    - present weekly 2 brief (20-30min) reviews of topics from the Consult Curriculum
    - complete the trainees evaluations (final - online or interim – verbally to the next attending)
    - coordinate, while on service, the biweekly Consult Conference – case presentation by trainees

**Service Hours**

- Weekdays
  - 8:30 am to finish staffing primary consults
  - Last new consult time at 4:30 pm
  - Sign out to Long Days at 5pm or after completion of all new and subsequent visits
- Weekends (Sat/Sun)
  - 8:30 am to finish staffing primary consults
  - New consults until 11:30 am
  - Sign out to bridge at or after 12:00 pm

**Workflow**

- Arrive at 8:30 and get sign-off from M physician
- Take over the 9000 pager
- Assign patients to the team and communicate the rounding schedule
  - Longitudinal follow-up is advised
- Communicate with the Lung Transplant Attending after completion of initial consults and then, daily with Lung Transplant team (NP or attending as appropriate)
- Continue to see new consults till 4:30pm (weekdays) and 11:30 (weekends/holidays)
- Sign-off (written and verbally) to the Long Day on weekdays at 5pm and to the Bridge on weekends/holidays at 12pm or after

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## **Hand-Off Rules**

Admissions, consults are assigned if on-site prior to cut-off time

- On-site defined as on the clinical floor
- Handing over pts to housestaff or moonlighter – it is OK to hand over pts if
  - Pt is an expect but not on-site
  - Otherwise busy as defined by following guideline
    - If more than 2 unworked admissions and received >1 admission per hour starting from time of first admission

## **IBD Cross-covering and Admitting Rules**

- IBD cross-cover and admitting (pager GIBD)
- Admits pts w/ pathologically confirmed IBD (UC or Crohn's) and hand off to IBD fellow in am
- Assumes GIBD pager from 6 pm to 7 am
- Sign off to ID fellow at 7am all new admits and crosscovering issues

## **Lung Transplant Cross-covering and Admitting Rules**

- All listed and post-lung transplant pts excluding immediate post-op care: cross-cover and new admissions
- Assumes LNGT pager from 5 pm to 7:30 am
- Lung Tx service will sign-out to 9000 around 5pm on weekdays and in am on weekends/holidays and resume the coverage before 7:30 in am

## **Emergency Back-up Rules**

- Emergency situations are defined as unforeseeable situations in which a provider cannot attend in time or at all his/her clinical duties. These rules are not covering foreseeable situations in which the providers should request timely changes in schedule.
- The provider unable to attend his/her duties should inform the Clinical Operations Director (or designee) as soon as possible about this event.
- If the providers already on service are able to cover the open service, they will be asked to do so and they will be compensated for thru ESP at Emergency Back-up rate
- If the providers already on service are unable to cover the open service, they are expected to handle the emergent situations, for the safety and continuity of care for our patients, till a definite solution becomes known.
- If the providers already on service are unable to cover the open service, additional provider will be called in and compensated or thru ESP at Emergency Back-up rate.
- An explanation of the emergency situation should be provided to the Clinical Operations Director (or designee) immediately or within 24 hours.

### **Workflow**

- The provider that cannot attend his/her clinical duties should call / page Clinical Operation Director and inform about the delay or absence
- The other providers on the service should report the unannounced absence of their colleague, 30 minutes into the shift
- The Clinical Operations Director should contact the members of the team on service and inquire about the ability to cover the open service; the coverage would be attempted within these groups but creative solutions are encouraged.
  - Mercy B – Mercy C – Mercy UC
  - UC – Consult Service
  - Day K – Day L – Day M
  - Bridge – (all services except Nights)
  - Nights - Bridge
- If the providers on service are unable to cover the open service, they will be asked to manage the urgent issues and temporize till a solution is found.
- The Clinical Operations Director will contact the providers on the short list, which previously agreed to try to help in emergency situations, and find the additional provider for the open service that will assume the clinical responsibilities as soon as possible.
- The short list of back-up providers should stay updated at all times; the providers should inform the Clinical Operations Director if they are unavailable for long periods of time (more than 1 week - traveling, conferences, etc) or if they are opting out from this list; we consider that at least 6 providers should be on the list at all times.
- An explanation of the reason for delay / absence should be provided in writing, by email, within 24 hours after the event

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**Point Schedule**

	Pts/ month	Months
<b>Days</b>	10.5	48
<b>Long Day</b>	3	24
<b>Consults</b>	7	12
<b>Bridge</b>	10	12
<b>Nights</b>	15	24
<b>Mercy Mercy</b>	8	20
<b>Mercy UC</b>	7	4
<b>Gens</b>	5.5	12

**Extra Service Payment Schedule**

<b>Shift</b>	<b>Scheduled ESP day 1</b>	<b>Scheduled ESP days 2-7 of same week</b>
Nights		\$1200
Days (K/L/M)	\$900	\$850
LG	\$300 M-Th and \$400 F	
Bridge	\$600	
Consults	\$450	\$400
Mercy	\$6500 for half month	
UC Gens	\$400	\$350
Emergency back-up rate	Double Standard Rate	