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Days Service

General Responsibilities

- Admit, follow-up and discharge primary patients
- Attend the service specific rounds (or designate NPAs to participate)
- M attending to cover Consult patients between 7:30 and 8:30am (including RRT back-up responsibilities weekends/holidays 7:30 to 8:30am)
- Communicate with the other providers (inpatient / outpatient) as appropriate for the patient care
- Document the clinical activities on 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 5 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 patients 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 of record for all new patients assigned, update the Paging Contact information in EPIC and take the new patients off the Overnight Sign-out Lists
- Rounds
  - L Attending and L NPP will participate in walking Liver Rounds, every weekday – 1:15pm in 4NW
  - J attending will participate in Renal Tx rounds every Friday at 3pm in TC514
  - J attending will participate in Lung Tx rounds every weekday at 11am in TC416
- 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 or after 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 below
- carry admission pager 9100 from 7:30am to 1pm on weekdays
- clinical activities, per general responsibilities above
- procedures as skill and time available
- NPA only staffing
  - NPAs could staff independently patients on day services
  - All inpatients seen independently by NPAs must be discussed with service attending (review vitals, labs, and plan);
  - NPA will bill for encounters seen independently after communicating with attending physician

Pager structure

<table>
<thead>
<tr>
<th></th>
<th>J Service</th>
<th>K Service</th>
<th>L Service</th>
<th>M Service</th>
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<th>Consult</th>
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Services Structure

<table>
<thead>
<tr>
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<th>J</th>
<th>K</th>
<th>L</th>
<th>M</th>
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<tbody>
<tr>
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<td>MD + NPP</td>
<td>MD + NPP</td>
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<td>10 (16)</td>
<td>10 (14 with CCP pts)</td>
<td>16</td>
<td>16</td>
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<tr>
<td>Patients</td>
<td>Renal Transplant</td>
<td>Lung Transplant</td>
<td>CCP Patients</td>
<td>Liver</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Overflow</td>
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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 on certain blocks.
- Hospitalist Service are designed to care for a total of 56 – 62 patients based on the rules above.
- K service could go up to 14 patients when CCP patients are present; CCP attending has a cap of 10 notes- K patients + own CCP patients.
- If there are >56 (62) 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 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 and the cap is 16 patients per each attending.
- Patient distribution will be done based on the following criteria in this order 1. Patient’s service (Liver to L, etc) 2. Location specific (5th floor patients to M Service, 4N patients to J and L service) and 3. Service capacity.

Admission Rules

Primary Hospitalist Patients

**Liver**
- Admit all patients followed by liver service as an outpatient or approved by liver team, including MICU transfers.
- All admissions are discussed by the admitting provider directly with the liver fellow at the time of admission.
- 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 ED attending.

**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.

**Lung transplant**
- Admit all listed and post-transplant patients, including MICU transfers and excluding immediately post-transplant patients.
- Lung transplant team consults on all patients s/p lung transplant admitted to hospitalist service. Hospitalists must contact pager listed under Lung Transplant Attending/Consult #8756.
- Patients with lung and heart transplant are typically admitted by hospitalist team and cardiology is consulted.

**IR**
- Admit all patient post TACE/RFA for observation postprocedure.

**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.
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 and Transition Team caps until 7pm. (cap=5 patients per day intern, 4 patients per day or up to 12 patients for Transition Team – last admit for transition Team is 5pm)
- Night: Admit general medicine patients after night intern caps until 6:30am. (cap=5 patients)
- 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=10 patients). 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
- For Gens Observation patients called by mistake to GENS pager, we could suggest ED to call APS/SSU service; ED provider has the final decision on the service where the patient will be admitted.

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 6:30am. (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.
- For Cards Observation patients called by mistake to CARDS pager, we could suggest ED to call APS/SSU service; ED provider has the final decision on the service where the patient will be admitted.

Crosscovered Services during off hours
- IBD
  - Admits pts w/ pathologically confirmed IBD (UC or Crohn’s) and hand off to IBD fellow in am
  - Unexpected admissions to be discussed with the liver fellow at the time of admission
Bridge Service

Responsibilities

- Primarily responsibilities
  - new admissions starting at 1pm (noon on weekends/holidays)
  - new consults starting at 4:30pm (noon on weekends/holidays)
  - 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 IBD patients
  - Communicate with the other providers (inpatient / outpatient) as appropriate for the patient care
  - Update the shared Admit/Expects patient lists for Genes and Cards
  - 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 5 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
  - Clinical work must take precedence to ongoing academic/administrative meetings that one would otherwise attend
  - Please see rules for admitting under Days Service
  - Begins admissions at 1pm
  - Assumes new consults at 4:30pm
  - Triage all admissions and IF there is more than one pending admission (working on one and 2 or more pending) distribute admissions according to the following rules:
    - Before 4pm day services will take admissions with the following admission order JKLMJJKL…
    - After 4 pm the 2 long shift will 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

Coverage Model

- Two attendings on service
  - Bridge 1
    - Assumes 9100
    - Assumes crosscoverage from 3rd and 4th attending to sign-out their service
    - Takes the 1st, 3rd, 5th, etc.. admission, observation or consult
  - Bridge 2
    - Assumes 9000 and RRT back-up responsibilities
    - Assumes crosscoverage from 1st and 2nd attending to sign-out their service
    - Takes the 2nd, 4th, 6th, etc.. admission, observation or consult

- One attending one moonlighter on service*
  - Attending
    - Assumes 9100, 9000 and RRT back-up responsibilities
    - Assumes crosscoverage from 3rd and 4th attending to sign-out their service
    - Takes the 3rd, 5th, 7th, etc.. admission, observation or consult
  - Moonlighter
    - Assumes crosscoverage from 1st and 2nd attending to sign-out their service
    - Takes the 1st, 2nd, 4th, 6th, etc.. admission, observation or consult

Long Day Shift
Responsibilities
- Cross covering for Day Service patients from 5pm to 7:30pm
- Cross covering for Consult Patients from 5pm to 7:30pm
- including RRT back-up coverage
- including IBD patients starting around 6pm
- Assist the Bridge Service with up to 2 admissions as needed
- Crossover for CCP answering service #2111 - communicate with CCP patients as requested by answering service and notify 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 5 days 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)
- Typically crosscoverage assignments are – LG1 – K, L, Consults; LG2 – M, J
- Take over assigned pagers
- Last time for getting new admissions or consults at 6:15pm
- 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 6:30 am
  - ER holding allowed - pts called in for admission after 6 am may be held in ER for day housestaff 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 IBD patients from 7:30pm to 7am
- Crossover for CCP answering service #2111 - communicate with CCP patients as requested by answering service and notify 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
- Update the shared Admit/Expects patient lists for Genes and Cards
- 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 5 days 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
Consults

Responsibilities
- New consults and follow-ups in accordance with institution’s proposed 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
- 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 5 days 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
- **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 4th-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)

Service Hours
- **Weekdays**
  - 8:30 am to finish staffing primary consults
  - Last new consult time at 4:30 pm
  - Sign out to Long Days (K, L) 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
- Continue to see new consults till 4:30pm (weekdays) and 11:30 (weekends/holidays)
- In the weekdays when residents are rotating on the service the resident can assume pager coverage as well as work assignments and communication responsibilities
- Sign-off (written and verbally) to the Long Day on weekdays at 5pm and to the Bridge on weekends/holidays at 12pm or after
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 7 am all new admits and crosscovering issues
Jeopardy System Rules

Level 1 – Scheduled Jeopardy System
Responsibilities:
- Available for backup coverage for any of the clinical services (nights, bridge shifts included)
- Available by pager/cell phone during this time
- Available to come in for clinical service within 2 hours

Compensation:
- $150/day or 0.05 points/day Monday – Thursday
- $200/day or 0.07 points/day Friday – Sunday, holidays
- When called in additional standard rates / points apply

Eligibility
- All physicians with clinical responsibilities are expected to contribute to the Scheduled Jeopardy System
- Exempted
  - Associate Professors and above;
  - more than 85% funded from sources outside of the section;

Scheduling
- The Jeopardy will be scheduled similar to the other shifts and posted in the online scheduler
- We will schedule Jeopardy Blocks Mo-Th and Fr-Su
- CA and Assistant Professors are required to cover 3 to 4 blocks per year
- CCPs are required to cover 2 blocks per year

Level 2 – Emergency Back-up System
Responsibilities:
- Shared responsibility of covering the service on a prn base
- Available by cell phone
- Available to come in for clinical service within 2 hours

Compensation:
- $0 / 0 points Monday – Sunday
- When called in Jeopardy Rate applies (2 x Standard ESP rate)

Eligibility
- Physicians willing to participate
- At minimum a group of 6 physicians

Workflow:
- Jeopardy System will be activated in:
  - Emergency situations
  - Overflow situations (clinical census higher than service capacity)
- Clinical Director is notified of the need to call Jeopardy and subsequently the Jeopardy provider is called in;
- Providers in-house maintain the responsibility of patient care until the Jeopardy Provider arrives;
- Efforts will be made to minimize the need for jeopardy in cases when in-house providers are willing / able to assume the responsibilities and compensation of the missing provider; the coverage would be attempted within these groups but creative solutions are encouraged.
  - Mercy B – Mercy C
  - UC – Consult Service
  - Day K – Day L – Day M
  - Bridge – (all services except Nights)
  - Nights - Bridge
- 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. The other providers on the service should report the unannounced absence of their colleague, 30 minutes into the shift. An explanation of the emergency situation should be provided to the
Clinical Operations Director (or designee) immediately or within 24 hours. The jeopardy usage will be evaluated periodically by Clinical Director to monitor for appropriateness.

**Point Schedule**

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<th>Days</th>
<th>Pts/month</th>
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<th>Points per shift</th>
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**Extra Service Payment Schedule**

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