Day Hospitalist Rotation
Resident Orientation

Revised 6/21/2017

This is a two week rotation that offers an opportunity to care for patients with expected short hospital stay and engage in the hospitalist model. The rotation is different from the General Medicine Ward rotation in that the resident will be the primary provider for patients, take admissions every day, and see patients with lower acuity and higher turnover. The resident will also be involved in a didactic component specific to this rotation to promote residents-as-teachers of evidence-based medicine.

Hospitalist Day Team and Service

- The team consists of one Hospitalist attending, one resident and one nurse practitioner (NP). The attending supervises the work of the resident and nurse practitioner in addition to the flow of admissions and consultations.
- Services provided by the Hospitalist Service are the following:
  - Medicine Observation
  - Hospital Medicine inpatient service
  - General Medicine consultation
  - Triage to Medicine inpatient services
- The Day Hospitalist resident may evaluate up to 10 new observation or inpatient admissions per day ("admission cap") and manage up to 10 total patients at a given time as the primary provider ("hard cap"). The resident will cap at whichever cap is reached first. Consult patients do not count towards the cap.
- The Day Hospitalist resident may share the same workspace as the 8pm Night Hospitalist resident.

Schedule

- The duration of the Day Hospitalist rotation is two weeks.
- The resident is expected to work every day, except Sunday will be scheduled off.
- Any absences or changes to the schedule need to be run by the Hospitalist Attending and Chief Residents.

Daily Routine

Monday – Saturday: Starts 7:45am

- Pick up sign-out from the night hospitalist residents in the ED OBS Workroom (2E-157) at 7:45. Sign-out should be obtained about overnight events on prior patients and new admissions. Discuss the flow of the day, e.g. rounding, with the Day Hospitalist attending.
- Attendance at Morning Report and Noon Conference is mandatory.

- Evaluate old and new patients, then round with the Day Hospitalist attending. Rounds are one-on-one with the attending. If patients are expected to be discharged in the afternoon or evening, it is expected the Day Hospitalist resident will manage the patient through discharge.
- New Admissions: New patients will be assigned when called throughout the day up until 4pm.
- Consultations: Consultations will be assigned when called by the primary team throughout the day up until 4pm.
- Documentation: All notes should be completed and signed in ORCHID by the time of sign-out.
- Sign-out: The day hospitalist resident will sign-out to the night hospitalist resident, as early as 4pm when the night resident shift begins.
- Weekends: The resident is expected to be in-house during the shift, and if there is no active patient care, the resident may optionally leave the hospital after 12pm but remain on pager. New admissions or consultations will be assigned up until 4pm, and the resident is expected to return to the hospital for any ongoing or new patient care needs, including new admissions or consultations. The resident is still responsible for signing out any patients to the Night Hospitalist resident, and is permitted to do so by phone.

Observation Unit (OBS)

- **What is it:** This is a short-stay, outpatient unit where the anticipated length of stay is less than 24 hours and patients do not need an acute level of care. The unit is comprised of 8 beds located in the 5D Ward plus overflow beds in the ED (ED3/Purple zone) only when needed.
- The OBS unit is directed by the Hospitalist Service, and most OBS patients are managed by the Hospitalist Service. Occasionally, patients may be admitted by other services such as Ob-Gyn, but the Hospitalist Service will direct the flow of patients as necessary.
- **Conditions & Diagnoses in OBS:** Common diagnoses and admission criteria are specified by the Observation Unit director, and rotation expectations are discussed in the curriculum goals and objectives.
- **Admissions to OBS:** Patients are admitted from the ED, outpatient clinic, or outpatient procedure areas (PACU). The Hospitalist Service is responsible for triaging patients to OBS or another level of care or service. The attending will assign patients in a round robin fashion to the resident and NP. Admissions do not need to meet InterQual criteria.
- **Discharge from OBS:** Discharge plans must be formulated with the Hospitalist Service attending.
- **Upgrade to Inpatient from OBS:** Patients may be upgraded to an acute level of care if they meet acute medical needs or their medical needs overextend the 24-hour OBS stay. The Hospitalist Service attending will determine if the patient will remain on the Hospital Medicine inpatient service or transferred to a Ward team.
- **Advancing the care of OBS patients:** Since OBS patients are only allotted OBS status for 24 hours, it is important that you stay on top of things. This is especially important for those admitted with chest pain and are pending ETT/echo. You need to ensure that these studies are ordered, patients are on the list for them, patients are ready for the studies, and results reviewed (e.g. for ETTs, you need to order orthostatics and give IVF if they are positive; give BP meds in the AM if needed; call the Cardiology lab for results if they have not been posted).
- **Orders & Medications:**
  - To place a patient under observation <u>from the ED</u>, write the "Place in Observation" order in ORCHID. Do NOT place "Request for Admit" or "Admit to Inpatient" order. *(same FIN)*

- To place a patient under observation from outpatient areas (clinic, urgent care, outpatient procedure), a new FIN must be requested from Registration. Then under the new FIN, write the "Place in Observation" order. *(new FIN)*
- Medication history and reconciliation are required. Medications can be ordered as scheduled and one-time orders.

- **OBS Documentation**
  - **History & Physical:** Every admission to the OBS unit requires an H&P. The note should be titled "Observation H&P." This may be completed by the Night Hospitalist resident or Day Hospitalist resident.
  - **Updates:** If there are changes to the assessment or plan during the daytime, the resident should document the changes by writing an addendum to the OBS H&P. Final discharge updates and plans should also be documented as an addendum.
  - Discharges from observation do not require the discharge summary.

Hospital Medicine Inpatient Service

- The Hospitalist Service may be the primary service for inpatients. These patients tend to have lower acuity and complexity as higher turnover is often expected. Admissions to the inpatient service help maintain continuity of care or relieve the Medicine Ward services when busy ("overflow"). Patient care is similar to the General Medicine Ward rotation, except the resident is the primary provider.
- **Admissions to inpatient service:** Patients admitted to this service are upgraded from observation status to inpatient, or follow general admissions from the ED or direct admissions from outpatient. All admissions must go through InterQual and/or require override for admission by the Hospitalist attending.
- **Transfer/Discharge from inpatient service:** The Hospitalist Service will determine and supervise transfers to other services or teams, or discharge from the hospital. Hospital discharge should follow the general discharge workflow (same as discharge from General Medicine wards).
- **Orders & Medications**
  - To admit a patient from the ED, place the "Request for Admit" and "Admit to Inpatient" order along with general admission orders ("MED General Admit"). *(same FIN)*
  - To upgrade a patient from OBS to inpatient, place a "Consult to Utilization Review" order, then the "Admit to Inpatient" and general admission orders. *(same FIN)*
  - To admit patients from outpatient areas (clinic, urgent care, outpatient procedure), a new FIN must be requested from Registration. Then under the new FIN, place the "Request for Admit" and general admission orders. *(new FIN)*
  - Medication history and reconciliation are required.
- **Documentation**
  - **History & Physical:** Every admission to the inpatient level of care requires an H&P, which should be completed by the accepting team. This includes patients who are upgraded from observation status to inpatient. Therefore, if a patient is upgraded from observation and transferred to a Ward team, the Ward team is responsible for writing the H&P. If the patient is upgraded from observation but remains on the Hospitalist Service, the hospitalist resident or NP is responsible for writing the H&P. The H&P should be completed prior to sign-out.
  - **Progress Notes:** Daily progress notes are required for inpatients.

- **Discharge Summary:** Every discharge from inpatient requires a Discharge Summary written by the discharging provider.

Consultations

- The Hospitalist Service also provides General Medicine consultations. General Medicine consultation is available 24/7. Non-urgent consults after hours are usually deferred to the following day, but if need be, will be seen by the Night Hospitalist resident. Consultations cover basic GIM topics such as diabetes, hypertension, and pre-operative evaluation.
- **New Consultations**
  - **Mon-Sat (8am-4pm)**: New consults will be assigned by the Hospitalist attending. Consults do not count towards the admission cap or census. The Day Hospitalist resident will be expected to receive sign-out about the consultation and deliver recommendations directly to the primary team. Last consults may be assigned at 4pm.
  - **At night**: Any new consults seen overnight may be assigned the following day to the day team.
- **Staffing:** Old and new consults will be staffed by the Day Hospitalist attending. You will continue to follow consult patients until they are ready to be signed off.
- **Communication & Documentation:** The resident should verbally discuss recommendations with the primary team that initiated the consult in addition to documenting the recommendations in the chart.
- **Cross-cover:** If there are follow-up issues, the consult patients may be signed out to the Night Hospitalist resident.

Sign-out & Cross-cover

- **Night-time cross-cover:** The Day Hospitalist resident should sign-out Hospitalist Service patients to the 4pm Night Hospitalist resident. Sign-out must include any follow-up or discharge plans for patients who remain under observation, since OBS status continues 24/7. The Day Hospitalist resident will pick-up sign-out the next morning from the same overnight resident.
- **Weekend/Holiday cross-cover:** When the NP is off, the resident will cover the NP patients (e.g. Saturdays) and should get sign-out before the NP's day off. When the resident is off, the Hospitalist attending will cover the NP and resident's patients on the Hospitalist service. Before that day off, the resident should review the plan of care with the Hospitalist attending (i.e. the Saturday attending).
- **Cross-cover on consult patients:** Consult patients are generally managed by the primary team, but occasionally there may be urgent labs/studies to be followed up by the Hospitalist Service. If there are follow-up issues, the consult patients should be signed out to the Night Hospitalist resident for overnight issues or the Hospitalist attending for weekend issues.

Medical Education

- **Morning Report and Noon Conference:** Attendance is expected.
- **Landmark Evidence-based Medicine:** While on this rotation, the resident will be assigned a landmark research article to critically review, summarize, and place in the context of current hospital practice. It will be expected that this review be presented during Journal Club and developed into a slide presentation for peer teaching. This process will be supervised by one of the Hospitalist attendings.