UCI Ward and ICU Orientation
Updated 4/17/2018

Educational Conferences (none on holidays)

- **Noon conference:** Every weekday – see posted conference schedule on website.
- **Morning Report:** Tuesday, Thursday, Friday 8-9AM
- **The Academy of Internal Medicine:** Every Friday at 8:00 AM in Douglas Hospital room 7843. All residents on Elective MUST attend. If you need to be excused for whatever reason, please notify the chiefs in advance.
- **Mini-lectures:** 10 minute lectures available on residency website for teaching interns and medical students while on wards/ICU.

Duty Hours

- Record your duty hours daily using the New Innovations website
- **R1**→maximum 24hr shifts + 4 hours for transition of care
- **R2/3**→maximum 24 hr shifts + 4 hours for transition of care
- **All residents**→ 8 hrs off between shifts
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Admission Guidelines and Notifications

- Visit the residency website for guidelines on admissions for family medicine, surgery, orthopedics, urology, oncology, cardiology, etc.
- Notify the **Primary Oncologist** for *every* Heme/Onc patient to a ward team or Team L. If the primary oncologist wants or the patient needs an oncology consult, then notify the heme/onc service. Also, all goals of care discussions regarding heme/onc patients need to be decided upon between attending physicians or fellows and should not be initiated by residents.
- Notify the **MICU/CCU fellows** for *every MICU/CCU admission and transfer*.
- Notify the **Renal fellow** about every dialysis patient or renal transplant patient being admitted.
- Notify all **Primary care physicians** at Gottschalk, the Senior Health Center, and Pavillion III when their patients are admitted and discharged. On admission, a brief email (encrypted), phone call, or page with call back information will suffice. On discharge, an encrypted email should be sent to the PCP with a description of hospital course and important follow-up information.
- Notify **Transplant Surgery** for all transplant patients being admitted
- Consult **Cardiology** of all admissions for acute decompensated heart failure.

Professionalism

- You cannot refuse the admission when called by the ED. If you feel that accepting the admission would jeopardize patient care or keep you in the hospital past the duty hour limits, contact your attending.
- To avoid overwhelming the night float residents, if you are called for a late admission and feel that you can admit this patient without violating duty hours, please do so.
- Do not argue with the emergency department, other services, or your colleagues. Any issues should be brought to the attention of your attending or a chief resident.

- If you ever feel like you are overwhelmed, ask your chief resident and/or attending for help. We are here for you.
- Please respond to your pages in a timely manner, ideally within 15 minutes.
- You are accountable for checking your emails at a minimum of every 24 hours.
- On days off or when leaving the hospital, please leave an out of office message on your pager with the appropriate contact information of the covering physician. If any pages accidentally come through -- please try to provide callers with the appropriate person to call.

Notes/Documentation:

- On **wards**, when you are not sure who the attending will be to sign a note, leave the note unassigned
- On **wards**, there only needs to be one note per day that the attending sees the patient. If a patient was admitted in late afternoon or overnight and is staffed the next day, no progress note is needed for that day (though if there are deviations from the initial plan the H&P should be updated or an event note should be written about the changes). On day of discharge, no progress note is needed as the discharge note will be the note for the day. Exceptions are ICU/CCU transfer patients who will still need a progress note the following day after transfer.
- On **ICU/CCU rotations**, please assign the notes to the attending covering the service. This is how the attendings keep track of the patients they have seen so they rely on you to assign them notes.
- On **ICU**, you should write a note for every day that the patient is in the ICU. If an H&P is written after 12am midnight then it counts as that day's daily note, otherwise you will need a progress note (even if H&P was done yesterday or overnight before 12 midnight).
- Please remember to ask your attendings to complete documentation evaluation forms during your inpatient blocks!
- **RRT or Code Blue**: The resident primarily managing the RRT or code blue situation should write a brief note describing the medical decision making and interventions provided during the event. This can be done under a "Progress Note" or "Plan of Care" note for now. We may have an "Event Note" option in the future for use.

Discharges

Day before discharge Medication Reconciliation (about 80% of discharge meds will be completed at this time):

1. Each intern/ NP will review home med list with patient/ patient's family to ensure accuracy if not already completed on admission.
2. Compare home med list with inpatient med list. Enter any home medication or new inpatient medication which the patient will definitely require on discharge and does not require additional specialist (physician/ pharmacist) or laboratory input.
    - Resume any home medication changed to UCI inpatient formulary/ dose equivalent and has not required any dose adjustment during admission.
    - For any home medication changed to a UCI inpatient formulary that required a dose adjustment in response to concern for drug effect or uncontrolled medical condition provide

the appropriate recommendation- i.e. stop medication until follow up with PCP/ specialist or provide new prescription for medication used in the hospital

- For new inpatient medications suggested by a specialist, inform the specialist the patient will be discharged the next day and if any additional medication changes are required. Enter the prescription according to specialist recommendations.
- For new inpatient medications initiated/ managed by the primary team and will be required after discharge per the attending, enter a new prescription.

3. Notify attending/ licensed senior resident when new prescriptions are ready to be signed.

Day of discharge Medication Reconciliation (about 20% of discharge meds will be completed at this time):

1. Enter new prescriptions based on final recommendations from specialist/ new laboratory data.
2. If the attending/ licensed senior resident has not already signed new prescriptions from the day prior provide a gentle reminder in the morning prior to start of attending rounds.

Code Blue/Rapid Response Team

- **Day 6AM-6PM: MICU senior and fellow and Team H residents**
- Night from 5:00 PM- 6:30 AM: ALL NF residents & the MICU team.

Anonymous Feedback

If you have concerns that you would like to express anonymously, please go to the resident website www.medicine.uci.edu/residency .

Click on "Resident Resources" in the left-hand column.

At the top of the next page right under words **Residency Portal**, you will see the link to "**Anonymous Feedback**". Click on that link.

The system removes your identity and you can post your concerns anonymously. If you want a response, provide your actual name (obviously not anonymous) or an outside, non-UCI email address which does not identify you (and therefore is anonymous).

Handoffs (UCI Wards)

- Morning signout occurs at 6:30am. All day team members including senior residents are expected to be physically present to receive signout and assume care for their patients. To facilitate throughput, cross-cover signout will stay in the team C workroom, while new overnight admissions should be signed out in the team G workroom. This way interns can receive cross-cover signout while at the same time seniors receive new admission signout to streamline the process. The senior resident is responsible for assigning new patients to their interns, sub-Is, and/or NPs.
- Evening signout starts at 5:00pm for the no-call and short-call teams and 7:30pm for the long-call teams (or earlier at 6:30 if their census is at 18). Evening signout will remain in the team C workroom. It is up to each team's discretion who is present for signout. On days when the senior resident is present, NPs are expected to sign out their patients to the senior no earlier than 4:45, after which the senior resident is responsible for signing those patients out to the night resident. On days when the senior resident is not present, NPs are expected to directly

sign out their patients to the night resident in person at 5:00pm. Interns should not be involved in cross-coverage of NP patients.

- Please use the 'general medicine' handoff template, NOT the 'hospital medicine' one
- Please remember to use IPASS technique and ensure that written handoffs are complete, pertinent, and updated

WARDS:

<u>Typical Ward Day</u>

- 6:30-7AM = Morning sign-out in team C workroom (4th floor of Tower)
- 7AM-8AM = Teams pre-round on all patients
- AM Report: Tues/Thurs/Friday 8-9PM
- 9:15-9:30= Case management interdisciplinary rounds
- 9:30-12:00 = Walk rounds with the attending on new patients
- 12 Noon-1 PM = Noon Conference / Grand Rounds
- 5PM = "No-call" and "short call" teams are able to start signing out to cross cover resident
- 7:30PM= Long call teams are able to start signing out to cross cover, goal to leave by 8:30PM
- Admitting night float residents come in at 6:30PM to start admitting when long call teams have received more than 6 admissions. Before admitting residents arrive, cross cover resident is responsible for "eye-balling" admissions that will be admitted by night admitting residents. If a long call team is capped at 18, they will still take up to 3 admissions or till their census is at 20 (whichever comes first) until 6:30PM when admitting night float residents arrive.

<u>Call System</u>

- Four teams will be "on-call" and accept patients in a modified drip system based on bed assignment. Two teams will be "no call" and not accept patients each day
- Admissions for the day teams take place from 6:30AM-5PM for two short call teams, and 6:30AM-7:30PM for two long call teams
  - Team Caps = 18 patients (ACGME hard cap is 20)
  - Intern Caps = 10 patients (8 new H&Ps in a 24 hour period per ACGME, not including overnight admissions)
  - Senior Caps= 20 patients (10 new H&P's in a 24 hour period, plus an additional 4 transfers per ACGME, not including overnight admissions)

<u>Admissions/ Transfers/ Bouncebacks:</u>

- <u>General Info</u>
  - All admissions/transfers will be assigned to team and attending based on their bed assignment by SPPO. The teams will be paged via their team pagers.
- <u>Caps</u>
  - If any team has 18 patients, they will be out of the drip until they either drop their team census to less than 18 or all the teams have 18 patients, in which case, all teams will re-enter the drip.
  - You must call the SPPO at x 8455 or pager 6000 to let SPPO know you when you are capped or uncapped. If you fail to let SPPO know you are capped and you get an admission that "overcaps" you, you will still have to take the admission.

- If one or both of the long call teams are at the ACGME soft cap of 18 going into long call, long call teams will admit up to 2 patients each until 6:30pm when the night float admitting residents arrive and can start admitting. The ACGME official cap is 20 patients.

- MICU Transfers
  - If you are assigned a MICU transfer during long call from 5-7:30pm, you need to evaluate the patient, write an accept note and sign this patient out to the ward night float team. The physical transfer of the patient should happen in 1-2 hours. If there is a delay, the MICU is responsible for managing the patient while they are in the ICU and then communicating to the accepting team or to night float regarding any major changes in management since initial sign out. Bottom line, the MICU transfer is yours once you get the bed assignment from SPPO and you need to sign them out even if they are not on the floor yet when you leave for the night.
  - MICU transfers: The MICU resident is responsible for figuring out which team the patient is bouncing back to (if applicable). The MICU resident will call SPPO and get the patient assigned to the team it came from if the senior is there, AND the team is not capped AND it is not the first or last day of the senior's block.
- Cardiology/CCU Admissions
  - **Between the hours of 6am-6pm**: Cardiology Service resident will evaluate the patient at bedside and discuss the case with the Cardiology Service Fellow (CCU Fellow). If deemed appropriate, the patient will be admitted under the Cardiology Service Attending of the day.
  - **Between the hours of 6pm-6am**: Unit NF senior resident will evaluate the patient at bedside and contact the on-call cardiology fellow to discuss the case for admission. If deemed appropriate, the patient will be admitted under the Cardiology Service Attending of the day. (If CCU-level of care, the patient must also be seen by the Noctensivist as per ICU policy).
  - Any patient that is deemed not CCU-level of care after discussion with the on-call cardiology fellow requires an Event Note by the resident stating an evaluation has taken place and plan of ongoing care. The cardiology fellow will be added as a cosigner and can addendum the note.
  - Exception to this is a STEMI which requires for the ED team to directly contact the cardiology fellow for evaluation.
  - The first scheduled TAVR procedure for the following day may get pre-admitted overnight. Cardiology fellow should notify ICU night float senior resident of this patient and touch base with resident regarding necessary pre-admit orders. Also refer to TAVR Protocol sheet for basic orders (posted in CCU workroom).
- Outside Transfers
  - All pending admits coming from outside hospital or clinic will be entered into sharepoint and be assigned to the drip immediately. This may mean that you are assigned a patient that does not come until later that evening or even the next day. No matter the case, the patient will be yours (even if the senior is off the day of arrival).
  - You can call x456-2222 (transfer center) to get information about the patient prior to their arrival. This can help you formulate a basic H&P and orders.
- GI Admissions
  - If a GI patient is being admitted post-op from the GI suite, then you do not have to see this patient prior to their arrival on the inpatient side (PPCU, floor, ICU, etc.)

- Treat these patients as you would a transfer patient from an outside hospital, as noted above.
  - As with transfers from an outside hospital, you may prepare a skeleton H&P and/or basic orders to help out night float if the patient does not transfer during day-time admission hours
  - If the patient has any issues while in the GI suite (BP, nausea, pain, etc.), then these issues should be taken care of by the GI fellow or GI attending
  - You should not be asked to evaluate a patient for possible admission. That falls under the GI attending's responsibilities.
- Bouncebacks
  - Bouncebacks from the ED/MICU will follow the senior resident for the current block **EXCEPT** if the senior is absent, no call, the team is capped OR if it is the first or last day of the senior's block.
    - If the team receiving the bounce back is admitting and not capped the patient should go back to the original team to preserve continuity
    - If the senior is not present or not admitting then the patient from the ED should go to another team who should get credit and then transferred the next morning with no credit.
      - For example, if a Team A patient is being admitted as a bounceback, but Team A is no call, then the admitting team will get credit for the admission. The following day, the patient will transfer back to Team A but it will not count as an overnight admission to Team A.
    - If the senior is present and a MICU patient is being transferred to the floor, the original team should accept the bounce back even on a no call day (write accept note)
    - During the daytime, if a senior resident is called about an admission and realizes the patient is a bounceback to another team, that resident will contact the team senior who is receiving the bounceback. The senior who is receiving the bounceback is responsible for calling SPPO and getting credit for the admission and removing credit from the team who was originally assigned the patient. This will preserve the drip, and avoid the first team getting credit for the admission and skipped in the next round of admissions.
- Overnight Admissions
  - During the night shift, do not contact SPPO about reassigning patients. Admissions can be redistributed by the night float residents without contacting SPPO. Night float is responsible for calling SPPO at 6:30AM to let them know what team is up next based on how many admissions each team got during the night.
  - One team cannot receive more than 5 admission overnight.
    - For example if, overnight, Team A is capped and Team B is open, Team B can receive up to a max of 5 patients before Team A will need to be assigned patients.

Communication with Nursing

- Discharge Orders
  - Please only place an order for discharge once all medicine related tasks are completed
  - Then page the primary nurse 10-15 minutes prior to discussing the discharge papers with the patient. This is to ensure that the discharge plan of care is presented as a team.

Team O Changes: Split into Teams L and S

- Effective 9/26/16, Team O is now split into Teams L and S.
- Team L will function as a primary Oncology service for hematologic malignancies (eg. lymphoma/leukemia).
- Team S will function as a consult service (heme and onc) and co-management service (eg. solid tumors).
- Please see the "Policies" tab on our Internal Medicine Residency website to see the specific policies governing Team L and S admissions and co-management.

Family Medicine Policy

- Cap at 15 patient (including pediatrics and OB)
- Once the cap above is hit for the FM service, the next patient with a senior health center PCP will go to Internal Medicine service and the next patient with a PCP at the FQHC will go to Family Medicine service. Once FM hits 15 adult patients, then all patients will go to the IM teams until the FM team uncaps. If FM team is capped and all IM teams are capped above 18 then everyone will share the overflow and continue to take admissions.
- Please remember that patients are to be admitted to FM if they meet both of the following criteria:
  - Identifies a UCI family medicine or UCI geriatrics provider as their primary provider, and with whom the patient intends on following up with upon hospital discharge.
  - AND
  - has been seen on 2 visits during the previous 2 years by any family medicine resident or family medicine or geriatrics attending at their outpatient family medicine/geriatric sites (FQHC Santa Ana, Anaheim, Orange or Irvine). These 2 visits are to be continuity visits and not just urgent care visits.
- As a reminder, do not transfer patients between services after the day team has already seen a patient (to avoid disruption in continuity of patient care)

Days Off

- Senior residents should take one "no call" day off per week
- Interns off days are to be assigned at the discretion of the senior resident & team attending, and should be planned during the first few days of the block. Interns should not take long call days off unless permitted by senior and attending.
- All team members must get at least 3 days off for a 3-week long rotation.
- Please include the MS4 sub-interns and MS3 students when planning your rotation days off.
  - Seniors should not take off the same days as their MS4 sub-interns

Weekends

- Call early in the day to go over discharges that require transport, SNF admission, DME orders, home health orders etc
  - Case Manager: pager 7242
  - Social Worker: pager 7246

Ward Nightfloat

- ADMITTING: Two residents will do new admissions from 6:30 PM- 6:30 AM with admissions

being accepted in an alternating fashion between the two Ward NF residents. Both of these residents will hold clones of **pager 1763.**

- CROSS COVER:
  - One resident will cross cover for all teams starting at 5PM until 6:30AM. This resident will hold **pager 6575.**
  - **He/she will also hold the Team H/medicine consult pager (p6555) from 6PM to 7AM, and perform** any overnight Medicine consults and staff with the consult attending at the time of the consult (pgr 2112). If that attending doesn't respond, page the service attending. If the service attending doesn't respond, page Dr. Dangodara.
  - The cross cover resident will also carry the admission pager **(p1763**) from 5PM-6:30PM and distribute a maximum of 6 to the long call teams (3 per team). If one long call team is capped at 18, they will still take up to 3 admissions or till their census is at 20 (whichever comes first) until 6:30PM when admitting night float residents arrive. If both long call teams are capped at 18, call the on-call chief resident at p6666.
  - At the end of the shift, the cross cover resident will also update SPPO with which team is up for the next admission if patients were redistributed during the night shift
- The pagers and binder will be held in the team C room.
- The Cross-Cover resident is responsible for Code Blues/Rapid Responses in addition to the MICU team. However all nightfloat residents should be helping out with Codes/Rapids when time permits.
- Please see the separate Night Float Manual for specific instructions/resources

Sleep Room Assignments	Resident	Telephone Extension
NUH 3834 **(3rd Floor East Side)**	**Ward Night Float (ACE)**	**1115**
NUH 4838 **(4th Floor East Side)**	**Ward Night Float (BDG)**	**1158**
Sleep Trailer (Bldg. 58) Room 113-Keys located in a box at the 4T nurses station.	**Ward Cross Cover Resident**	**unknown**

MEDICAL INTENSIVE CARE UNIT

Typical MICU/CCU Day

- 6:00-7:00 AM = AM signout at 7400 workroom with all MICU/CCU, Unit NF residents, nocturnist & Team fellow present.
- 6:00 AM-6 PM = MICU/CCU work day
- 6 PM = signout with all MICU/CCU, Unit NF residents, nocturnist, and Team L fellow present.
- On the weekend, Team L will sign out after the fellows are done with their work.

Caps

- Each intern is capped at 6 patients
- Each senior can take an additional 4 patients after the intern caps for a total of 10 patients.
- If there are more patients, they will go to the fellow.

Days off

- Days off are pre-assigned to interns and senior residents in the MICU. CCU days are not pre-assigned however interns should not take the seniors post call day off. In general, in MICU no one is off Wednesdays because of ER didactics.
- Typically, CCU senior will take 24 hour call once a week (this is typically Thursday and Friday, but can change based on scheduling requirements). MICU senior may also have 24 hour call(s) which will depend on availability of senior coverage.
- Night residents will get two days off a week
- Post-call days can be counted as days off (reserved for special circumstances). If you are post-call from a night shift, you will have a 24 hour period of no clinical responsibilities (i.e. 7am to 7am off), and you will get a minimum of 2 other days off for a total of 3 days per 3 week block.

Policy on Transferring Patients from the MICU

- We operate a "closed" ICU, meaning that any patient physically in the ICU is the responsibility of the ICU team only.
- If the patient is ready to be transferred out AND has a bed ASSIGNED on the medicine floor, the MICU team CAN give sign out to the accepting medicine team.
- If there is NO BED ASSIGNED to the transferred patient, the MICU will manage the patient until one is assigned and patient is ready to be transferred.
- If the MICU census is > 17 patients, and a patient is stable for transfer, with the MICU attending's approval, the care can be transferred to the ward team even if NO floor bed is assigned at the time of the transfer. The chief resident must be notified to facilitate the transfer.
- If a patient is transferred out of the MICU during the night, the unit float resident will continue to manage the patient on the floor and will sign out to the accepting team the next morning.
- If a transfer has been assigned overnight, but the assigned team is no-call, the patient is reassigned by MICU and signed out to the new accepting team asap
- When transferring a patient to the medicine floor, the MICU resident is responsible for determining which team the patient is bouncing back to (if applicable) or if it's a FM patient. The MICU resident will call SPPO and get the patient assigned to the team it came from if the senior is there, AND the team is not capped AND it is not the first or last day of the senior's block.

Unit NF

- The ICU and CCU will be covered by one senior resident and one intern assigned to nights
- Unit NF senior resident holds the **Unit admit pager (p6207),** which covers both ICU and CCU admissions.
- Unit intern holds cross cover pager **pgr 3704**
- All overnight CCU admissions must be staffed with the cardiology fellow and all overnight MICU

admissions must be staffed with the noctensivist. Please refer to Cardiology/CCU Admissions section under Admissions/Transfers/Bouncebacks section for specifics.

- Unit NF resident will manage old Team L patients and admit any new Team L patients and communicate the admission to the oncology fellow at the time of admission.
  - FYI, Team L consists of any hematological malignancies. Otherwise, Team S patients/consults should be managed and admitted by the Ward Night Float/Admission Team.

Call Rooms

Sleep Room Assignments	Individual	Telephone Extension
NUH 7241 (7th Floor, CCU)	**Senior Night Float**	**1120**
NUH 7243 (7th Floor, CCU)	**Intern Night Float**	**1121**
Noctensivist Office (7th Floor MICU)	**Noctensivist**	**714-509-2279**

TEAM H-HOSPITALIST/MEDICINE CONSULT

- AM signout & transfer of new consults at 7AM from the Ward Crosscover NF resident.
- Signout at 5PM to the ward nightfloat cross cover resident.
- Attend all day Code Blue/Rapid Responses

BACKUP RESIDENTS

- If any NF resident is overwhelmed with admissions or cross-cover, they should **seek assistance first from their counterparts on NF**. If more assistance is needed, please call the **on-call Chief Resident pager (p6666) to solicit help from a resident on home backup call.**
- When you are on home backup the call occurs from 7am to 7am (24 hours). During this time, you must keep your pager with you at all times and be within 30 minutes (not miles) of all three hospitals. PLEASE RESPOND WITHIN 30 MINUTES OF BEING PAGED.
- You may be called into any hospital at any time of day or night. Backup duties can include any needed coverage as directed by a Chief Resident.
- IT IS YOUR RESPONSIBILITY to check to see if you are on back up. The back up schedule can be found on the residency website www.medicine.uci.edu/residency under schedule.

MEDICAL STUDENTS

- Students should be integrated into the team and assigned patients based on their level of training and proficiency.
- Conferences are optional for students but they should be encouraged to attend all educational conferences.
- Students should be expected to write notes and present on their patients, as well as help with other aspects of patient care including but not limited to obtaining outside records, calling family for updates, following up on diagnostic testing, coordinating with consultants, etc.
- Please notify one of the chiefs or the program director if there is a sub-I that stands out – your feedback, whether positive or negative, helps a lot when making decisions about whom to interview and how we rank applicants!