

MED Call Guidelines:

Sunday-Thursday

7:30am-3:00pm – ward team admits the patients

3:00pm-6:30pm – team E admits patients to a maximum of 4 patients

6:30pm-7:30pm – ward team resumes admissions until a cap of 10 patients

7:30pm-7:30am – the night float team admits patients with a cap of 10 patients. The patients are distributed to the ward teams. **See night float algorithm for distribution details.**

Friday-Saturday

Residents and interns who are on electives take call as the night float team

See night float algorithm for Weekend Team E rules

GENERAL RULES:

Team Caps – 24 each team, 12 patients per intern

10 admissions per call day, 5 patients for each intern on call

We do emergent cross cover for Med E patients. Make sure the medicine E attending has been called when the nurse calls you. Management should occur in conjunction with medicine E attending over the phone.

We admit all patients from the clinic when called, medicine E only admits from ER

Call UT Attendings on call to discuss questionable admissions

MUH Call Guidelines:

7 Days a week

Short Call – 7:30am-2:00pm (5 patient Cap) → the short call team will admit until 2:00pm or until 5 patients are admitted, whichever occurs first

Long Call – 2:00pm-7:30pm – the long call team will start admitting patients at 2:00pm or once the short call team reaches its **cap of 5**. Call will end at 7:30pm or when a **cap of 10** is reached or the Night Float team arrives. The long call interns will provide cross cover until 7:30pm and will receive check out from the other teams

Team cap is 24 patients, 12 patients per intern is maximum

Night Float – 7:30pm-7:30am – the night float team will admit patients between 7:30pm and 7:30am. These patients will be distributed to the ward teams upon admission; the team with the fewest patients will be the first team to receive new admissions. The night float interns will provide cross cover overnight and will receive check out from the long call interns. Subspecialty admissions will count toward the cap and will be distributed to the subspecialty teams the next morning.

Friday-Saturday

The long call resident will act as the night float resident on the weekends. Interns on electives will provide night float coverage at this time.

We do emergent cross cover and death pronouncement for private patients. Make sure the private attending has been called when you are notified by the nurse. Management of patient should be done in conjunction with private attending over the phone.

VAMC

Sunday-Thursday

The daily rotation for the three ward teams is short call, long call, and post call

Short Call: The short call team during the weekdays admits up to **6 patients or until 3pm**. Once the short call team admits six patients or at 3pm then the call pager is passed to the long call team.

Long Call: The long call team will admit until 7am the next morning or until they reach their **cap of 10 patients**. Once the long call team has capped, the ICU resident will help with admissions unless they are busy, then it is the MOD's responsibility to admit these patients, no questions asked. These extra patients will be floated to the short call team the next day.

7 Pm Intern should start admitting the patients once the long call is started. He/She should take the patients at least till 6:30 and should try to finish the work by 9:00 Pm. If left with any H&Ps or orders, he/she should check that out to Night float person to finish it and **should leave the hospital by 9pm**.

Overnight intern should start admitting the patients preferably after 6:15pm (unless if team is hammered by 4-5 patients before 6pm in a period of 1hr or less). **Night Float intern** should also be used for admissions (at least for 1-2 patient after 7pm especially if patient is a bounce back to another team).

On the weekends (Friday and Saturday) as both the interns are overnight, so can alternate the patients between the interns or depending upon how the team decides.

Night Float: There is a night float system for interns only from Sunday to Thursday. One intern from the day team stays overnight. The second intern from the on call team covers from 4pm-7pm and is relieved by the Night Float intern.

Caps: Team cap is 27 patients, if the team has 22 patients going into short call (after all possible discharges), the pager should be handed over to the long call team

Friday-Saturday

Both interns from the on call team stay overnight.

Medicine Consult: Medicine consults during the evenings and weekends are taken by the ward teams and the medicine consult team is informed the next business day of consult. Consults do count toward the team caps. **Medicine Consult team is not working during the holidays, so medicine team will see and follow all new consults that they will get during the holidays.**

Rules Concerning Admissions and Cross-Cover with the Addition of Medicine E

These rules were created because Medicine E (Hospitalist team) has now begun to do admissions from the ED directly to their team Monday through Fridays. This will begin Monday, December 8th 2008.

Admissions:

1. Night float will continue their regular hours of cross-cover and admissions from 7:30pm-7:30am.
2. Monday – Friday Admissions:
 - a. 7:30am-3:00pm – call the regular medicine team on call.
 - b. 3:00pm-6:30pm – call Medicine E admission pager (777-0116).
 - c. 6:30pm-7:30pm – try Medicine E if they have not been busy or are not capped, if not, go back to the regular medicine team on call for the day until night float arrives.
 - d. If the medicine team on call caps early, Medicine E will begin to take patients at that time. If Medicine E caps as well, MOD will do the admissions.
3. Saturday – Sunday Admissions:
 - a. 7:30am-7:30pm – call the regular medicine team on call.
 - b. If the medicine team caps early, MOD will do the admissions.
4. Medicine E will cap at 24 patients (combined lists) for daytime admissions.

Cross Coverage:

1. Between the hours of 7:00am and 8:00pm, the individual attending for the patients on Medicine E will be contacted by the nurses directly for cross-cover issues.
2. Between 8:00pm and 7:00am, nursing staff will call Medicine E admission pager (777-0116) for cross-cover issues.
3. If there are any emergencies or critical cross-cover issues on Medicine E patients during the night, the night float team will evaluate the patient as necessary and provide care while in contact with the Medicine E team. But the nursing staff should call Medicine E cross-cover pager first.

Night Float:

1. Medicine E will be added in to the rotation to take patients with the other medicine teams. Please see the Night Float Algorithm for details.
2. Medicine E has a total cap (add both attendings together) of 18 Sunday through Thursday night and a cap of 24 on Friday and Saturday night. When admitting to Medicine E at night, do not specify the attending, just "Admit to Medicine E." The intern writing the orders should place their name and pager on the admit orders to be able to answer any cross-cover on that patient until the Medicine E arrives at 7:00am. At that time, all cross-cover will turn over to Medicine E team for the rest of the admission.
3. Add the night float admissions to Medicine E to their list before 7:00am every day.

Bounce-Backs:

1. The regular medicine teams will take bounce-backs as always within the same month that the intern is following the patient.
2. Medicine E will take bounce-backs within the same calendar month.

Night Float Algorithm for the MED

1. Check all team lists and count their numbers including team E.
2. For admissions, start with the team with the lowest number of patients and then rotate to the team with the second lowest number of patients. Exclude the on-call team for that next morning from the distribution, and the post-call team unless they got 4 patients or less. For each patient that is admitted, follow this same rotation throughout the night. If a team is admitted a bounce-back, it does NOT count towards their total number of admissions so keep them in the same rotation as if they did not get the bounce-back. You will start with a Medicine team and alternate every other patient with Medicine E as long as they are not capped.

For example,

Team	Number of Patients	
A	14	
B	16	Post-call
C	17	On-call
D	15	
E/Hospitalist	13	

Your distribution will go as follows:

Patient 1 – Team A

Patient 2 – Team E

Patient 3 – Team D

Patient 4 – Team E

Patient 5 – start over from the beginning.

This will ensure that Team E does not get more than 50% of the admissions.

3. Team E will take any patients now. Their cap is the combined lists of both attendings. Sunday through Thursday their cap is 20 and on Friday and Saturday is 24. They should be given no more than 4 patients from night float on any night.

4. Please continue to keep track and document your admissions on the night float intake sheet. If on the weekends, please pass this intake sheet under the door of the chief's office. Don't forget to add all patients to the team lists every morning, including Team E by 7:00am.

5. Consults count toward the resident's cap of 10. When a consult is completed, make sure to add this patient to the Medicine consult list. Also, notify the consult team that next morning and discuss the patient with them.