

Allen Hospital Senior Guidelines 2010-11

Welcome back to the Allen!

As you probably remember, the Allen is structured differently from Milstein and has recently had some changes to the daily schedule. To refresh, the Allen Pavilion has 2 interns to 1 resident, so this is a great chance to refine your resident skills (especially with new interns). On the Allen Wards, residents take Q2 call, your day off is your long call day over the weekend, though you work on your post-call day on weekends. There is no team intern at the Allen. The pre-call intern will hold the post-call pager. On the weekend, you are solo post-call since your other intern is off. You do not have clinic while at the Allen, but your intern will have clinic on their short-call day.

You will hold the **9000 pager** (this does not physically exist, but is just signed over). Unlike at Milstein, we receive new admissions from the service coordinator (one of the hospitalists or PA's). These patients either come from Milstein or the Allen ER. We encourage you to see your patients as soon as possible after you receive sign out. If you have questions regarding the ER course of your patient please speak directly with the ER physician. Please understand that the service coordinator is in charge of making a decision about triage and often will not have the amount of information you are used to obtaining during signout from the ER on the Milstein wards. However, you should be given the pertinent information and vital signs. If this is not happening please let us know as issues of triage have arisen. Please accept patients at the time you are called by the service coordinator (even if it's during attending rounds) in order to maximize the number of admissions you receive early. Neurology patients are admitted to the medicine service. You should be in contact with a neurology attending if this happens.

The admission guidelines have also changed. The long call team will admit 4 new patients every day. The short call team will accept 2 night float admissions every weekday. When there is no short call team available (i.e. weekends or holidays, or if short-call is full during the week), the long call team will accept 2 new patients from the night float *in addition* to their 4 new patients. At times when the hospital census is near capacity, housestaff teams will be asked to admit a 5th new patient on their long call day. Only ward patients will be admitted to the medicine housestaff teams with the only exception occurring when the attending on service admits one of their own patients to the team. Patients from certain nursing homes are admitted exclusively to private attending. A list of these nursing homes can be found in the Hospitalist office on 2FW. All other nursing home patients may be admitted by housestaff teams. As you are aware, the census cap for housestaff teams has now been reduced to 10. If the long or short call team begins their day at or near this capacity, please let the service coordinator know as soon as possible so they can limit the number of patients they accept from the Milstein ER.

Important: A new policy that has just started this year is that at the end of each long call day, the senior resident must touch base with the attending for that block (whether in person or on the phone) about all new patients. This can be as brief or extensive of a discussion as determined by the resident and attending. Please obtain contact information from your attending at the beginning of each block. All attending are aware of this new policy and will be expecting to hear from you. Please let us know if this becomes an issue.

You are the arrest resident for the hospital and will carry the arrest pager (which does exist). Respond to all arrests regardless of location (including ICU). All units and radiology have defibrillators and crash

carts. You are no longer the telemetry resident at the Allen, this job has been taken over by Karen Stugensky, the PA, who also handles nuclear stress and cath assistance. However, you may get called to review the necessity of telemetry on your patients.

The on-call directory for subspecialists is available on Infonet on the quick link menu 'On-Call consult'. We rely on Allen Cardiology, Pulmonary, GI, Renal, Neurology, Surgery, Ortho, Urology (to name a few). However, some sub-specialties are not available at the Allen. This sometimes may require a transfer to Milstein to obtain the needed services. If you need to transfer a patient to Milstein, you must obtain approval from the Chief on Call.

For patients going to Milstein for studies (MRI) or IR, there is now a policy that the patient must be taken off telemetry OR we get ACLS trained transport or physician transport (something to consider since ACLS transport may take some time to arrange).

The following is the new weekly conference schedule and daily schedule:

Monday: Resident Report with Dr. Ridge 11:15 AM, morning report room

Tuesday: Intern Report 11:15 AM (residents hold pagers), morning report room

Wednesday: Resident Report with Dr. Ridge 11:15 AM, morning report room

Thursday: Night Float Report 8AM (PGY3 do not need to attend), morning report room

Friday: Geriatric Journal Club 10:15 (PGY 3 do not need to attend), morning report room

Daily Schedule:

Prerounds: On-call intern arrives no earlier than 7AM.

7:45-8:30: Work rounds with interns, get pager/signout from night float

8:30-10:00: Attending rounds (encourage bedside), Post-call Intern out at 10:00AM

Conferences/Multi-D rounds each nursing station (intern or resident must attend)

-2RW: 10:00am-11:00am

-2FE: 10:30am-11:30am

-2RE: 11:00am-12:00pm

-2FW: 11:00am-12:00pm

12:00-1:00pm: Noon conference

8:30 PM Long-call resident/Night float signout

** Please encourage rounding and hearing presentations at the bedside

Night Float Info: Arrive at 8:30 PM, complete the 4 admissions with the intern until 2AM. Perform 2 independent admissions. No NEW admissions after ~5-5:15AM (please allow some flexibility with this time cut-off if needed). A new change in the policy is that the hospitalist overnight must hear about all new admissions and major parts of the plan must be reviewed with them. Please also feel free to run cases by the chief resident anytime if you have questions.

Additional Allen Information

1. There is a resource locker (#28 in AICU attending call room, combo 31-13-27), contains an ophthalmoscope, otoscope, and electronic recording stethoscope.

2. You will be assigned a locker at the Allen by Felicia, whose desk is located down the hall from the morning report report.
3. Pick up your Allen contacts/faculty and important numbers from the hospitalist office (2FW)
4. Night residents and on call residents arriving at and leaving the Allen Pavilion after 8pm will be allowed to take any car to and from the Allen Pavilion and will be reimbursed 100% of the cost up to \$20.
5. Bounce-back policy: Bounce-backs are permitted within 24 hours of discharge. If the resident/intern team that discharged the patient is not in the hospital at the time of the bounceback, but it is within 24hrs of pt discharge, the medicine resident/intern team that is in the hospital will watch the patient (not a new admission) and transfer the patient back to the original team when they return. This policy will also be true of patients transferred to the ICU that are then transferred out of the ICU within 24 hours.

Please let us know if any questions or concerns arise, and enjoy the rotation!

-Ben, Lauren, Mona, and Jimmy