Clinical Shift Responsibilities and Policies: Physicians

Purpose

This policy describes the responsibilities of the day, night, evening and triage docs during their clinical shifts.

Additional related policies

1. CIMS provider cap policies
2. CIMS attending of record policies
3. CIMS triage policies
4. CIMS handoff/ transitions in care policies
5. Medical consult policies

Policy

Day Docs

I. Clinical Responsibilities

A. Schedule and patient care caps: (see also CIMS provider cap policy)

In general, your shifts will be from 8am to 6pm during the week and 8am to 8pm on weekends. You will usually be scheduled anywhere from 2-5 days in a row, though occasionally you may be scheduled for a single day or for longer than 5 days in a row. You are expected to be present from 8am-4pm at a minimum during the week and from 8a-8p on weekends. Your shift begins at 8am promptly. However, it is advisable to get there a few minutes early to get report on your patients from the Nighttime providers.

You are expected to care for up to 8 patients daily during the week and 12 patients on weekends, which will be a combination of follow up patients and new patients. If needed, and at your discretion, you may care for more than this number of patients.

Multidisciplinary rounds are on Monday through Fridays at 9am. During rounds you will meet with your clinical team (doc and mid level), the social worker and the case manager to review each of your patients. You will likely need to touch base with your case manager throughout the day as well.

B. Physician of record: (see also separate policy on Attending of Record)

You are the physician of record for all of your patients starting 8am on your first day until 8am the morning after your last day on shift. You will therefore need to be available by pager throughout this time even when you have signed out to the evening or night doc. The final physician of record for the patient’s hospital stay is the one who discharges the patient.

In addition, you are the physician of record for any “service” patients assigned to mid-level providers on your team during your shift. If the mid-level on your team discharges any service patients you will be the final attending of record for those patients.

C. Collaboration with Mid-level providers (NPs/ PAs)

In general, the mid-level provider will independently manage the patient and bill for services. In this case, you will not need to see the patient, nor can you bill for the patient. You should discuss service patients with the mid-levels as needed during the day. At a minimum, the mid-levels will inform you if a patient is ready for discharge, the clinical status changes, the patient needs a higher level of care, the management
plan may need to be changed, the patient dies or if the patient leaves AMA. You may elect to see a patient with a mid-level, takeover the care of that patient, or reassign the patient to the doc’s service on the same team the following day at your discretion. If you see the patient, you should write a note and bill for the patient, even if the mid-level has also seen the patient that day (in this case, the mid-level will not bill for the patient). You need to be available by pager to the mid level on your team until 8pm each evening so that they can discuss each patient with you as needed.

There may be times when you will be asked to transfer some of your service patients to the mid-level on your team to make room for more new service patients. If possible, try to signout these patients verbally to them.

The final attending of record is the doc who is on the same team as the midlevel on the day the patient is discharged. The mid-level is responsible for completing the discharge summary, however, as the attending of record for that patient, you will be responsible for (editing and) signing the summary.

D. Care transitions as day doc (*see also separate policy on handoffs)

Care transitions occur at the beginning and end of each shift, just before you come on service and before you go off service. You will be contacted by pager by the off servicing doc to give you signout on the patients you will be picking up the following day. It is important that you carry your pager the evening prior to your shift so that you can receive signout.

At the end of your shift, you must update the computer signout on your patients, update your patient assignment on the board, complete the appropriate electronic billing on your patients, and signout to the evening shift doctor.

If you will not be “Clinical” the next day, you are responsible for providing a verbal signout to the next CIMS doctor taking over care of your patients on the following day. Expected signout time is generally 4pm.

If the patient has been in the hospital for 3 days or more (even if you have only cared for that patient for 1 day), you are responsible for starting a discharge summary in EPR, which should be updated by the appropriate provider(s) prior to discharge. If a summary has already been started, you are responsible for updating it before you go off service. If you are aware of a pending discharge, it would be helpful if you can begin any or all discharge planning (i.e. requesting Homecare, writing scripts for SW vouchers, talking with the PCP and family, asking Case Managers to make follow-up appointments, etc.). STAT dictations done the previous day are helpful for NH/rehab discharges on the following day.

II. Triage Responsibilities(*see also separate policy on triage)

You will not be responsible for holding the Triage 30009 pager, unless there are unusual circumstances.

III. Teaching Responsibilities

A. Consults: You will not be responsible for consults as the day doc, unless there are unusual circumstances.

B. Resident and Student rotations: You may have a resident or student working with you on their hospitalist/ Sub I rotation.

Evening Doc

I. Clinical Responsibilities

A. Schedule and patient care caps: (see also CIMS provider cap policy)
Your shift begins at 12 pm promptly and ends at 10pm. You are responsible for seeing new patients that come in during your shift, staffing all medical consults with the resident on the consult rotation and cross covering the day shifts’ patients after they leave.

You are expected to care for up to 6 patients during your shift (a combination of medical consults and new admissions).

B. Physician of record:

You will be the attending of record for any patient that you admit during your shift until 8am the next morning. You will need to be available by pager during this time. If a patient who was previously admitted dies or leaves AMA during your evening shift when you are cross covering another attending’s patients, the previous attending remains the attending of record for that patient.

C. Collaboration with Mid-level providers (NPs/ PAs)

In general, you will not be sharing patients with the mid-levels as evening doc. However, after the day shift docs leave for the day, you will be expected to assist the mid-level providers with their service patients if hands on care assistance is needed.

D. Care transitions as Evening doc (*see also separate policy on handoffs)

As Evening doc, signout will occur when you arrive for your shift, and when you leave the hospital. Conveying information about your patients will occur through the electronic signout system, the CIMS board, and verbally in person and/or by phone. At the end of your shift, you must update the computer signout on your patients, update the CIMS board with your new patients, complete the appropriate electronic billing on your patients, and verbally signout to the night shift providers at 8pm. In general, if your admitted patients are straightforward and have a plan in place, they should be assigned to a mid-level provider for the next day. You are responsible, as the attending of record, for the patients that you admit until 8am the next morning, when the new team takes over. If possible, you should give verbal signout to the CIMS provider who will be taking care of your patients on the following day.

II. Triage Responsibilities(*see also separate policy on triage)

You will not be responsible for holding the Triage 30009 pager, unless there are unusual circumstances.

III. Teaching Responsibilities

A. Consults: You are the Medical attending responsible for medical consults during your shift. Consult residents, if available, should be notified of appropriate consults between 8am-4:30pm on Monday-Thursday and then will discuss each consult patient with you. The resident will enter a consult H&P on each patient (or follow up note on follow ups), and then you will enter a TTI note or addendum to the resident’s H&P. On Fridays, residents are not always available. If this is the case, you will see the consult yourself and enter a comprehensive consult note. You need to write the consult patient names on the CIMS board to keep track of them. Erase the ones that the consult team is no longer following. (see also separate policy on consults).

B. Resident and Student rotations: You may have a resident or student working with you on their hospitalist/ Sub I rotation

Night doc

I. Clinical Responsibilities
A. **Schedule and patient care responsibilities:** *(see also CIMS provider cap policy)*

Your shift is from 8pm until 8am and you are expected to be in the hospital throughout the entire shift. You are responsible for getting the Triage pager and appropriate signout from the CIMS day time triage doctor. Your shift begins at 8pm promptly; however, it is advisable to get there a few minutes early to get appropriate signout so the triage day doc can leave.

Your primary responsibilities are to triage patients, coordinating with the Patient Care Coordinator to facilitate smooth, safe and appropriate patient flow, and to supervise the mid-levels with their new admissions and cross-coverage issues on CIMS; however, if you are able, you can admit new patients, either service or non-service. You should bill for new “service” patients seen before 12am, “non-service” patient seen anytime during your shift, and critical care that you provide. You can enter a meditech holdover note if you do not have time to enter a full H&P.

B. **Physician of record:** *(see also separate policy on Attending of Record)*

For any patient that you admit overnight or any service patient that the mid-level provider admits overnight, you are the physician of record until 8am when the next physician provider takes over.

If a patient who was previously admitted dies or leaves AMA during your night shift, the previous attending remains the attending of record for that patient.

C. **Collaboration with Mid-level providers (NPs/ PAs)**

You are responsible for assigning new patients to the mid-levels and for supervising the care of their new and cross coverage patients. The mid-levels are expected to call the non-service attending of record for their non-service patients when critical issues arise, however, because you are available in house, you will likely need to assist with these patients as well.

D. **Care transitions as Night doc** *(see also separate policy on handoffs)*

As the Night Doc, signout and handoffs will occur each evening when you come to the hospital, and each morning when you leave the hospital.

Prior to the end of your shift, you must ensure that all overnight patients are appropriately assessed, the CIMS assignment board is updated, and the CIMS computer signout is as complete as possible by 8am. Verbal signout of the patients you admitted overnight should be given to the CIMS dayshift providers assigned to those patients. If needed, you must also complete the appropriate electronic billing on your new patient admission(s). At the end of your shift, you will give the Triage log and pager to the day shift triage provider, and assignment of housestaff patients will be finalized (see triage responsibilities).

II. **Triage responsibilities** *(see also separate policy on triage)*

Triage and the assignment of patients will be one of your primary responsibilities during your shift. Patients admitted to medicine at night can be assigned as follows:

A. You should assign CIMS- appropriate admissions to mid-levels, keeping in mind the maximum number of patients allowed for the daytime shifts; you cannot assign patients to a day shift provider over his or her cap without 1) obtaining permission from the provider and 2) conferencing with Eric or Flora.
B. You should assign housestaff-appropriate admissions to the night float resident;

C. You can see patients yourself and write either a full H&P or a hold over note, again keeping in mind the daytime shift caps.

In the morning you should communicate with the night float resident to make sure you are both aware of how many patients went to either the short call or long call resident teams. Along with the CIMS pts admitted after long call capped the night before, the short call and long call resident patients should be noted in the log.

III. Teaching Responsibilities

A. Consults: In general, you will not be responsible for consults that need to be seen at night. Consults will be called in to the 3-0009 pager, but should be seen by the long-call resident overnight (if the consulting team cannot wait until the next day). The long call resident should write the consult note, and if needed, discuss the patient with his/her attending before giving recommendations to the requesting team. In the morning, the patient should be picked up by the consult resident and the consult attending (the CIMS evening doc). You should update the CIMS board with the new consult and transmit the information to the incoming triage doc at 8am.

B. Resident and Student rotations: You may have a resident or student working with you on their hospitalist/Sub I rotation

Triage doc

I. Clinical Responsibilities

A. Schedule and patient care responsibilities:

Your shift is from 8am until 8pm and you are expected to be in the hospital throughout the entire shift. You are responsible for getting the Triage pager and appropriate signout from the CIMS night doctor. Your shift begins at 8am promptly; however, it is advisable to get there a few minutes early so that the night provider can leave.

Your primary responsibilities are to triage patients, coordinating with the Patient Care Coordinator to facilitate smooth, safe and appropriate patient flow. However, on occasion, you may need to see patients to help with the flow. If this is the case, you may enter a hold over note in meditech if you are unable to write a full H&P.

B. Physician of record: (see also separate policy on Attending of Record)

For any patient that you admit during the day you are the physician of record until 8am when the next physician provider takes over.

C. Collaboration with Mid-level providers (NPs/PAs)

As triage doc, you are responsible for assigning new patients to the mid-levels. Mid-levels in general are on shift from 8am-8pm and have a patient cap of 10.

D. Care transitions as Triage doc (see also separate policy on handoffs)
As the Triage Doc, signout will occur each morning when you come to the hospital, and each evening when you leave the hospital. Assuming that you did not admit any patients, the hand off will be the triage log and pager. Please make sure the log is as complete as possible before signing out to the night doc.

If you did admit patients you must ensure that those patients have been entered into signout, written on the CIMS board, billed for and if possible verbally signed out to the provider picking up the patient the next day.

II. **Triage responsibilities** *(see also separate policy on triage)*

Triage and the assignment of patients will be your primary responsibility during your shift. Patients admitted to medicine can be assigned as follows:

A. You should assign CIMS- appropriate admissions to mid-levels, day docs, or the evening doc keeping in mind everyone’s caps and staffing for the following day. You cannot assign a patient to a provider over his or her cap without obtaining permission from the provider. *(see also CIMS provider cap policy)*

B. You should assign housestaff- appropriate admissions to the long call team resident or day float resident once long call has capped.

C. Consults during the hours of 8am-4:30pm should be called in to the consult resident (Monday through Thursday and sometimes Fridays); consults called in after 4:30pm or on weekends should be given to the long call resident to staff with his or her attending and then subsequently picked up by the consult team the following day (or on Monday).

III. **Teaching Responsibilities**

*Resident and Student rotations:* You may have a resident or student working with you on their hospitalist/Sub I rotation

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