Treatment team:

The Treatment Team function in PRISM allows any provider (MD, RT, PT, etc) to find the physician currently caring for a patient. Internal medicine teaching teams list the intern and resident, as well as the covering intern and covering resident if the primary team has signed out and left hospital. The first call for patient care questions would be the "Covering Intern," second call would be "Covering Resident," if no covering physicians are listed then first call would be "Intern" and second call would be the "Resident" if the intern cannot be reached or if no intern is listed.

Medicine Resident Pagers
x0161

The 0161 pager is the main internal medicine resident pager. It is carried by a resident 24/7 and is transferred from one person to the next throughout the day. All medicine wards admissions are triaged via this pager. This pager is part of the CODE Team and the CATS Team. If a medicine attending (Heme/Onc, GI, ID, Renal transplant, nephrology, rheumatology, hospitalist) accepts a patient, this pager should be notified with the patient details. If an outside hospital transfer to medicine arrives on the floor, this pager should be notified.

x0146

The 0146 pager is the main internal medicine intern coverage pager. It is carried by the intern on night float and the cross cover intern during the late afternoon. The main purpose is to field floor calls for the four medicine Ward teams and the Hem/Onc service throughout the night. This pager is part of the CATS and CODE Teams.

x6504

The 6504 pager is the Cardiology Resident pager. It is carried by a resident 24/7 and is transferred throughout the day between the residents on Cardiology. This pager is part of the CODE Team. This pager should be notified of all Cardiology admissions from the ED and outside transfers. Once a Cardiology patient is accepted by an attending, this pager should be notified.

x0456

The 0456 pager is the MICU Resident pager. It is carried by a resident 24/7 and is transferred throughout the day between the resident covering MICU for admissions and night coverage. This pager is part of the CODE Team. This pager should be notified of all MICU admissions from the ED and outside transfers. Once a patient is accepted by an ICU attending, this pager should be notified. In the event of a CAT call requiring ICU care, this pager should be notified as well as the MICU fellow (who will then notify the MICU attending).

Guidelines for effective sign-outs and transitions of care

Goals: Increase EFFICIENCY, Decrease ERRORS, improve patient care.

1) Settings: Minimize interruptions, quiet and confidential space
2) Senior resident supervision, whole resident team present (Day and Night/cover)
3) Identify sick patients and sign them out first.
4) Ask questions if something is not clear
5) Perform a readback of complicated information
6) Include major events in past 24hrs (procedure, CAT call, Stroke Code)
7) Provide anticipatory guidance: "If this happens, then do…"
8) Update the Treatment Team both at AM and PM signouts
9) Signout Times:
    a. 7:00   Heme/Onc
    b. 7:05   Early
    c. 7:10   L1
    d. 7:15   L2
    e. 7:20   Golden
    f. Cardiology Resident-Resident: 7:00
    g. Cardiology Resident-Fellow-Case Management planning: 7:10
    h. MICU: 07:00