2016-17 Weekday High Census Plan for PA

Purpose

To provide safe and appropriate care for patients when the PA weekday team cap is reached.

Activation

By fellow/attending and residents on subspecialty team within PA that has hit its soft cap driving PA to exceed its overall cap.

Weekdays only

When team cap is reached:

* The PA team cap is 20 with 2 interns, **max of 24** with 2 interns + additional staff (AI or CNMC intern).

Each subspecialty team has a soft cap within the overall team cap, which only has implications if overall team cap is exceeded.

•If PA overall team cap is 20 patients, pulmonary’s soft cap is 14, and adolescent’s soft cap is 6.

• If PA overall team cap is 24 patients, pulmonary’s soft cap is 16 and adolescent's soft cap is 8.

•Priority discharges are exempt when counting patients

Process

If overall PA team cap reached during the day:

•Senior resident will notify the subspecialty team that has hit its soft cap. The senior and the fellow/attending will meet to discuss the high census. Discussion points to decrease census:

Which patients are eligible for discharge?

Which patients might be appropriate for redistribution to hospitalist team with subspecialty consult?

Anticipate need to activate high census plan the next morning?

If overall PA team cap reached overnight:

•Straightforward new admissions will be admitted to Academic Teams with subspecialty consult. **Fellow/attending must coordinate directly with Bed Czar/Hospitalist attending.**

•If pulmonary has exceeded its soft cap, the pulmonary fellow on call will be notified at 6AM.

If need for high census plan is identified, the overnight resident team and pulmonary fellow will discuss appropriate patients for the pulmonary fellow to take.

The pulmonary fellow will pre-round and round on those designated patients.

•If adolescent has exceeded its soft cap:

And new admissions cannot be admitted to Academic Teams, then appropriate current subspecialty patients should be transferred to Academic teams, preferably the newest admissions.

•The fellow/attending in discussion with the bed czar/hospitalist attending is responsible for deciding which admissions to defer or which existing patients to transfer to Academic Teams.

Pulmonary fellows’ roles/duties when overall PA team cap and pulmonary soft cap are exceeded:

•See next page.

The chief resident on-call is available 24 hours a day as a resource if questions arise during the process.

|  |  |  |
| --- | --- | --- |
| Pulmonary High Census Plan  **Weekday Mornings only (not holidays, nights, weekends)** | | |
| 6AM | SSAR/intern ↔ Pulmonary fellow | Determine if High Census Plan will be in effect  Identify appropriate patients |
| ↓ | | |
| 6-8am pre-round | Pulmonary fellow | Obtain sign-out from night team intern on designated patients  Pre-round and examine their patients  Write daily progress note |
| ↓ | | |
| 8-11AM | Pulmonary fellow | Present designated patients on rounds and develop a plan |
| ↓ | | |
| 11AM -5PM | Pulmonary fellow | Responsible for all primary patient care tasks for above designated patients: discharge summaries, med rec, prescription writing, etc.  The pulmonary fellow will not be primarily responsible for new admissions  PA senior resident available for logistical questions related to tasks. |
| ↓ | | |
| 4:00PM-census still over cap | Pulmonary fellow, attending, senior | Assess patients that may be eligible for discharge  Consider transferring eligible patients to hospitalist team with pulmonary consult  Anticipate need for high census plan the next morning |
|  | | |
| Next Day 6AM | Overnight resident team/pulmonary fellow | High Census Plan still in effect?  If yes, PA night intern signs out designated patients to pulmonary fellow, and process is continued.  If no, patients will be redistributed to the interns |