

## A1 Attending: 3p-11p shift

Handoffs	Care Areas	Team	Area Details
<ul style="list-style-type: none"> <li>• 3p: Accept sign out from 7a A1 attending</li> <li>• 11p: Sign out to 11p A1 attending</li> </ul> <p>***CC Attending Phone***</p>	<ul style="list-style-type: none"> <li>• CC (<b>only trauma</b>)</li> <li>• A/G Pod</li> <li>• A Ambulance</li> <li>• A Triage</li> </ul>	<ul style="list-style-type: none"> <li>• EM Resident</li> <li>• EM/IM Resident</li> <li>• CC Trauma Resident</li> </ul>	<ul style="list-style-type: none"> <li>• <b>A/G Pod:</b> Prime = best for junior residents</li> <li>• <b>A Ambulance:</b> Patients will go to prime, use "orders ready" workflow to trigger nursing <ul style="list-style-type: none"> <li>◦ Best for PGY2-4 residents</li> </ul> </li> <li>• <b>A Triage:</b> Behavioral patients heading for D Pod <ul style="list-style-type: none"> <li>◦ Best for you + senior residents</li> </ul> </li> </ul>

## Other Things to Know

- **A Triage/D Pod:** A Triage is an opportunity to more conveniently see behavioral patients upstairs for chance to screen for badness/discharge potential prior to movement to D Pod. These patients can be seen by you, the APP or senior residents
- **A Ambulance**
  - Please review resident/APP orders before flagging as ready - nursing will complete orders en-mass
  - You can send a patient to CDU/Vertical or directly DC if appropriate - communicate with Expeditor RN
- **Cover each other's sign-out in CC** - An effective strategy to avoid sign-out interruptions is to ask the other A pod attending to cover all CC activations for the hour around sign-out (for the 3pm, 6pm and 11pm sign-outs). This gives you 30 minutes to clean up and 30 minutes to sign-out without breaking away. I want this to be standard practice but to ensure activations don't get missed it should still be confirmed between docs before each sign-out. Patients picked up during that time can be re-distributed vs. kept depending on workflow.
- **CC Bumping** - We are pushing a culture change with nursing to keep all active CC patients (both not admitted and those admitted to a stepdown/ICU) in A or G pod near their care teams. In order to leave room for these patients we are simultaneously pushing that any CC patient admitted to the floor should preferentially bump to C pod or as a boarder in CDU. In a crises situation (like rooms tripled with incoming patients and no space in A pod) the responsible attending can (and should) approve the movement of non-admitted CC patients to C pod to make space.