A2 Attending: 10a-6p shift 2/12 Update

Handoffs	Care Areas	Team	Area Details
• 10a: Accept sign out from A1 attending on **Medical** patients ◦ Medical resident now presents to you • 6p: Sign out to 6p A2 attending ***A2 Attending Phone***	• CC (**Medical Only**) • A Ambulance • A Triage • A/G Pod	• EM Resident • Trauma Resident • B/A Pod APP (11a)	• **A/G Pod** - Prime • **A Ambulance**: Patients will go to prime, use "orders ready" workflow to flag for nursing ◦ Best for PGY2-4 residents + APP • **A Triage**: Behavioral patients heading for D Pod ◦ Best for you + APP + senior residents

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.