

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

Handoffs	Care Areas	Team	Area Details
<ul style="list-style-type: none"> <li>• <u>6p</u>: Accept sign out from 10a A2 attending</li> <li>• <u>12a</u> - Run list with A Pod APP and they depart</li> <li>• <u>2a</u>: Sign out to 11p A1 attending                             <ul style="list-style-type: none"> <li>◦ A2 Resident must leave immediately after signout</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• CC (<b>Medical Only</b>)</li> <li>• A/G Pod</li> <li>• A Ambulance</li> <li>• A Triage</li> </ul>	<ul style="list-style-type: none"> <li>• B/A APP (until 12a)</li> <li>• EM Medical CC Resident</li> <li>• EM Resident</li> </ul>	<ul style="list-style-type: none"> <li>• <b>A/G Pod</b> - Prime</li> <li>• <b>A Ambulance</b>: Patients will go to prime, use "orders ready" workflow to flag for nursing                             <ul style="list-style-type: none"> <li>◦ Best for PGY2-4 residents + APP</li> </ul> </li> <li>• <b>A Triage</b>: Behavioral patients heading for D Pod                             <ul style="list-style-type: none"> <li>◦ Best for you + APP + senior residents</li> </ul> </li> </ul>

\*\*\*A2 Attending Phone\*\*\*

## 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.