C Attending: 4p-1a shift 2/27 Update

Handoffs

- <u>4p</u>: Take sign out from 7a C attending
  - They may be in PIT if boarding is high, take signout there and remain in PIT
- <u>1a</u>: Sign out to 11p B/Trg attending (including D Pod.
  - **ICU/Stepdown patients in C Pod should move and be signed out to A Pod**
  - If working in PIT fall back to B Pod at midnight to clean up

Care Areas

- <u>Usual workflow</u>:
  - C Pod
  - **D Pod**

- <u>High boarding</u>:
  - PIT/B Pod
  - **D Pod**

Team

- APP (until midnight)

Area Details

- C pod:
  - Prime pod and holding unit
  - 16 beds total
    - decreases to 8 beds @ 3a

- New patients stop flowing at 11p
  - Consider cherry picking faster patients after 10p
  - Spend rest of shift focusing on dispos
- D Pod: Many patients will be seen first in "A Triage but some may go direct

Other Things to Know

- If boarding is high (10+ floor boarders in A/G+B+CC) C pod will be used as an admitted holding unit at 7am
  - If this occurs, **you will be re-deployed to PIT** .
    - Your APP will be redeployed to B Pod and should help there unless 8+ beds on C Pod are open
  - When boarding decreases nursing will gradually open C pod to new ED patients. The soonest this will occur is 10am, and much more likely far later in the day.
    - <u>You will be updated about 1 hour before C pod opens to begin to transition care.</u>
  - If C pod opens you can keep your vertical patients under the care of the APPs
  - The new patients will flow in to C gradually as boarders get beds giving you time to wrap things up
  - If you have nothing to do you can float back to PIT to assist
- **D Pod**: You are the primary physician coverage for D Pod, the D Pod APP will staff any patients in D Pod with you. You should assist and see patients primarily downstairs as well as in "A Triage".