

## Life as an Attending on Teaching Teams (1-5, and 7)

### Step by step

#### 1. Find and contact your team

Team	Location	Room phone number
1	8th floor Sky tower room S8-235	743-6105
2	5th floor Sky tower room S6-152	743-1594
3	5th floor Sky tower room S-5066	743-0743, 743-0740
4	5th floor Sky tower room S-5272	743-0737
5	12th floor Rio tower room H-12H66	743-1022, 743-1024
7	8th floor Rio tower room B-0813	743-6063

2. **Team members:** Depending on the level of capacity you may be assigned to a team with one resident taking care of 10 patients, one intern taking care of 8 patients, or with one resident AND two interns taking care of up to 20 patients.

#### 3. Rounding

a. Should be limited to 2 hours, typically occurs any time from 8-11 am (earlier is preferred). Please aim to finish rounds at 11am. A strategy some faculty use is briefly running the list on any remaining patients not yet discussed at 11am and seeing them on our own without the team. This helps the team finish work in a timely manner.

b. **Power Through Flash Rounds in your team room will happen 2 times a day** with your case manager/social worker to discuss discharge status for each patient on the list. The morning flash round will be for any issues and anticipated patients to be discharged the same day. Afternoon flash round will be to follow up on any issues and anticipated patient to discharge the next day. The resident or interns can run the list on these rounds.

Team 1 8:30am/2pm

Team 2 8:30am/1:30pm

Team 3 9am/2:30pm

Team 4 8:45am/1:45pm

Team 5 9am/2:30pm

Team 7 8:30am

i. **Green** = likely discharge today

ii. **Yellow** = likely discharge within 24 hours

iii. **Red** = not anticipated to discharge within 24-48 hours

iv. These rounds should ideally be quick, allow us to delegate tasks that are impeding work flow, anticipate needs for discharge ahead of time, and allow us to cue the case managers to expedite processes that are holding up a discharge

#### 4. Staffing a new patient

a. Triagist will alert you if there is a new patient to be admitted to your team up til 3:30 pm.

b. If you are unable to staff a new patient with the team for any reasons, please inform triage hospitalist pager 203-3331.

c. If your team is on-call for the day then you will be staffing new patients assigned before 6 pm to ALL teams (1-5, 7). Triagist will alert you if there is any new patient to be staffed.

#### 5. Co-sign notes

a. You will co-sign medicine admission H&Ps, resident progress notes, and discharge summaries. If you need help co-signing a note please contact Kana Kornawad 702-769-5183.

b. Sometimes a resident will complete a note late in the day. If you co-sign the note the next day please document the correct date of service (day you examined the patient).

#### 6. Miscellaneous

a. Code status: If patient is DNR/I, you will need to place the order in sunrise (please refer to the Code Status Documentation)

b. Narcotic prescription: If patient has to be discharged with narcotic and you do not have the triplicate or DEA number, please contact any of the hospitalists for help. You can reach out to triage pager 203-3331 as well

c. Procedures: Team can contact medicine procedure team to perform procedures (paracentesis, thoracentesis, LP, central line). If procedure team cannot get to the patient, team can call IR

d. Superbill:

i. Click on "Code Query"

- ii. Check the "Coder" box and make sure the Date of Service on the left is correct
- iii. Click Submit