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(preferred!)

Medical Service Orientation

Monthly goals:

- Provide safe and high quality patient care
- Learn something from every patient we care for
- Have fun!

My Role:

- **Consultant:**
  - I will deliberately hold all of my thoughts until the end of the intern's presentation and the end of resident review. My role is to act as a consultant and coach and to provide you with experience or evidence when I have any
- **Teaching**
  - This time is for you to put aside your busy intern/resident lives and take some time for yourselves to learn
  - Goal is to do 15-30 minutes every day. Will try for the morning, but may sometimes have to do early afternoon
  - I will make it relevant!
- **Muscle**
  - If you need my help with complex discharge planning, getting a service from a consultant or are challenged by a difficult patient, don't hesitate to ask. Sometimes throwing around the word attending can be helpful.
- **Morale**
  - I will bring food whenever I can on call days or post call days

Patient care principles:

- Clinical decision-making
  - My role is to serve as consultant & teacher, your role is to do the critical thinking/decision making
  - Make sure problem list is revised & prioritized each day before rounds, incorporate new problems
  - No question is too minor to ask, but be prepared with your best guess first!
  - Write down clinical questions as to-do items – don't get lost in the scut!
- Documentation
  - Please make sure your diagnosis are specific: SOB → Interstitial Lung Dz
  - I don't care when your notes get done, but I do care about note bloat - minimize "cutting and pasting"
- Rounds
  - We will try to
    - Be efficient, while maximizing learning. (this sometimes means cutting off the discussion and telling patients we will see them later or not seeing some patients)
    - Use best practices of patient communication by introducing our team, engaging patients regarding their questions/concerns, getting buy in for the daily plan
    - Write orders on rounds!
    - Involve nurses in our daily plan of care
  - Plan to talk about **"discharge milestones"** every day, it helps us plan ahead for complex discharges
- Discharge planning
  - Moffitt patients often have complex discharge needs; discharge planning begins at admission
  - See attached discharge checklist and the APEX discharge guide: https://wiki.library.ucsf.edu/display/MLM/APeX+Discharge+Guide
- Holdover admissions
  - See attached holdover checklist

Discharge checklist (R1 or R2 primarily responsible)

☐ **Follow up appointment(s) requested** (R1)
Includes: PCP appointment within two weeks for routine home discharge, four weeks for SNF discharge.

☐ **Discharge Location & Services** (R1 + R2)
Includes: Consideration of best discharge location (home/SNF) and filling out of the appropriate order set in APeX.

☐ **Medication reconciliation completed** (R1)
Also includes: assess how pts will pick up their medications on discharge and pharmacy consult for high risk meds.

☐ **Discharge summary completed** (R1)
Includes: principal dx, concise hospital course by problem, d/c meds and doses, f/u plan and appt date(s), pending tests

☐ **Discharge discussion/education with patient completed** (R1)
Includes: ensuring patients understand their hospital findings, med changes, discharge diagnoses and follow up plans/tests

☐ **Communication with PCP completed** (R2)
Includes: phone call or email with communication of key elements of discharge summary (as above) securely send actual discharge summary through APeX if possible.

☐ **Communication with multi-disciplinary team completed** (R2)
Includes: discussion of discharge plan (as applicable) with SW, CM, PT, OT, Pharmacy for high risk meds, and ancillary services.

☐ **Discharge Huddle** (R1)
Includes: face-to-face conversation with the nurse about:

- Discharge diagnosis
- Follow up plans
- RN teaching to patient (e.g. ostomy care, lovenox injections)
- Home care or equipment (e.g. home 02) ordered
- Review key med changes (meds started/stopped)

Holdover checklist

- ✓ **Confirm the history**
  - Was the patient able to provide a history overnight? If not, reconfirm with patient/family.
- ✓ **Chart biopsy**
  - Confirm principal diagnoses and relevant history
  - Confirm living situation, code status, potential barriers to discharge
- ✓ **Confirm outpatient medication list**
- ✓ **Verify orders placed overnight**
  - Make sure orders reflect plan
  - Specifically review: DVT prophylaxis, diet/IVF, Foley catheter
  - Review ancillary needs: PT/OT
- ✓ **Identify and contact PCP**
- ✓ **Follow up on final radiology reads**
- ✓ **Follow up on consultant opinions**

Day of Discharge Rounds

- ✓ **B**arriers to Discharge
  - What were they, how have they been met. If not met, proceed with normal presentation
- ✓ **M**edication Changes
  - Confirm medications that will be stopped and new medications on discharge
  - Discuss need for pharmacy consult, PMD notification
- ✓ **F**ollow up Plans
  - Confirm follow up appointments ordered and arranged
- ✓ **P**ending Tests
  - Note pending tests and plans, plan to notify PCP as needed
- ✓ **H**ome Care/SNF Orders
  - Ensure all home care/SNF orders have been filled out and PCP has been notified.