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Overview of Hospitalist Clinical Services and Shifts

There are multiple types of services and shifts that are covered by hospitalists at the University of Chicago. This is meant to be an introduction to our services for new hires, but not a comprehensive overview of all of the service rules, which can be quite complex - please refer to the Section Rules document on the Hospitalist Section Website as well as the New Hospitalist Orientation Guide website for more specific details regarding the responsibilities of each service.

Our clinical services exist at two hospitals: The University of Chicago Medicine and Mercy Hospital and Clinics. The University of Chicago is where our attendings spend the majority of their time and the location of all of our nonteaching services. There are two physical hospital buildings at University of Chicago Medicine: Bernard Mitchell Hospital and the Center for Care and Discovery (CCD).

Mercy Hospital is a community hospital with whom we have a partnership to provide care on teaching general medicine inpatient services. Mercy Hospital has an independent internal medicine residency program. Our attending hospitalists serve as attendings on two of the Mercy Hospital general medicine teaching service.

In addition to the patients for whom we are primary providers, we also provide after-hours and weekend coverage for patients on 1 additional subspecialty service: Inflammatory Bowel Disease (IBD). This service is staffed by subspecialist attendings, fellows and nurse practitioners during normal hours. These providers sign out to our evening and overnight services to cross-cover the patients that are in house. We also admit any of their patients to their services overnight. These patients may be expected admissions from home, clinic or an outside hospital transfer, or may come through the emergency department.

**Hospitalist Services**

<table>
<thead>
<tr>
<th>Nonteaching services/shifts</th>
<th>Teaching services</th>
<th>Hybrid (may have some learners rotating occasionally)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Day Service</td>
<td>• U of C General Medicine Teaching Service</td>
<td>• General Medicine Consult Service</td>
</tr>
<tr>
<td>o J service</td>
<td>• U of C “Transitions Team” General Medicine Teaching Service</td>
<td>• Comprehensive Care Physician (CCP) program</td>
</tr>
<tr>
<td>o K service</td>
<td>• Mercy Hospital General Medicine Teaching Service</td>
<td></td>
</tr>
<tr>
<td>o L service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o M service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Bridge shift</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Night shift</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Long days (“LG”)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Clinical Providers within the Section of Hospital Medicine

Attending Physician Providers

Clinical Associates: These are attending physician hospitalists whose main focus is clinical care. They may be part-time or full-time. These include both hospitalists who are working limited-time (1-2 year) positions prior to fellowship applications or other career pursuits as well as those who have chosen hospital medicine as a career path.

Academic Hospitalists: These are attending physician hospitalists who have additional responsibilities beyond clinical care in the Section of Hospital Medicine. They are typically appointed at the Assistant Professor rank and may be promoted beyond this. These hospitalists typically identify themselves as clinician educators or physician investigators.

Hospitalist Scholars: These are a type of Clinical Associate who has chosen to pursue further training, the Hospitalist Scholars program. This program allows for additional training in research methods and close mentorship, including the opportunity to pursue Masters’ level training, during which the Scholar works part-time as a hospitalist. Hospitalist Scholars typically participate in the program for 1-3 years.

Comprehensive Care Physicians (CCP): These attending physicians are involved in a clinical research program within the Section of Hospital Medicine evaluating the care of patients who are high risk for rehospitalization. These physicians serve both as primary care providers and inpatient hospitalists for CCP patients. This program is not explained in detail in this document.

Nurse practitioners/physician assistants (“NPAs”)  

Patients on the Section of Hospital Medicine clinical services also depend on mid-level providers. Our midlevel providers, or “NPAs”, are advanced practice nurse practitioners and physician assistants who mainly work on our day services as direct patient care providers. NPAs admit patients, write orders, communicate with consultants and outpatient physicians, and assist in care coordination for patients admitted to the inpatient day services in concordance with attending physicians.

There are also nurse practitioners who work with the CCP program in both the inpatient and the outpatient setting.
**Points System for Physicians**

Within the Section of Hospital Medicine, our physicians tend to have many responsibilities in addition to clinical service. Therefore, to give the flexibility that is important for each individual, clinical service is allocated in terms of points. Each physician is assigned a certain number of points per year that he or she must fulfill with clinical service. Each clinical service is assigned a certain number of points per month and per day or shift. A physician’s clinical schedule should generally be in accordance with that point goal.

<table>
<thead>
<tr>
<th>Shift</th>
<th>Points per day/shift</th>
<th>Points per typical schedule period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day service (J, K, L or M)</td>
<td>0.345</td>
<td>2.426/1 week</td>
</tr>
<tr>
<td>Teaching: U of C</td>
<td>0.181</td>
<td>2.531/2 weeks</td>
</tr>
<tr>
<td>Teaching: Mercy Hospital</td>
<td>0.263</td>
<td>3.682/2 weeks</td>
</tr>
<tr>
<td>Teaching: U of C Transitions Team</td>
<td>0.230</td>
<td>3.222/2 weeks</td>
</tr>
<tr>
<td>Consult service</td>
<td>0.230</td>
<td>1.611/1 week</td>
</tr>
<tr>
<td>Night (Monday-Thursday)</td>
<td>0.432</td>
<td>Variable</td>
</tr>
<tr>
<td>Night (Friday-Sunday)</td>
<td>0.575</td>
<td>Variable</td>
</tr>
<tr>
<td>Bridge (Monday-Thursday)</td>
<td>0.288</td>
<td>Variable</td>
</tr>
<tr>
<td>Bridge (Friday-Sunday)</td>
<td>0.384</td>
<td>Variable</td>
</tr>
<tr>
<td>LG (Monday-Thursday)</td>
<td>0.160</td>
<td>Variable</td>
</tr>
<tr>
<td>LG (Friday-Sunday)</td>
<td>0.210</td>
<td>Variable</td>
</tr>
</tbody>
</table>

For example, Dr. Jones works 72 points per year. This averages to 6 points per month. In July, she is scheduled for 2 nonconsecutive weeks of day service as well as 3 weekday night shifts, which totals to 6.148 points. In August, she wishes to go to a conference for a week. Therefore, she works only 1 week of day service, 1 LG, 5 nights, and 4 bridges which totals to 5.948 points. The two months of clinical service, which based on her annual points goal should be close to 12 points, sum up to 12.096 points.

The online scheduler system keeps track of every shift that a physician is scheduled and tallies the points for proper record keeping.
Organization of Patients by Virtual Pager System

The University of Chicago has a virtual pager system, which means that each individual provider has a personal pager that can cover other pagers.

Every patient on the day service is “placed on” a virtual pager. We have about 10 virtual pagers and they are each assigned to separate day services. The primary providers for the patients cover these pagers, and these are the pagers that other providers contact to discuss that patient’s care.

Pager 9100 is our admitting pager and is the pager that is contacted when patients need to be admitted to the hospitalist service. This pager is covered daily by the “charge NPA”, who is responsible for assigning patients to services.

The other pagers are as follows:

<table>
<thead>
<tr>
<th>Service</th>
<th>Attending Pager</th>
<th>NPA Pagers</th>
</tr>
</thead>
<tbody>
<tr>
<td>J</td>
<td>9900</td>
<td>9933, 9988</td>
</tr>
<tr>
<td>K</td>
<td>4111</td>
<td></td>
</tr>
<tr>
<td>L</td>
<td>6111</td>
<td>6116, 6226</td>
</tr>
<tr>
<td>M</td>
<td>8000</td>
<td>8118, 8228</td>
</tr>
</tbody>
</table>

As an example, consider Dr. Jones and NPA Jane, who are on J service together. Dr. Jones sets her personal pager to cover the J attending pager 9900. NPA Jane sets her personal pager to cover the NPA pager 9933.

Two patients, Mr. Smith and Mr. Black, are admitted by the night physician overnight. In the morning, they are assigned to the J service by the charge NPA. Mr. Smith is “put on” pager 9933, and Mr. Black is “put on” pager 9900. NPA Jane is therefore the primary covering person for Mr. Smith and all of the other patients on pager 9933. Dr. Jones is then the primary covering person for Mr. Black and all of the other patients on pager 9933. On the weekends when NPA Jane is not there, Dr. Jones sets her personal pager to cover both 9900 and 9933 and thus is the primary covering person for all of the patients on the J service.
Consultants at the University of Chicago

Due to the complexity of the patients we provide care for, we often require the assistance of consultants to assist with management of these patients. All the medical sub-specialties have fellows available by page (using the paging system), and surgical services have residents, fellows, and mid-level providers for the same. On-call consultants can be found through their virtual pager listed in the paging directory. For example, the paging system lists the cardiology consulting pager as EKGS (or pager number 3547), which will then be covered by the cardiology fellow on call.

As we are the primary providers for all the liver patients that have established care with our hepatologists here, the model of care is a co-management model. Along with the liver team, we work together to provide care for them while they are admitted. They are able to perform many of the procedural interventions a patient might have, and we work together with them to resolve their acute medical needs. During weekdays there are multidisciplinary rounds in the afternoon with the hospitalist care team and the liver care team to discuss the care/plan for the patients on service at that time. The meeting is attended by the hospitalist service, the liver team, pharmacy, and other providers from the transplant team.

Similarly, we co-manage lung transplant patients whenever they are admitted to the hospital. These patients are also followed by the lung transplant team (attending and nurse practitioners). Similar to liver patients, they may be admitted directly from clinic or from the ER. The lung transplant team is usually aware of their admission and will notify us, and will assist us with managing of the patient, particularly if it is transplant-related issue (immunosuppressive medication issue, infection, etc).

The final group of patients we co-manage are the renal transplant patients. The Nephrology service has a fellow for ESRD, consults, and one dedicated for renal transplant patients. Whenever a patient with a renal transplant is admitted, we contact this fellow and notify them of the patient’s admission. They then assist us with managing of the patient, particularly if it is transplant-related issue (immunosuppressive medication issue, infection, etc).
**Day Service**

**Day Service Structure**

There are 4 different day services: J, K, L and M service. Each day service has 1 attending provider at a time and 1 NPAs (with the exception of K). Attendings are usually scheduled for 7 days at a time and NPAs work from Monday to Friday.

We care for many types of patients on the day services. All services care for general medicine and cardiology patients who are admitted after the housestaff teams cap. J service cares for renal and lung transplant patients, L for liver transplant (pre and post) patients, and K for CCP patients. Detailed service rules can be found in the Service Rules document which is located on the Section website (http://wordpress.uchospitals.edu/hospitalist/files/2013/11/Service-Rules-November-2013.pdf).

The J, L, and M day services have a cap of 16 patients each. On these services, there will be 1 NPA scheduled as well. The NPAs cover up to 8 patients. The attending covers the remaining patient on his or her own, and also sees the patients covered by the NPA(s) assigned to that service. “Covering patients” is defined as carrying the virtual contact pager for those patients, daily rounding and seeing patients as needed throughout the day, writing daily notes, writing orders, phoning consultants and other duties within the realm of inpatient care. When patients are “covered” by NPAs, the attending physician on that service will generally still see the patients during the week, but the other responsibilities detailed above fall to the NPA. During the weekend and holidays, the attending “covers” all the patients on the day service.

K service is an attending-only service. The cap for K is 10-12 patients. When CCP patients are admitted to the hospital, they are admitted to K service. These patients are seen by their CCP primary provider on Mondays through Fridays, who perform the inpatient responsibilities on those days. The K attending will cover for CCP patients in the afternoons and weekends. There may be occasions where other services (most commonly J service) may be attending-only services particularly when there are NPA vacations or time off. When this is the case, the cap for those services will be 10-12 patients.

On the weekends and holidays when there is no NPA coverage, every day service attending can care for up to 16 patients to ensure that the workload is distributed equitably. If attending-only services have a surplus of patients by Monday morning, these patients will be redistributed to NPA services at that time.

Each day service takes new admissions in the morning that were admitted by the previous day’s bridge and night shift providers, and may also admit new patients throughout the day if the admissions come before 4pm.
**Documentation and Billing on Day Service**

Day service attendings bill for admissions and subsequent day encounters. H&Ps are written upon admission, and progress notes are written on subsequent days that the patient is in the hospital. Billing is done through a separate billing website – the link can be found through the hospitalist homepage.

**Attestations and Billing Risk Levels**

When an attending writes an H&P or progress note, they include risk level documentation as part of the note and bill for the encounter accordingly. When an NPA writes an H&P or progress note, he or she marks it to be “cosigned” and forwards it to the attending’s EPIC inbox. The attending cosigns the note with an attending attestation that includes billing information; the attending then bills for the encounter as a shared/split encounter with an NPA. The attestations in EPIC (obtained by typing in the dot-phrase “.SPLIT” in a note) is:

> “I personally performed a substantive portion of this patient encounter in conjunction with ***1. The patient presents with ***2. On physical examination, I personally found ***3. My impression/plan is ***4.

1 Fill in NPA’s name  
2 Describe the patient’s presenting complaint or current issues during hospitalization  
3 Document elements of your own physical examination  
4 Additional comments about the patient’s care and plan.

*Note that this dot-phrase does not include billing level of complexity. If this was not included in the NPA’s documentation, you must remember to designate a level of complexity based on the billing level that can be justified based on the documentation to support that billing level (i.e., high, moderate, low complexity based on...)

If the H&P or progress note is written by a fellow or resident physician, the attestation by the attending is slightly different. The attending still cosigns the note with an attending attestation that includes billing information and bills for the encounter, but the attestations in EPIC is obtained by typing in the dot-phrase “.att” in a note and is:

> “I saw and physically examined the patient with [PATIENT COMPLEXITY]1 level of risk based on ***2. I agree with the assessment and plan of ***3 as documented with the following comments: [ATTESTATION COMMENTS]4

1 Select a “PATIENT COMPLEXITY” billing risk level appropriate for the charge being submitted  
2 Justify the billing level with clinical features that support that billing level  
3 Fill in fellow or resident’s name  
4 Additional comments about the patient’s care.
Admissions/History & Physicals

When day service attendings pick up admissions from overnight providers, documentation and billing depends on when the admission was done and by whom. If an overnight admission is done by an attending hospitalist prior to midnight, a progress note needs to be written for the following day and a subsequent day billed by the day attending. If it was done after midnight, no progress note is necessary and the overnight attending bills for the admission. If an NPA or fellow does the overnight admission, the attending signs an attestation addendum to the H&P and bills for the H&P regardless of time.

<table>
<thead>
<tr>
<th>Admission is done by:</th>
<th>Bridge/overnight attending</th>
<th>Bridge/overnight NPA or fellow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before midnight</td>
<td></td>
<td>Before or after midnight</td>
</tr>
<tr>
<td>H&amp;P</td>
<td>Done by bridge/overnight</td>
<td>Day attending cosigns H&amp;P with</td>
</tr>
<tr>
<td>attending</td>
<td>attending</td>
<td>attestation addendum</td>
</tr>
<tr>
<td>Progress note</td>
<td>Day NPA or attending</td>
<td>None needed</td>
</tr>
<tr>
<td>Billing</td>
<td>Bridge/overnight attending</td>
<td>Bridge/overnight</td>
</tr>
<tr>
<td></td>
<td>bills H&amp;P, day attending</td>
<td>attending bills H&amp;P, no</td>
</tr>
<tr>
<td></td>
<td>bills subsequent day</td>
<td>subsequent day is billed</td>
</tr>
</tbody>
</table>

Subsequent Day Visits/Progress Notes

Attendings bill daily for every subsequent day visit for every patient they see. Occasionally there may be patients that the NPA sees alone if the attending is unable to see them. In this case, the NPA can bill for that day’s subsequent visit, and the attending does not bill for that encounter or cosign the note.

<table>
<thead>
<tr>
<th>On a subsequent day, patient is seen by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPA and attending</td>
</tr>
<tr>
<td>Progress Note</td>
</tr>
<tr>
<td>Billing</td>
</tr>
</tbody>
</table>

Procedures

Attendings are also encouraged to bill for any procedures they may perform. Common procedures may include paracentesis, thoracentesis, lumbar puncture, central line insertion or nasogastric intubation. If these procedures are performed by an NPA and supervised by an attending, the attending can also bill for the procedure. A procedure note should be filed in EPIC when a procedure is done by the hospitalist team.
**Discharge Summaries**

Discharge summaries are expected to be filed within 24-48 hours of the patient’s discharge from the hospital. The discharge summary can be used as the progress note for that day for either NPAs or attendings such that an additional progress note does not have to be written. If the discharge summary is used in lieu of a progress note on the day of discharge, it must contain documentation that the provider saw and examined the patient on the day of discharge.

**Billing Expectations**

Billing is expected to be completed within 6 days of going off service.
**Typical Day Service Schedule**

<table>
<thead>
<tr>
<th>Time</th>
<th>Location</th>
<th>Activity</th>
</tr>
</thead>
</table>
| 7:30am        | TC416    | • Receive signout on current patients about any overnight events from night providers.  
• Charge NPA (9100) assigns new admissions to J, K, L or M day services and pagers.  
• Receive signout from night provider on new admissions. |
| 8:00am        | TC416    | • Providers remove their newly assigned patients from Overnight Signout list and place them on the appropriate shared patient list in EPIC  
• Providers change Paging/Contact information in EPIC  
• NPA and attending discuss plans of care for patients on their service. |
| 9:00am-1:00pm | Inpatient wards | • Inpatient care  
• Charge NPA may assign new admissions to day service providers. |
| 1:00pm-5:00pm | Inpatient wards | • Inpatient care  
• Multidisciplinary rounds (L service only)  
• Bridge admitting provider may assign new admissions to day service providers. |
| 5pm           | TC416    | • Sign out to Long Days (LG) |

**To do before starting Day Service:**

- Confirm you have an ID badge, EPIC access, a pager, lab coats, and prescription pads
- Confirm you have access to the billing system
- Confirm you have access to the shared lists in EPIC (should show up under “Shared Patient Lists” in the lefthand menu when you log on)
- Set up your EPIC with the menus, wrenches, order sets and shortcuts that you prefer
- Familiarize yourself with locations of TC416 and the inpatient wards
- Review the service rules
- Introduce yourself to the NPAs and find out who will be assigned to your service
- Have a list of commonly used pagers and phone numbers handy
- Page the attending from whom you will be taking over one day prior to starting to obtain a signout on old patients you will inherit
- On your first day, come to at TC416 at 7:30am for overnight signout on your old patients and receive your new patient assignments from the 9100 NPA
Teaching Service

Hospitalists attend on three different general medicine teaching services: University of Chicago, Mercy Hospital, and University of Chicago Transitions Team. The attending physician provides clinical supervision and teaching to the residents, interns and medical students on all of the general medicine teaching services. U of Chicago services have students from University of Chicago Pritzker School of Medicine (PSOM), and Mercy services may have students from a variety of schools.

Expectations for faculty while attending on house staff services
1. Provide adequate supervision and teaching during daily work rounds
2. Provide one teaching session per week outside of daily work rounds
3. Organize work rounds and teaching in a manner that ensures house staff adherence with duty hour requirements
4. Organize work rounds and teaching in a manner that ensures house staff morning report attendance at least 3 days per week
5. Define expectations of the house staff at the beginning of the rotation
6. Provide in person feedback to house staff at the end of faculty service time or prior to house staff switching to a new service
7. Be accessible for patient care questions or problems

Expectations while working with third year medical students
1. Define expectations of the students at the beginning of the rotation: students are expected to act as the primary caretaker of their patients
2. Provide ongoing feedback to the students using the reporter, interpreter, manager framework
3. Observe students doing at least a portion of a history and physical exam: the students are required to document this observation by the end of the clerkship
4. Alert one the clerkship directors (UC: Adam Cifu, Amber Pincavage) about any student who is struggling either academically or with issues of professionalism

Expectations while working with subinterns:
1. Define expectations at the beginning of the rotation (as defined in the subintern orientation document)
2. Provide ongoing feedback using the framework sent at the beginning of the rotation, including observations from the resident.
3. Alert the clerkship director (UC: Diane Altkorn) about any student who is struggling either academically or with issues of professionalism

Important phone numbers:

<table>
<thead>
<tr>
<th>UC Chief Residents' office and pager</th>
<th>773-702-9263, pager 2762</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercy Hospital Program office</td>
<td>312-567-2053</td>
</tr>
<tr>
<td>Mercy Hospital Program Director (Steve Potts)</td>
<td>312-567-6070</td>
</tr>
<tr>
<td>UC Program Director (John McConville)</td>
<td>773-702-0955</td>
</tr>
<tr>
<td>UC Medicine Clerkship Director (Adam Cifu)</td>
<td>773-834-1745</td>
</tr>
<tr>
<td>UC Subinternship Director (Diane Altkorn)</td>
<td>773-702-4581</td>
</tr>
</tbody>
</table>
### Service Structure Outline

<table>
<thead>
<tr>
<th>Service</th>
<th>U of Chicago Teaching (aka “Gens”)</th>
<th>U of Chicago Transition Team</th>
<th>Mercy*</th>
</tr>
</thead>
</table>
| **Structure** | 1 team & 1 day float resident (Gens Team D)  
Team consists of 1 resident, 2 interns (categorical or preliminary) +/- a sub-intern (4th year PSOM) | 1 team  
Team consists of:  
3 senior residents, 1 psychiatry intern, +/- 1 sub-intern (4th year PSOM) | 1 team (Mercy Team B or Mercy Team C)  
Team consists of:  
2 residents, 2 interns |

| Rounds | Post-call 7am, rounds to be complete by 10:30am (resident and overnight intern to be released from rounds by 9:30am)  
8:30am rounds on post-post call day, pre-call and on-call day (except weekends which vary) | Rounds generally start at 8:30am but at the discretion of the team and attending. | Post-call day 7am  
9am rounds on on-call, pre-call and post-post call day (except weekends which vary) |

| Admitting | Q4 admitting schedule  
Resident has long call q4 (7am until 10:30am following day); sub-intern as well  
Interns alternate day and night call q8 (16 hour shifts)  
Day intern (7am-7pm)  
Night intern (7pm -9:30am)  
Day intern cap= 5  
Night intern cap=5  
Sub-intern cap= 1-3  
Resident CENSUS cap = 20  
May ONLY admit 10 new pts and 4 in-hospital transfers in 24hr period | Q3 admitting schedule for each senior resident, team admits every day  
Call is “short call” – no overnight call  
Day call cap= 4 new or 12 total team cap | Q4 admitting schedule  
Resident/intern dyads take long call (7p-7a) and day call (7a-7p) in Q8 rotation  
Each team admits total of 10 per pair (total 20 patients per call)  
“Bouncebacks” go to the original admitting team but count towards cap  
Open CCU; closed MICU  
CCU patient staffed with CCU residents |

<table>
<thead>
<tr>
<th>Location</th>
<th>Bernard Mitchell Hospital</th>
<th>Bernard Mitchell Hospital</th>
<th>Variable floors Mercy Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross-Cover</td>
<td>Overnight Intern</td>
<td>Cardiology night float team</td>
<td>Overnight team</td>
</tr>
<tr>
<td>Days Off</td>
<td>Post-post day or pre-call day</td>
<td>Pre-call day</td>
<td>Post-post day or pre-call day</td>
</tr>
</tbody>
</table>
| Students | 3rd year Pritzker School of Medicine (PSOM)  
Will have twice weekly preceptor group in afternoons and noon lectures | 3rd year PSOM | Loyola 3rd/4th yr student  
UIC 3rd/4th yr student  
Abroad 3rd/4th students |
| Conferences | 11:15AM Morning Report daily  
Noon conference daily | 11:15AM Morning Report daily  
Noon conference daily | 9-10am Morning Report daily  
3-4pm Afternoon report daily  
Wednesday 8-9AM Tumor Board  
Friday 8-9AM Grand Rounds |

**Documentation and Billing on Teaching Service**

On all teaching services, the attending bills for all admissions and daily encounters. The admission is billed on the day that the attending staffs it. Residents write the H&Ps and admissions and forward to the attending to cosign, where the attending will add the attestation and billing risk level using the .ATT dot-phrase.

The attending is responsible for all of the components being present in the note, and must ensure that all necessary components of the note are present. Some frequently forgotten elements by residents are family history and a full ROS – in order to bill at the appropriate level, the attending must check to be sure these elements are included. (This is also the case for nonteaching service notes, but the NPAs tend to be more familiar with the necessary elements for billing, and omissions tend to happen much more frequently with resident documentation, as residents are less familiar with these requirements).

Medical student notes are also entered into the electronic health record at both the U of C and Mercy teaching services. It is not necessary for student notes to be cosigned for billing purposes, but some may forward the note to the attending for review.

Billing at the University of Chicago services is done through our online billing website. Billing at Mercy Hospital is done via paper billing logs. Billing is expected to be completed within 6 days of rotating off service.

**Evaluations on Teaching Service**

The attending is responsible for evaluating residents, interns and students on all teaching rotations. The evaluation systems are different for each rotation and require different usernames. For University of Chicago residents and students, the residents are evaluated through MedHub and the medical students are evaluated through E*Value. Once you obtain access to the system and are in the schedule, you should be sent email reminders to complete your evaluations in a timely manner.

Contacts to obtain access for University of Chicago evaluations:

- MedHub ([https://uchicago.medhub.com/index.mh](https://uchicago.medhub.com/index.mh)): Erin Dittmer in Internal Medicine Residency Program (4-5122, edittmer@medicine.bsd.uchicago.edu)
- E*Value ([https://www.e-value.net/login.cfm](https://www.e-value.net/login.cfm)): Debra Milton in the Department of Medicine (dmilton@medicine.bsd.uchicago.edu)

For Mercy Hospital teaching service, the residents are evaluated using New Innovations. If there are medical students rotating on your service, they will usually have paper evaluations that they will hand to you to complete at the end of the rotation.

Contact to obtain access for Mercy evaluations:

- New Innovations ([https://www.new-innov.com/login/](https://www.new-innov.com/login/)): Arely Ventura (ext 5484, amany@mercy-chicago.org)
To do before starting Teaching Service:

- Confirm you have an ID badge, EHR access, a pager, lab coats, and parking
- Set up your EHR with the menus, wrenches, order sets and shortcuts that you prefer
- Review the expectations for attendings
- Confirm you have access to the evaluations system for residents and students
- If you are starting at Mercy, review the orientation manual for Mercy located on section website: [http://wordpress.uchospitals.edu/hospitalist/files/2013/10/102813-Mercy-service-orientation-U-of-C-faculty.pdf](http://wordpress.uchospitals.edu/hospitalist/files/2013/10/102813-Mercy-service-orientation-U-of-C-faculty.pdf) - password is Mercy123 (case sensitive)
- For U of Chicago, ensure you have access to the online billing system for U of Chicago
- For Mercy, ensure you have a copy of the paper billing logs (can be obtained from secretary)
- Email or page the attending from whom you will be taking over one day prior to starting to obtain a signout on old patients you will inherit
- Obtain from the previous attending the resident’s contact information, where the residents expect you to begin rounds on the first day, and what time you will begin rounds on that day
- Review the conference and call schedule to plan for rounds and teaching
General Medicine Consultation Service

Overview
The general medicine consult service is always staffed by one of the attending physicians in our section. Consults are usually scheduled for 1 week at a time. As most consults come from surgical services, most of your clinical work during these weeks will be in the CCD. Many of the consults are from these surgical services asking us to risk stratify patients with co-morbid conditions prior to a scheduled surgical procedure. We often also get consults on post-operative patients for medical management, most commonly hypertension, diabetes, acute kidney injury, etc. Depending on the progress these patients are making from a medical perspective, you can follow along as a consultant as long as you see fit, per your discretion; if you are signing off of a case, it is required that this be documented in your consultation note on that given day.

Overflow Capacity
When all day services (J,K,L,M) are capped, there is the expectation that the consult attending take up to 4-6 primary patients and provide care for them until discharge and/or the other 4 services decompress to allow for these patients to be resorbed by them. Additionally, if hospitalist service patients are located in the CCD, the consult attending will be responsible for serving as the primary provider for those patients until they are repatriated to Mitchell Hospital.

Teaching Responsibilities
The consult service has 3 different types of learners – internal medicine residents, psychiatry PGY1 residents, and third-year medical students. Internal medicine residents rotate for 2 week blocks, psychiatry residents for 4-8 week blocks, and medical students for 1 week blocks. Please refer to the Hospitalist Homepage-Consult Service Page (http://wordpress.uchospitals.edu/hospitalist/consult/) for additional information about rotation objectives and expectations as well as resources for teaching.

Documentation and Billing on Consult Service
On the consult service, the attending bills for all initial consults and subsequent day consults. If there is a resident on service, the residents write the consult notes and forward to the attending to cosign, where the attending will add the attestation and billing risk level (similar to teaching service). If there is no resident on service, the attending will write the consult notes. If there is a 3rd year medical student on service, the attending is still responsible for writing the consult notes as medical student notes cannot be used for billing.

The attending is responsible for all of the components being present in the note, and must ensure that all necessary components of the note are present. Some frequently forgotten elements by residents are family history and a full review of systems – in order to bill at the appropriate level, the attending must check to be sure these elements are included.
To Do before starting Consult Service

- Confirm you have an ID badge, EPIC access, a pager, lab coats, and prescription pads
- Confirm you have access to the billing system
- Confirm you have access to the shared lists in EPIC (should show up under “Shared Patient Lists” in the lefthand menu when you log on)
- Set up your EPIC with the menus, wrenches, order sets and shortcuts that you prefer
- Ensure that you are scheduled for a particular block of service by accessing the online schedule
- Review the service rules document and be familiar with expected responsibilities as the consult attending
- Clarify if you will have residents/students on service as this is a teaching service
- Ensure you are familiar with the locations of the CCD as this is where most patients you see will be located here
- Page the attending from whom you will be taking over one day prior to starting to obtain a signout on the service
**LG Shift**

**Overview**

Long Days, or “LG” is a shift that begins at 5:00pm and ends at 7:30pm during the weekdays. Its purpose is to provide cross-coverage during the early evening hours when the day team signs out and before the overnight providers arrive. There are 2 LG shifts Monday through Fridays (excluding holidays). Each shift is assigned to physicians on day service or NPAs.

On LG, the provider takes signout from the assigned day services: LG1 takes signout from K and L day services, consults, IBD and lung transplant. LG2 takes signout from J and M day services. The consult service is on pager 9000, which is the pager that is paged by providers on the IBD service to sign out.

LG provides cross coverage for patients until 7:30pm. LG can also be assigned up to 2 admissions by the Bridge provider, who is doing the majority of admissions and is responsible for triaging them to other providers if admissions begin to get stacked up. LG signs out cross-coverage and information about any patients they admitted to the overnight providers who arrive at 7:30pm.

**Documentation and Billing on LG**

If admissions are done during the LG shift, the LG providers are responsible for writing the H&P and billing for that admission. If there are significant cross-cover events that occur during an LG shift, it is expected that the LG provider will document those events in a note in the EMR. Billing is expected to be completed within 6 days of the shift.

**To Do before starting LG Shift**

- Confirm you have an ID badge, EPIC access, a pager, lab coats, and prescription pads
- Confirm you have access to the billing system
- Confirm you have access to the shared lists in EPIC (should show up under “Shared Patient Lists” in the lefthand menu when you log on)
- Set up your EPIC with the menus, wrenches, order sets and shortcuts that you prefer
- Confirm your shifts on the online schedule
- Review the service rules document to determine which services you will receive signout from
- Ensure you are familiar with the locations of the emergency department and the CCD as it is possible that you may be doing admissions
- Be present in TC416 at 5pm for other providers to sign out to you
- Touch base with the Bridge provider (pager 9100) to see how he or she is doing with admissions that day
**Bridge Shift**

**Overview**

Bridge shift is a shift designed primarily for admissions. This shift lasts from 1pm to 9pm during weekdays, and 12pm to 8pm during weekends.

The hospitalist service admits general medicine patients when the housestaff team has capped during the day for their day intern. Thus, depending on workflow, we can be carrying the GENS admitting pager at sometime between the time Bridge starts (1:00pm) and the time the housestaff night intern arrives (7:00pm). During this time, we take phone calls from the Emergency Department providers and triage patients according to their appropriateness for our service. Once the Bridge provider has accepted a patient, they then complete the admission.

Another group of patients we may admit during the Bridge shift is Cardiology overflow. This works similarly to the GENS model in that if the housestaff cap at a particular time for the day, we take over coverage of this pager and they then re-assume the Cardiology admitting pager at 8:00pm for their night team.

For patients for whom we always service as the primary service (i.e., hepatology, renal transplant, lung transplant, and CCP patients), we admit these patients to our service regardless of the time of day. Often times, they are admitted directly from home or clinic, and we are paged about their arrival; if this happens during the hours of a Bridge shift, the Bridge provider is responsible for admitting them. Usually, the subspecialty teams for those patients tell the provider carrying 9100 about any expected admissions, and they notify the Bridge provider of these expects when Bridge comes in at 1:00pm. You can page the appropriate subspecialty teams upon a patient’s arrival for more details about the plan of care for said patient.

The final group of patients we admit are IBD patients after hours and on the weekends. The primary IBD team generally will do their own admissions up until 5pm on weekdays and 12pm on the weekends. If these patients arrive/are admitted during the hours of a Bridge shift, the Bridge provider admits them and signs over their plan of care to the night time, who continues the plan until they are signed back over to the primary IBD team in the morning.

There are two Bridge physicians scheduled for weekend Bridge. Unlike during the week, weekend Bridge does include some cross-cover for the day and consult services, and the cross-cover and admissions are split between the two providers.
**Documentation and Billing on Bridge**

For admissions done during the Bridge shift, the provider is responsible for writing the H&P and billing for that admission. Billing is expected to be completed within 6 days of the shift.

**To Do before starting Bridge Shift**

- Confirm you have an ID badge, EPIC access, a pager, lab coats, and prescription pads
- Confirm you have access to the billing system
- Confirm you have access to the shared lists in EPIC (should show up under “Shared Patient Lists” in the lefthand menu when you log on)
- Set up your EPIC with the menus, wrenches, order sets and shortcuts that you prefer
- Confirm your shift start time – Monday-Friday (1-9pm), Saturday-Sunday (12-8pm)
- Review the admitting rules within the service rules – **have these handy!**
- Review the service rules document to determine which services you will receive signout from if it is a weekend bridge shift.
- Ensure you are familiar with the locations of the emergency department and the CCD as you will be doing admissions
- Check the online schedule to find out who the 2 LG providers will be so that you may know who can assist with admissions if necessary.
- Page the charge NPA holding pager 9100 at the start of your shift for information on any pending or expected admissions
Night Shift

Overview

Night shift is a shift designed for both admissions and cross-coverage. There are two physicians assigned to a Night shift per night. One Night physician will carry the admitting pager, 9100, as well as cross-cover on two of four day services. The other Night provider will carry the two other day service pagers and cross-cover on the 9000 pager which is consults and IBD. Night shifts are often filled by moonlighters, who could be internal hospitalist moonlighters, NPAs, or fellows within the University of Chicago system who moonlight with us.

Similar to the Bridge shift, the hospitalist service admits general medicine patients when the housestaff team has capped during the night for their night intern. Thus, depending on workflow, we can be carrying the GENS admitting pager sometime after the housestaff “night intern” arrives (7:00pm) until we stop admitting at 6:00am. During this time, we take phone calls from the Emergency Department providers and triage patients according their appropriateness for our service. Once the Night provider (who is carrying 9100) has accepted a patient, they then complete the admission.

Cardiology also has “overflow” at night, and although it is rare, the policy for admissions is the same as that of GENS overflow. Once the night housestaff resident has capped, we take over the admitting pager until 6:00am, when we stop admitting. We, however, do not admit advanced heart failure patients regardless of cap situations, patients with pulmonary HTN, nor heart transplant. Please refer to service rules for more details.

Much like the Bridge shift, all patients that are cared for by our service will be admitted to our service regardless of the time of day. Sometimes there are outside hospital transfers accepted by the subspecialty teams that come in after the Bridge shift provider has left for the day. The provider carrying the 9100 pager will likely get paged by the floor where they to which they are admitted.

Just as described in the Bridge shift section, we admit IBD patients to the IBD service during off-hours, which can occur during the Night shift as well.

Documentation and Billing on Nights

For admissions done during the Night shift, the provider is responsible for writing the H&P and billing for that admission. Billing is expected to be completed within 6 days of the shift. If there are significant cross-cover events that occur during a Night shift, it is expected that the Night provider will document those events in a note in the EMR.
To Do before starting Night Shift

- Confirm you have an ID badge, EPIC access, a pager, lab coats, and prescription pads
- Confirm you have access to the billing system
- Confirm you have access to the shared lists in EPIC (should show up under “Shared Patient Lists” in the lefthand menu when you log on)
- Set up your EPIC with the menus, wrenches, order sets and shortcuts that you prefer
- Ensure you are on the schedule for that particular night shift
- Review the admitting rules within the service rules – have these handy!
- Review the service rules document to determine which services you will receive signout from
- Ensure you are familiar with the locations of the emergency department and the CCD as you will be doing admissions
- Be present in TC416 at 7:30pm for other providers to sign out to you
- Discuss with the other Night provider which pagers you will be responsible for cross-covering.