

SUBJECT: In-Patient Service, Responsibility for Patient Care and Continuity of Care

EFFECTIVE DATE: 1/1/99
REVISION DATE: January 7, 2009
REVIEW DATE: January 7, 2009

PAGE 1 OF 2

The following information is required by the admitting office when a patient is to be admitted to the hospital: patient's name, age, admitted physician (admitting & resident), type of room (private, semi-private, ICU, CCU, monitored), and diagnosis. The resident may need to speak to the nursing coordinator if there is a shortage of available hospital beds.

Continuity of Care

The patient's continuity resident will continue to provide hospital care to his or her patients admitted. It is the on-call resident's responsibility to notify the patient's continuity resident when he/she admits a patient belonging to another continuity resident. Morning check out rounds is the best time to notify other residents of admissions. Monday and Friday noon Grand Rounds are other times that can be utilized for communicating admissions and discharges to residents. The Family Medicine team or the patient's resident will be responsible for the discharge summary at the time of discharge. The Family Medicine team or the patient's resident will also assist in the supervision of the care rendered by medical students following the patient with the resident.

I. It will be the responsibility of the senior resident on the Family Medicine Ward service to contact the individual resident when his or her patient is admitted to the hospital. This is done by paging the resident after morning check-in to notify the resident of the patient's admission.

II. Residents are required to see their patients within twenty-four hours after notification from the senior resident and will document their plans and recommendations in the progress notes while the patients are hospitalized. This allows the continuity physician to take and active involvement in management and treatment decisions.

III. When there are other curricular responsibilities that temporarily prevent a resident from providing continuity of care, it will be the responsibility of the continuity resident to notify the attending physician.

A daily roster of hospital patient followed by the residents from family medicine will be posted in the business office at the Family Practice Center. Each resident should pick one of these rosters up every morning and check the roster to see if any patients were admitted to the resident the night before.

All patients from the Family Practice Center will be admitted and cared for by a Family Practice resident.

These Guidelines are established to insure quality patient care in the hospital for the Family Medicine hospital service. These Guidelines describe the supervisory lines of responsibility for the care of the patients.

1. All members of the hospital care team, including the attending physician; interns, upper level residents and medical students will attend morning check-in rounds. This will be held each weekday in the Family Medicine conference room at 0730. The intern/resident coming off call will be responsible for presenting updates on the patients and any new admissions. The senior resident on service will assign new admissions to the hospital interns and medical students. Weekend check-in rounds will be held at 0800 in the hospital cafeteria classroom.
2. All members of the hospital care team will attend check-out rounds. This will be held at 4:30pm in the Family Medicine conference room. The hospital team will present a patient care update to the on-call intern/resident and attending.
3. The intern on the hospital care team is responsible for a dictated history and physical on patient along with a brief written admit note on each patient. The intern is also responsible for written progress notes, and written orders on all patients daily. Discharge summaries are to be dictated by the intern on the service. The intern should communicate with consultants and social services. The intern will be directly supervised by the upper level or senior resident and should report any difficulties to this responsible person.
4. The upper level or senior resident on the service will be responsible for direct Supervision of the intern and medical students. This resident will also be responsible for oversight of all patient care including orders, notes and the hospital course of each patient. The upper level or senior resident will communicate with each patient's regular doctor and if needed utilization review. This resident will be involved in the teaching of the intern and medical students. This resident will report directly to the attending physician.
5. Supervision of the hospital team is the direct responsibility of the attending physician. The attending physician will insure that the hospital team operates by the guidelines above and in the best interest of each patient. The attending physician along with supplemental lectures for the team will conduct teaching rounds in the hospital. The attending physician must write daily notes on all patients. Documentation of care is the responsibility of the attending physician.