Policy to address new team census caps on Cardiology service:

To address ACGME’s requirement that a 1 resident, 1 intern team can carry no more than 14 patients at any one time, the following policy is proposed.

Goals:

- Keep resident/intern team census at 14 or under
- Prevent “floating” of admissions to the next day’s team
- Maintain continuity of care for patients who are admitted, but exceed team cap of 14
- Maintain continuity of care for patients who are admitted, but exceed admission cap of 13
- Continue to admit acute cardiology patients to MedC/D rather than offloading to other services

Policy:

1. The cardiology fellow will be the primary physician for any patients above the team census of 14, which includes prerounding, presenting, and documentation. When the team returns to 14 or less, the fellow will return primary duties to the residents.

2. If the census of the cardiology team on-call has the potential to exceed 14 patients during a call day, the cardiology fellow will be the primary physician during the on-call day for a set # of patients, to allow the residents to admit up to 13 patients (or 10 patients if short call takes 3 patients).
   a. Example – If a team on call has 8 patients at the start of the call day with no discharges anticipated, the cardiology fellow will assume primary physician duties for 4 patients that day. Thus, the resident and intern will be the primary physicians for the other 4, and have 10 spots available for on call admissions (with 3 more going to short call).

3. If the cardiology team on-call receives more than 13 admissions (including short call), the 14th admission will be admitted by a medicine night float resident. However, the patient will remain on the current team and NOT be floated to the next day’s team. The cardiology fellow will assume primary physician duties for this patient the following day. The cardiology resident and intern will continue cross coverage duties of these patients.

4. If the 14th admission is a critically ill patient requiring the CCU, the night float will admit this patient (ie perform and document the H&P), and the on call cardiology team will cross cover on the patient with the fellow.

5. Policy for patients admitted and transferred to CHF service remains unchanged. CHF patients admitted by the on-call cardiology team count as an admission.

6. Short call policy is now strict – during weekdays, short call team will admit up to 3 appropriate patients by 5pm.