



## CONFERENCES & MEETINGS

**Special Grand Rounds**  
**Thursday, May 24, 2007, 12:00 Noon - 2:00 p.m.**  
**Clinic Auditorium**

**Baptist Leadership Institute**

**Commitment to Caring**

### FYI

- The Pharmacy and Therapeutics Committee has approved a switch in the brand of amphotericin B lipid product used at UNC Hospitals. As of May 15, 2007, we will change from Abelcet (amphotericin B lipid complex) to AmBisome (amphotericin B liposomal). Both are considered similarly effective and are dosed the same. The usual adult dose is 5 mg/kg IV once daily. AmBisome is currently available as a selection in CPOE and you may begin using it now. Abelcet will be phased out and become nonformulary in early June. For more information, contact Drug Information at 966-2373.

### ANNOUNCEMENTS

- Upcoming Grand Rounds:
  - May 31 - David Marx, JD, "Balancing Systems Improvement with Personal Accountability: Building a Fair and Just Work Culture"
  - June 7 - Shannon Carson, MD, "Critical Care of the Elderly"
  - June 14 - M&M Conference - Larry Klein, MD, Eric Yang, MD, Andrew Greganti, MD, "False Negative Cardiac Stress Testing"
  - June 21 - Lee Berkowitz, MD

## FROM THE CHAIR'S OFFICE

*We have decided to devote this week's newsletter to the topic of Inpatient Service Resident Staffing Redesign. The description that follows is longer than our usual newsletter topic reviews; however, the importance of the subject to all of our faculty and residents warrants the additional detail provided to achieve an optimal understanding of the new system. This [document](#) is also available online as a PDF.*

Effective May 24, 2007, the resident staffing of our inpatient services will change substantially. Interns will no longer take overnight call in the hospital unless they are on the Cardiology (MedCD) or the MICU/RICU (Med I) rotation. There are several major reasons for this change. First, one of our residents was in a severe automobile accident, driving home post-call. Second, our Department is not in compliance with Residency Review Committee duty hour regulations. Although the issues are complex, our compliance failures are usually related to the 30 hour rule which mandates that a resident cannot remain in the hospital for more than 30 consecutive hours. We have had many violations of this rule. Third, residents on night float duty are not receiving any direct education. They

are not interacting with the service attending and do not go to any conferences. Other concerns include those of patient safety related to the high level of fatigue of the post-call intern and the borderline resident staffing on post-call afternoons - only one supervising resident and one pre-call intern. This greatly limits the supervising resident's ability to monitor the care of patients. Moreover, consultation teams often cannot speak directly to the post-call intern who has placed various consults on patients admitted the night before.

On May 24, 2007, the following redesign structure will go into effect on all inpatient services except Cardiology (Med CD) and MICU/RICU (Med I):

- **Team members will include the following:** 1 day resident, 2 interns, 1 night-float resident, and 1 weekend night-float resident.
- **Patient distribution among the teams:** The admitting team will begin admitting at 7:00am on a given day and continue admitting until 7:00am the following day. Over this 24 hour period, the maximum number of admissions will be seven. On the post-call morning, some patients admitted overnight by the night resident will be "new" to the rest of the team. Enhanced, mandatory sign out from night resident to day resident will occur at 7 AM on post-call days. "Floated patients" are thus received only on post-call days and not on pre-call days.
- **On post-call days, the team may take one new admission between the hours of 7:00am and 3:00pm.** This is intended to replace the service currently provided by the day float resident. This is analogous to a "long-call - short-call" system, in which a team may take 7 long-call admissions and 1 short-call admission on alternating days.
- **Day resident responsibilities:**
  - Team Leader
  - Rounds daily with the team
  - Supervises work of two interns
  - Mandatory morning report attendance
  - 7:00am – 7:00pm Q2 call including weekends
  - Day off: Post-call weekend day
- **Intern Responsibilities:**
  - Pre-round daily 6:30am - 7:30am
  - Mandatory Intern Conference attendance
  - Call: 6:30am - 7:00pm, Q4 call including weekends
  - Non-call days: Until 5:00pm or later, except on weekends
  - Day off: On-call weekend day of co-intern or pre-call day during weekend
  - Both interns present on post-call weekend day
- **Night float resident responsibilities:**
  - 7:00pm - 7:30am, Monday through Friday
  - Day float resident transitions to fifth night float resident
  - Supervises work of two interns

- Admissions: Assigned to most appropriate subspecialty team
- Team cross cover
- General Medicine consults at night
- **Weekend night float resident:**
  - 7:00pm - 7:30am Saturday and Sunday
  - Same responsibilities as weekday night float resident
- **Communication between day and night teams:**
  - Interns page night float resident around 6:30am for quick check-out
  - 7:00am - 7:30am: night float residents give sign out to day residents
  - 7:00pm - 7:30 pm: day residents give sign out to night float residents
  - On weekend admitting day: **same as above**
  - 7:00am - 7:30am: on weekend post-call day: night float or weekend night float signs out to both interns

The new system will offer a number of advantages in addition to allowing compliance with duty hours:

- Residents will have more time to attend educational conferences.
- Five residents will be in house overnight instead of 4 – this should decompress the currently very high resident workload after 7pm when most of our admissions reach the floor.
- Night float residents will now be assigned to specific teams.
- The post-call intern will be more available to interact with consulting teams.
- Attendings will now be meeting new patients on 1 of 2 mornings instead of every morning as under the current system.
- On weekend days two team members will be present on rounds instead of one.

As with any new system, we know that there will be some unanticipated problems and some "growing pains." However, we are optimistic that the new staffing structure offers many advantages both from the patient care and the medical education perspectives. Ultimately, success will depend, in large part, on the cooperation and support of our attending faculty. Feedback from our resident and attending staff will be critical to assure that we address problems as quickly and definitively as possible.

Questions or submissions, contact [katie\\_obrien@med.unc.edu](mailto:katie_obrien@med.unc.edu).