Virtual Attending DAYTIME Workflow

Goals and Expectations:

A. To serve as a co-attending for your colleague. Consider these patients as your own. You should be checking orders and labs, sharing responsibility and collaborating with the Attending of Record (AOR) to care for and support patients and each other.
B. To improve quality and efficiency of patient care, offload documentation burden, family communication responsibilities and goals of care discussions from the AOR
C. Support redeployed MDs who may need special assistance acclimatizing to workflow

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DAY BEFORE SERVICE

- Email the attending of record (AOR), voluntary hospitalist (VH), and prior virtual attending (VA) introducing yourself; include your email address and cell phone number
- Review patient list and signout (if available, from prior AOR or VA)
- Confirm anticipated start time for communication and rounds in the morning, planned flow of day (discuss whether AOR wants you to primarily support VH or support all patients or how best you can help them)

MORNING OF SERVICE, PRIOR TO ROUNDS

- Sign into MHB and start group text with AOR, VH, and PA
- Prep skeleton notes in the handoff tabs
- Touch base with AOR at predetermined time and assist as needed with any urgent consults, orders or communication needs prior to starting rounds

ROUNDS: a virtual hospitalist in your pocket

- AOR or VH should call you before rounds and put you on speakerphone, for you to listen in throughout rounds
- AOR or VH should introduce you as co-attending (“team member” “colleague” “partner”) to every patient
- Add exam/plan/data points to notes in the handoff tab as AOR or VH dictates while seeing the patient – can be finalized after rounds
- Place orders for AOR on VH rounds; depending on support team, can text PA to help, ensuring closed-loop communication
- Keep a to-do list in real time as AOR or VH dictates, in the handoff tab
- Discuss with AOR, VH and PA whether you can attend IDR on speakerphone with PA

AFTER ROUNDS: Divide and conquer the to-do list – responsibilities may include:

- finalize notes
- bill
- call families
- provide virtual support to patients – med students may be helping
- assist with consults

NEW ADMISSIONS: Role(s) and responsibilities based on preference of AOR. Options include:

- Call patient and/or family/HCP for history + chart review + start skeleton note
- Confirm code status and define goals of care as part of this call
- Call in to admission history and physical on speakerphone (similar to rounds above) with AOR or VH to draft note and put in on-the-fly orders
- Obtain collateral from outside medical providers, if appropriate
- PA generally doing orders and med rec for admissions, but will continue to encourage team work
- One possible workflow created by Jen Chester for the nocturnists can be found below

SIGNOUT:

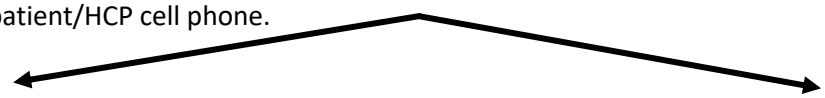
- VA → VA signout is expected by phone on the day prior to switch day, to include: major clinical issues, GOC issues, general flow of the day, family/communication concerns.

NOTES:

- Future workflows may involve one VA working with multiple PA teams – in which case responsibilities are similar but will be limited by timing of rounds. Regardless, you should be familiar with both lists and be available for communication support.
- We may also trial a VA on a housestaff team: again, similar responsibilities as above, based on AOR preference. You would need to be familiar with the ENTIRE HS list, however you would primarily work with and support a resident rounding separately from the AOR. Patients on the resident's list would be designated by the AOR. You would pocket round with the residents, cosign resident notes and bill for the resident's patients, but be available to provide communication and other support as needed for the entire list. Generally, HS admissions would be staffed by the AOR.
- VAs may serve as primary attendings with PAs on stable patients with the attending in house available on an as-needed basis.

Proposed Admission Workflow

1. VA starts skeleton note/history in handoff tab. {basic COVID template will be made available for use}. VA begins to fill out history based on info from chart review.
2. If chart review reveals that patient seems too sick (i.e, on more than 4L NC or rapidly increasing oxygen use), VA discusses with AOR/PA to facilitate more urgent evaluation or ICU consult.
3. VA reviews chart and looks for patient phone number. In some cases, e.g. demented patients, look for health care proxy phone number. This is usually in the 'contact info' section of the patient information tab. VA attempts to call patient/HCP cell phone.



<u>Patient/HCP Answers Phone:</u>

4. VA obtains and scribes history in the skeleton note. Questions answered. GOC discussed. Sample: "*Hello, is this Mr./Ms. _____? My name is Dr._____ and I am one of the doctors on your medicine team. I reviewed your chart and would like to fill in some more details about your medical history.* {Goes through history} *Another doctor from my team will be by shortly to see you. Do you have any questions for me?* {Virtual nocturnist answers all questions, discusses possible trajectories of illness, discusses GOC and documents in skeleton note. If applicable, enters DNR/DNI orders and documentation into EMR}
5. AOR/PA reviews skeleton note prior to seeing patient, noting any holes in the history or any further info they would like to obtain from patient.
6. AOR/PA goes to see patient. Then AOR/PA examines patient and may fill in any further details they would like with the patient.
7. AOR finalizes note and enters it into chart.

<u>Unable to Speak to Patient/HCP on Phone:</u>

4. VA informs AOR/PA that they were unable to reach patient on the phone.
5. AOR/PA goes to see patient, does history, physical and GOC as usual, finalizes note from the handoff tab, and enters into EMR.

Virtual Attending NOCTURNIST Workflow

Primary Goals:

D. Support providers "on the ground" (e.g., the nocturnists, redeployed faculty, PAs and residents) thereby improving quality of patient care, improving efficiency, offloading strain on provider on the ground, offloading documentation burden of admission note, advancing and clarifying goals of care
E. Provide overnight backup for NPs and PAs on the 11N General Medicine and Hospice Units
F. Answer calls from the transfer center
G. Support voluntary redeployed MDs who may need special assistance acclimatizing to nocturnist workflow

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Prior to shift:

- Email all night staff at WC and LMH to introduce yourself and the role of the virtual nocturnist (see below for sample email).

At Start of Shift (7pm):

- Page Palliative Care Unit pager to introduce yourself as the nocturnist and provide your phone number and MHB information. Ask the nocturnists to let you know as they are getting admissions so you can help as needed.
- Send MHB messages to all night staff as well as charge PA at WC

Throughout Shift:

- Periodically check ED Status boards and WC and LMH to anticipate which site may have greater needs
- Check in with redeployed faculty, 11N PA/NPs by MHB to offer assistance as needed

Options for VA workflows for new admissions:

- VA can take the lead on admission:
    - Start skeleton note/history in handoff tab
    - Collect history based on chart review
    - Call patient and/or family for HPI, PMH, Medications, etc
        - options to find phone number include: "Patient Info" tab, Handoff tab under "History," ED notes)
    - VA notifies nocturnist when history obtained, nocturnist examines patient (can put VA on speakerphone in pocket to dictate exam while in PPE)
    - VA can finalize note and submit bill
        - Use the following phrase in note (*I____certify that I am acting in collaboration and in good faith with the Dr. _____, facilitating documentation in the care of this patient. Dr. _____ is providing direct patient care with face-to-face encounter and may modify/addend this document as he/she sees fit in cases of incomplete/inaccurate information.*
- Nocturnist can take the lead on admission
    - Nocturnist can then delegating specific pieces of the admission, i.e. calling family to clarify goals of care – to the virtual attending
    - At LMH, virtual attending may also be asked to help with orders, med rec as there is less PA support for admissions
- Some combination of the above workflows may also be appropriate. Most importantly, maintain communication with the on-site nocturnist.

Notes:

- No new patients should be transferred to 11N Hospice Unit overnight. All hospice transfers must be approved by Palliative Care day team
- Patients on 11N who were previously stable but decompensate should be transferred back to their prior PA/resident service (via PPOC) or to ICU (via critical care)
- Transfer Center should call the ICU attending for any patients requiring ICU level of care