

Crouse Hospital Policies: Internal Medicine

Crouse Hospital Services

Crouse ICU Service
Crouse ICU Night Service
Crouse ER Service

ACGME Rules Applied to Crouse Hospital

- **ACGME Rules Regarding Supervision**
 - *Level 1/Direct Supervision*, defined by immediate, in-person supervision, is required for all procedures performed by non-credentialed housestaff regardless of the time of day. The supervisor may be a credentialed house officer or faculty member; if the former, the responsible faculty member must be immediately available either on/off site (this is defined as Indirect Supervision depending on the time of day as is described below).
 - *Level 2A/Indirect Supervision*, defined as immediate on-site availability, is required of faculty between 7AM-4PM daily for housestaff clinical responsibilities and is required of senior housestaff 24 hours a day for PGY-1s. *Level 2B/Indirect Supervision*, defined as immediate availability from off-site faculty, is required of faculty between 4PM-7AM daily for housestaff clinical responsibilities.
- **ACGME Rules Regarding Duty Hours**
 - The Work Day
 - No shift can be longer than twenty-four (24) hours for PGY-2s/3s (16 hours maximum for PGY-1s).
 - An additional three (3) hours can be utilized to finish work that does not relate to direct patient care.
 - There must be ten (10) hours off between shifts.
 - The Work Week
 - No work week (Sunday through Saturday) can exceed eighty (80) hours under any circumstance.
 - Moonlighting (for fellows and chief residents) counts toward the eighty (80) hours; PGY1s-PGY3s may not moonlight.
 - There must be a continuous twenty-four (24) hours off per week.
- **ACGME Rules Regarding Patient Numbers per Intern and Resident**
 - Interns (PGY-1)
 - *Interns can follow no more than ten (10) patients at any one time.*
 - No more than five (5) new patients + two (2) transfers can be assigned to an intern during a routine day of work.
 - No more than eight (8) total patients (news + transfers) can be assigned to an intern over a 2-day period.
 - Senior Residents (PGY-2/PGY-3)
 - *With one (1) intern on the team, the supervising resident can follow no more than fourteen (14) patients at any one time (this means the intern can follow up to ten (10) patients and the resident, without the intern, can follow an additional four (4) patients).*
 - With one (1) intern on the team, the supervising resident can only have five (5) new patients + two (2) transfers assigned to the team during a routine work day.
 - No more than eight (8) total patients (news + transfers) can be assigned to the team over a 2-day period.

Crouse Service Schedules

*Please see section "The Upstate IM Residency-An Overview"
Additionally, Crouse ICU housestaff will attend Crouse Educational Conference on
Wednesdays and Thursdays 1PM-2PM.*

Crouse ICU Policies

Weekdays and Weekends, 24 hours a day, admissions to the ICU are the responsibility of the ICU team/s.

1. What About Overflow or Above-the-Cap?
 - a. Unless there is an urgent/emergent patient safety issue, the ACGME rules outlined above may not be violated under any circumstance.
 - b. Overflow patients are the responsibility of the on-service attendings (or other Crouse-appointed health-care providers); housestaff are not to be involved in the care of these patients unless team numbers allow for transfer to a housestaff-covered service or if an urgent/emergent issue requires immediate medical attention.

Admission Notes

Admission Notes must be written and must include the following information:

1. Chief Complaint
2. History of Present Illness
3. Past Medical/Surgical History
4. Allergies (drug and reaction)
5. Current Medications (drug, dose, and schedule)
6. Social History
7. Family History
8. Review of Systems
9. Physical Exam
10. Labwork/Diagnostics
11. Assessment
12. Problem List
13. Plan
14. The last line should indicate that the patient has been discussed with your attending; don't forget to designate the attending as the co-signer of your note.
15. CC List

Daily Progress Notes

Daily Progress Notes must be completed using the SOAP (Subjective, Objective, Assessment, Plan) format.

1. Clerkship student notes are a vital part of the record and must be reviewed by the intern or resident; however, clerkship student notes alone do not legally suffice and, thus, a full daily progress note must be completed by the intern or resident.
2. Acting-Intern student notes are a vital part of the record and must be reviewed by the resident (not the intern); however, Acting-Intern student notes alone do not legally suffice and, thus, a full daily progress note must be completed by resident (not the intern).

Discharge Summaries

Discharge Summaries must be completed within 48 hours of discharge and must include the following information:

1. Date of Admission
2. Date of Discharge
3. Primary Discharge Diagnosis
4. Secondary Discharge Diagnoses
5. Significant Procedures Performed During Hospitalization
6. Brief Summary of Hospitalization
7. Discharge Allergy List (drug and reaction)
8. Discharge Medication List (drug, dose, and schedule)
9. Disposition, Code Status, Proxy Status, Follow-Up Requirements
10. CC List

Signout/Handoffs (also see Signouts/Handoffs Policy in Residency Handbook)

Signout or Handoffs are, unfortunately, an opportunity for error. As such, it is imperative that great care be taken in preparing these documents. Signout/Handoffs must include the following information and should be updated as appropriate so that patient data is current and accurate:

1. Team Assignment
2. Intern/Resident of Record
3. Attending of Record
4. Code Status
5. Hospital Day Number
6. Antibiotic/s Day Number
7. Primary Reason for Admission
8. Secondary Issues of Importance
9. Allergies
10. Active Medications
11. Things to Do

For questions or clarifications please page the Crouse Hospital Chief Resident weekdays from 7AM-4PM, and the on-call Chief Resident weekdays after 4PM or anytime on weekends.