

WEST ROXBURY VA HOUSESTAFF REFERENCE GUIDE

Updated 7.5.12

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1. INPATIENT MEDICAL SERVICES

1.1 General Medical Ward Teams (Teams A-E):

- Interns are designated “A” or “B.”
- Call schedule is q5.
- Order of call flow: LONG → POST → SHORT → LIGHT → PRE
- **ADMITTING RESPONSIBILITY:**
 - Short-call
 - Admits until 12 noon (Mon-Fri only)
 - Caps at four patients (between 2 interns and NP/PA)
 - Long-call
 - Admits from 12 noon (or whenever Short Call caps) until 7 PM (every day)
 - Caps at 10 patients (between 2 interns and NP/PA)
 - Dayfloat will assist with 2 admissions (refer to ‘MEDICINE DAY FLOAT’ section) on weekdays
 - Light-call
 - Admits from whenever Short Call caps until 5PM (Mon-Fri)
 - Caps at 6 patients (between 2 interns and NP/PA) (Mon-Fri)
 - Admits the first FOUR patients on Saturday before Noon (no patients on Sunday)
 - Total team cap is 20 patients
 - Once short/long/light have capped:
 - *Monday – Friday:* Day Float does all subsequent admissions until 7pm
 - *Saturday – Sunday:* Long-call resident does all subsequent admissions until 7pm
- To find your team’s daily schedules: Home page → “On Call Schedules” → click on current month (eg “September 2010”) → “Medical Service – Ward Teams”
 - This document contains several tabs, with the team face sheets, pagers, and call schedules for both cardiology and medicine services
- **CROSS-COVERAGE RESPONSIBILITY**
 - On weekdays before 12 noon, the primary team covers all of their patients
 - On weekdays between 12 noon and 7 PM, the Day float resident will cross cover all medicine teams after the time of sign-out
 - On weekend days, the long call interns hold cross cover for signed-out teams until the nocturnist arrives.
 - On weekday and weekend nights, the nocturnist cross covers all medicine services at the time of sign-out (from 7 PM until 7 AM)
- **ORDER OF ADMISSIONS:**
 - Admissions 1-4: *Short call*
 - Admissions 5-6: *Light call*
 - Admissions 7-8: *Long call*

- Admissions 9-10: *Light call*
- Admissions 11-12: *Long call*
- Admissions 13-14: *Light call*
- Admissions 15-20: *Long call*

1.2 Admission Policy:

- **All patients assigned to an admitting team, will remain on that team regardless of whether the patient is formally admitted by the day team or night float.**
- Patients are assigned to the light call team until 5pm.
- Patients are assigned to the long call team until 7pm.
- Patients who “hit the floor” before 7pm should be admitted by the assigned light or long call teams.
- Patients arriving after 7pm should be admitted by the night floats and signed out the next morning to the originally assigned team (except on Sundays, when these patients go to the long call team).
- ICU transfers and transfers from other services are yours at the time you get the page/call for sign-out.

1.3 Bounceback Policy

- A patient “belongs” to an intern for the length of the intern’s VA rotation.
- A patient “belongs” to a PA/NP (and will bounceback to them) for 21 days.
- **Monday to Thursday: Bouncebacks go to the original team, regardless of the day in the admitting cycle.**
 - If pre-call, post-call, or short call: Bouncebacks after 2pm are admitted/accepted by day float. They return to their team the following morning.
- **Friday to Sunday: Bouncebacks go to the admitting team and count towards daily caps.** The patient will then go to their prior team, as appropriate, Saturday through Monday (only if both residents are in-house). Residents should use their judgment for these patients regarding appropriateness of transfer (i.e. avoiding transfers after major clinical changes or with anticipated discharge within 24 hours).
- **In-house bouncebacks** (i.e. from surgery, PCU, ICU, other medicine team, etc.)
 - Do NOT count towards daily admitting caps
- **ED/OSH bouncebacks**
 - DO count towards daily admitting caps if re-admitted on an admitting day
- Interns CAN NOT care for more than 10 patients and the whole team census CAN NOT top 20 patients. In this case, patients do NOT bounceback and go to the admitting team as a new admission.

1.4 Clinic Issues:

- **BIDMC:**
 - Residents do not have clinic while on wards rotations.
 - Interns DO have clinic on any day other than their Long or Light-call days.
 - Should clinic accidentally be scheduled for a Long or Light-call days, the intern should contact the BIDMC CMR to coordinate cancellation.
- **BWH:**
 - Residents may have clinic on short, light, and pre call days. Dayfloat is available to cover clinic residents.
 - Interns can have clinic on any day except on long call days. In general, coverage is provided by the team resident, although Dayfloat is available to help if needed.
 - Cardiology resident may have clinic on call days and will either be covered by the Cardiology fellow or Sick Call.
 - ** PLEASE CHECK YOUR ON-CALL/CLINIC SCHEDULES TO CONFIRM,
 - ** Please contact BWH VA Chief with any issues.
- **BMC:**
 - Wards, CCU/cardiology, and MICU interns and residents do not have clinic while at the VA
- **Coverage:**
 - Cardiology and MICU residents/interns will be covered internally (i.e. VA Cards 1 resident covers for VA Cards 2 resident in clinic and vice versa, etc.).
 - For all wards residents, coverage should be discussed with chief residents on a case by case basis. For all ward interns, it is expected that the team will provide internal coverage for interns required to go to clinic.

2. INPATIENT CARDIOLOGY SERVICES

2.1 Cardiovascular Teams (1 & 2):

- Two cardiovascular teams will function in parallel each with their own attending/fellow and take cardiovascular admissions to the floor as well as the CCU. Admissions are a combination of patients directly admitted/ transferred for procedures (coordinated by Diane Lapsley, x36398, x36150, pager 705-1349) and admissions from the ED with primary cardiac issues.
- The team should touch base with Diane in the morning (and ideally the evening before) regarding direct admits (call or stop by her office, 4D-100). The cardiology office does schedule patients for same day procedures. On the morning of admission, the Cardiovascular team will meet the patient, double check the info, do an H&P and orders, and then continue to assume care of the patient after they have had their procedure (if actually indicated).
- Interns are designated "A" or "B"
- **ADMITTING RESPONSIBILITIES:**
 - Teams alternate admitting days, q2
 - Short-call intern admits until 3:00 pm (11 am if intern has clinic) or until floor cap of 3.
 - Long-call intern admits until 7:00pm with a cap of 5 new admissions.
 - Once capped, the additional admissions are to be done by the on-call cardiology resident during the day or the overnight resident and given to the cardiology team admitting the following day.
 - There is no cap to daily CCU admissions; however, once the long-call intern is capped, all remaining CCU admissions are done by the on-call resident or overnight resident and will be assigned to the Short-call intern the following day.
 - Cardiology fellow must be called for all overnight admissions to cardiology. If there are patients admitted at night for which the Junior NF's feel that the triage decision was inaccurate, the NF residents must contact the Cardiology fellow at night to have the patient reassigned.
- **DAYTIME CROSS-COVERAGE RESPONSIBILITIES:**
 - On-call Cardiology Intern covers cardiology patients until 8:00pm.
- **WEEKEND COVERAGE:**
 - Interns have two weekends with one day off, one "black" weekend, and one "golden" weekend
 - Each resident gets one weekend day off per week
 - Weekend coverage is internal with two teams covering for each other
 - Weekend team is one resident with their long call intern and the post-call intern from the other team. The on-call resident provides back-up for the post-call intern from the other team.
 - The resident is expected to write a note on floor patients for the intern who has a golden weekend, on one of the two weekend days. Weekend notes on all unit patients should be written by the on-call intern.
- **NIGHT COVERAGE:**
 - Admissions:
 - Floor Patients – Shared by the two junior night float residents and nocturnist.
 - CCU Patients – Cardiology Junior Nightfloat. If busy, will require help from General Medicine Junior nightfloat
 - It should be the goal of the nightfloat team to get the long-call team OUT OF THE HOSPITAL by 9pm. This involves assuming ALL admitting responsibilities for any patients who have not hit the floor or CCU by 7pm, and helping with any late admissions.
 - Cross-coverage:
 - Floor patients – Nocturnist (p55839) – They arrive at 7 PM
 - CCU Patients – Cardiology Junior Nightfloat – They arrive at 7 PM
 - On Friday night, a Cardiology Moonlighter is responsible for all CCU admissions and CCU cross-coverage (the nocturnist is still responsible for cross-coverage of floor patients).

3. NIGHTs and WEEKENDs

3.1 Admissions

Overnight Admissions Order:

- 1 – 6: GMS and CCU Junior Night Float Resident alternating (3 each)
 - 7: Nocturnist
 - 8: MICU Senior (i.e. Unit Float)
 - 9: Repeat above
- The admitting order is flexible based on overall workload. For example, if the CCU junior night float is busy with cross-coverage of a sick CCU patient, that night float may need to defer an admission. It is essential to ask for help when needed (i.e. enlisting the help of the MICU resident and/or nocturnist earlier in the admitting cycle).
 - All patients (GMS / cardiology floor) should be split as per above between the 2 nightfloat residents, MICU float resident and nocturnists.
 - Admitting times:
 - All patients assigned by the AOD between 7 PM – 5 AM can be admitted according to the above scheme
 - All patients assigned by the AOD between 5 AM – 6 AM will be admitted by the night float residents and NOT the nocturnist, regardless of the order above.
 - All patients assigned by the AOD between 6 AM – 7 AM should have holding orders placed by the night float residents and should be eye-balled, however full admission is not required.

3.2 Nocturnist

- 7:00pm - 7:00am, all 7 nights
 - PLEASE NOTE: The nocturnist is expected to leave by 7:01 AM, so PLEASE come for signout between 6:30 AM – 6:45 AM.
- **PAGER:** 55839
- **CROSS-COVERAGE:**
 - All GMS floor patients
 - All cardiology floor patients
- **ADMISSIONS:** As above. The nocturnist will receive no patients assigned by the AOD **after 5 AM**.
- Also available for assistance/oversight of any procedures and codes/RRTs, as back-up to help for emergency intubations if appropriate, and are available for extra support for difficult/interesting patients.
- Will provide overnight education for residents (~30 minutes of interactive case discussion once nightly workload has decreased).
- Should “eyeball” every MICU consult (whether accepted or refused) and help with brief discussion of plan. The MICU attending on-call should still be contacted with every overnight consult.

3.3 Junior Night Float Schedule

- 7:00pm - 7:00am
- The junior residents will alternate between one week of cardiology night float and one week of medicine night float. Switch days are on Tuesday nights, but roles can be decided upon by the night floats.
- Upon arrival (7pm):
 - The medicine night floats should:
 - Page the Long Call medicine resident and Long Call cardiology resident to help the Long Call Teams finish their work and discuss any new admissions that may be en-route. The first goal of the Junior Medicine Night Float is to get the Long Call Teams out of the hospital by 9:00pm.
 - Coordinate admissions with the other junior nightfloat (admitting will only page 58841).
 - Plan to meet with the nocturnist around 10 PM for a “huddle” to discuss relative workload
- At the end of shift (7am):
 - The medicine nightfloat should:
 - Receive a page by the AOD/Bed control/Admitting between 6-6:30am to review admissions and correct team assignments.

- Generate a Morning Holdover Email (steps outlined below)
 - Please see *S:\Medical\Signout\NF Holdover Emails* for a template.
 - Save a copy of your word file with patient identifiers in this folder.
 - Generate an email of holdovers with patient identifiers *removed* which you can send to the list of email addresses provided above (this includes cardiology patients). This email is only to give the day teams an idea of how many admissions overnight (for example, Short Call/Team C: Intern A: 2 patients (Sign out: Kevin), Intern B: 2 patients (Sign out: Mary), etc.)
 - Sign-out patients at 7am (2 middle workroom for GMS / CCU for cardiology).
- The above order of admission is intended to be a guide only; should any of the medicine/cardiology/MICU services get overwhelmed, it is expected that the nightfloats will share and re-organize the admission workload to help off-load the overloaded service.
- It is the responsibility of the Junior night floats to assign admissions and coordinate amongst the admitting team, but not their responsibility to take pass-off on all patients. Pass-off from the ED (or other transferring service) should be taken by the admitting physician after notification from the Junior NFs of an admission.

3.4. MICU Senior Night Float (aka Unit Float):

- 8:00 pm to 8:00 am, Sunday through Friday (Saturday night is off).
- Full responsibilities noted in document “MICU Unit Float”, but briefly, 5 primary responsibilities:
 - Covering old and admitting new MICU patients
 - Cover Medical Consult pager
 - Assist Junior Night Float residents with admissions (see page 4 admitting scheme).
 - Run Code Blues, Code Greens, Rapid-Responses
 - Senior-in-House: You are designated as Senior-In-House. As such you should be available to assist the on-call CCU resident, long call ward team resident, and Junior Night Float residents as necessary
- On Saturday night, this shift is covered by a moonlighter, who is expected to perform all of the above responsibilities.

3.5 Holdover Admissions

- **Holdover Email:**
 - Each morning before 7am, the Junior Medicine Night float is responsible for collecting and emailing the list with the total number of admissions to each team. For example: Short Call/Team C: Intern A: 2 patients (Sign out: Kevin), Intern B: 2 patients (Sign out: Mary), etc.
 - Prior to the start of their rotation, the night float team will receive an email from the chief residents with the updated email list of all current VA medical house staff.
- **Holdover Assignments**
 - **Weekdays:** Patients admitted to medicine by night floats that were assigned to a team on the prior day should be signed out back to the originally assigned team. Additional medicine holdovers should be assigned in the following order:
 - Admissions 1-4: *Short Call*
 - Admissions 5-6: *Light Call*
 - Admission 7-8: *Long Call*
 - Admissions 9-10: *Light call*
 - Admissions 11-12: *Long Call*
 - Admissions 13-14: *Light Call*
 - Admissions 15-20: *Long Call*
 - **Saturdays:** Holdovers should be assigned in the following order. Please inform the chief medical resident on call if there are more than 10 holdovers (pager 58801).
 - Admissions 1-4: *Light Call*
 - All subsequent admissions: *Long Call*
 - **Sundays:** All holdovers go to the Long Call team. Please inform the chief medical resident on call if there are more than 6 holdovers (pager 58801).

- The AOD makes the team assignments. These can be changed, if needed, by the Junior NF resident.
- All assignment changes must be relayed to:
 - AOD (x35490) so that attendings, interns, residents, nurses, and radiology know who is responsible for the patient at 8:30 AM.
 - Bed control (x33837 or x33839) so they can keep tabs on admissions for the day
- **Cardiology:** Patients admitted to cardiology by night floats and signed out in the mornings (holdovers) should be assigned in the following order on weekdays (on weekends, all holdovers go to the Long Call team):
 - Admissions 1-3: *Short Call*
 - Admission 3-8: *Long-Call*
 - Admissions 9+ : Call Chief Medical Resident(pager 58801)

3.6 Weekend Rounding

- Covering residents must see each patient belonging to the coverage team.
- Any change in therapy/status or other significant events should be accompanied by a brief note in the chart and discussion with the attending of record.
- The VA policy is to have 6 notes per week
- The weekend schedule will be emailed by the Chief Residents on Thursday or Friday; this should be checked to ascertain which resident will be covering your team. Email sign-out should be sent to the coverage resident.

4. Medicine Day Float

4.1 RESPONSIBILITIES:

- Weekdays
 - Monday through Friday: 12pm – approximately 10pm
 - Dayfloat has 2 pagers (primary pager is 59827; the nocturnist pager 55839 is used for cross-coverage)
 - Assist with admissions:
 - Admit bounce-backs to pre-call, post-call, and short call teams that arrive after 2pm. These patients should be passed back to the team if they are still in-house or given to night float to pass to the team the following morning.
 - Assist long call with 2 of their admissions in the following fashion: **take the 3rd and 4th patients that hit the floor after 5pm.** You will admit the patient with the intern (dayfloat will write the H&P and orders, but intern must still see the patient and discuss plan with dayfloat). The long call team will resume ownership of the patient the next morning. To clarify:
 - Any patients arriving before 5pm are not factored (ie if long call receives 4 patients before 5pm, you would assist with patients #7 and #8).
 - Assume responsibility for the 3rd and 4th patients **that actually hit the floor**, rather than the 3rd and 4th patients assigned by bed control (as it is hard to predict which patients may arrive after 7pm)
 - After long call team caps, admit any patients until nightfloat arrives at 7pm.
 - If you are in the position where you have multiple admissions (ie 2 patients from long call and additional patients after they have capped), you are not required to admit **all** of these patients. Determine whether your assistance would be more beneficial towards long call or nightfloat and admit accordingly. You do not have a cap on admissions, but do what is feasible (ie 4 easy admissions are doable when cross-coverage is light; other days may allow for admitting only 1 very sick patient). Please call the chief on call (58801) with any questions.
 - Accept signout and cross cover post-call, short-call and pre-call teams. Sign-out cross-coverage to nocturnist at 7pm. Touch base with long call team to share responsibilities and facilitate their signing out AND leaving by 9pm.
 - Assist with procedures as needed(ICU or wards)
 - Cover cardiology/GMS/MICU residents who have afternoon clinic
- Weekends
 - Saturday: OFF
 - Sunday: Covers short and pre-call teams who are off that day. Arrive at 6:45am to receive sign-out from nocturnist. Round on both teams and contact team attendings either by phone or in person. No cross coverage or new admissions. No daily progress notes needed, though event notes should be written when indicated. Sign-out to long call interns at 4 pm or whenever work is complete.

5. THE MEDICAL ICU

5.1 MICU Team

- **STRUCTURE, CALL, DAYS OFF, etc:** The specifics of these are found in the separate “MICU Job Description” Guide. Below is information that is primarily of benefit for GMS teams in regards to interaction with the MICU.

5.2 ICU Evaluations:

- A note **MUST** be written by the ICU resident in response to every ICU evaluation requested (including those “not accepted.”)
- Attendings must be notified about every ICU evaluation request (including those “not accepted.”)

5.3 Rapid Response Team

- This team is designed to care for rapidly deteriorating patients. It consists of a MICU resident, MICU nurse, respiratory therapist, and nursing supervisor.
- Nurses or residents can activate this team when they want to increase the resources available to a patient. In order to activate, you can call the AOD or text page the rapid response team via 617-705-1036. Make sure to include the patient’s name and location on the text page.
- The RRT should be in attendance at the patient’s bedside for no more than one hour.

5.4 Code Blues / Code Greens

- MICU Resident on-call will run all code blues.
- Code team includes ICU Resident/Intern, Surgical Residents (for airway/access), Nurses, and Respiratory Therapists. Nocturnist will respond to codes during evening hours.
- Code leader should announce he/she is running the code upon arrival.
 - For surgical patients, defer to the surgeons if they are more familiar with the patient, but stay to consult and supervise as needed.
 - In the CCU, the MICU resident may defer to the cardiology resident if the cardiology resident is already running the code. The MICU resident is expected to be present and provide assistance as needed.
- When the MICU resident is covering the medicine consult pager, they are responsible for responding to Code Greens (psychiatric emergencies)

5.5 Medicine consult:

- MICU residents will cover the medicine consult pager at night, part of Saturday and all day on Sundays and government holidays. Please refer to the medicine consult section for further details

6. PATIENT TRANSFERS/EVALS

6.1 MICU/CCU callouts (from Units to Wards)

- Ideally, callouts should not occur at night when Night Float will have to take care of them.
- However, if an ICU bed is urgently needed, and a unit to ward transfer occurs, the patient will remain under the care of the ICU team until morning sign-out to the admitting team.
- A MICU callout will go to the short-call team if they hear about the patient before 12pm (even if the patient arrives on the floor after 12pm, unlike a transfer admission).
- All MICU callouts need Transfer Orders written by the MICU team. This is accomplished by using the “Write delayed orders” function in which orders are released upon reaching new bed location. The accepting team then may make changes to the orders as necessary.
- CCU callouts will be followed by the same team on the floor. Transfer Orders should still be written when moving a patient from the CCU to the Floor

6.2 Non-ICU transfers from outside hospitals

- During the day M-F, all calls should be referred to Betty Egan-Mullen (transfer coordinator) at 857-203-3837. The Chief Medical Resident on call will decide whether to accept the patient. If the patient is accepted, the CMR will write an accept note in CPRS.
- Weeknights and weekends, the AOD will help determine bed availability and the Chief Medical Resident on call will decide whether they are medically appropriate for transfer.

6.3 ICU or CCU transfers from outside hospitals

- An ICU or CCU attending must accept these patients. The unit charge nurse and Betty Egan-Mullen (during the day M-F) or the AOD (weeknights and weekends) should be contacted to facilitate this.

6.4 Transfers from the VA to an outside hospital

- If for some reason you need to transfer a patient to a non-VA hospital, you will need to get your attending, the Chairman of the Department of Medicine, and the Chief of Staff to approve the transfer. Your attending should help coordinate this. Forms are available in the Medical service office during the business hours. If in doubt, ask the AOD to help.

7. CONSULT MEDICAL SERVICES

7.1 Medical Consult (Please see the Med Consult Orientation Guide for more details)

- Staffed by senior resident from BMC
- **RESPONSIBILITIES:**
 - Weekdays
 - Medical consult is responsible for General Medicine consults, as well as Rheumatology and Endocrinology.
 - Please note that there is a combined Ortho/Med Consult coverage system in place for hip fractures only. These patients should be seen in the ED by Orthopedics and Med Consult. If there are very active medical issues and/or the pt requires telemetry, the y should be admitted to a Medicine team with an Orthopedics consult.
 - Respond to all Code Greens
 - Be available as back-up to the ICU/Cardiology residents as needed
 - Weekends / Government holidays
 - No duties at West Roxbury on Saturday or Sunday.
- **SCHEDULE:**

	Time	Resident	Attending
Weekdays	7am – 5pm	Medical consult resident	Medical consult attending
Weeknights	5pm – 8pm	MICU long call resident	
	8pm – 7am	MICU Senior NF	
Saturday	7am – 4pm	Saturday GMS Moonlighter	CCU attending for pre-op evaluations
	4pm – 7am	MICU resident/Senior NF	
Sunday / Government Holidays	7am – 7pm	MICU resident	MICU attending for medical issues
	7pm – 7am	MICU Senior NF	

8. MISCELLANY

8.1 Meetings and Conferences

- 6:45-7:00: Sign-out
 - Cardiology admissions / cross-coverage in CCU
 - GMS admissions / cross-coverage in 2 middle workroom
- 7:30-8:30: Conference
 - Morning report (1D-127) for GMS and cardiology teams
 - ICU conference for MICU team
- 10:30-11:00: Case Management Rounds (AG Day Room) - *Attended by NP/PA and/or resident*
- 11:00-11:50: GMS attending rounds (rooms vary)
- 12:00-1:00: Noon conference
 - Mondays (1D-127)
 - Interns Conference (summer months only)
 - Podrid's ECGs
 - Radiology rounds
 - Tuesdays: Medical Forum (Conference room behind canteen)
 - Wednesdays (Barsamian)
 - Grand Rounds
 - M&M (last week of each month)
 - Thursday/Friday: Didactic (1D-127)
- 2:00-3:00: Cardiology didactic

8.2 Communication and Documentation

- Attendings of record must be notified for:
 - Any significant change in a patient's status (including death or transfer to the ICU)
 - Any newly admitted patient who is "sick" or there are confusing diagnostic/therapeutic issues
- Admission Notes
 - Interns write the complete, initial H&P, even if the medical student writes an admission note.
- Progress Notes
 - Every patient requires a note 6 days/week.
 - On the weekends only one note is required, though any change in patient status or change in diagnostic/therapeutic plan should be documented
- Event Notes
 - Any significant events must be written as a note in the computer. This is also a responsibility for Night Float and cross-coverage residents.
- Transfer and accept notes
 - Transfer notes are required for patients coming from and going to the ICU and for any holdover; these notes can be succinct.
- Procedure Notes
 - Any invasive procedure (i.e., anything involving a large needle, such as thoracentesis, paracentesis, and central lines) must be documented with a note.
 - There is a template in CPRS which must be used.
- Discharge Summaries
 - These must be written on the day of discharge.

8.3 Hospital Resources

- Call Rooms
 - Located outside of the MICU on the 4th floor
 - Combination 5-2-1
- Lockers
 - Located in Team D workroom on AG by pool
 - Individual locker combinations can be provided by the chief residents
- Meals
 - Breakfast and lunch are provided daily at morning report and noon conference.
 - The cafeteria closes at 3 pm on weekdays and is not open on weekends.
 - On weekdays, you are entitled to a tray (of the same food served to the patients) whenever you are on call. To pick this up, you go to the kitchen and identify yourself as housestaff. The kitchen is open from 4:30 to 5:30PM. It is located on the 2nd Floor of Building 1 (across from the Residents Computer Room, by the elevators).
- Library
 - A hospital-wide library is located on the ground floor of Building 1. The key is available off hours at the police station. The House Staff Library is located near the Medical Staff office in room 1B-138.
- Phlebotomy
 - IV team charge nurse pager 617-705-0699 (between 0730 and 2330). In addition, there is a phlebotomist assigned to each floor (ward secretary has pager number)
 - Lab order time frames are: 6am, 1pm, 5pm, and 9pm
 - “Lab collect” must be ordered at least 1 hr before time frame
 - “Ward collect” can be ordered between time frames (obtained by MD)
 - “Discharge labs” will be processed after STAT labs, but before the routine morning labs
 - Blood cultures are ordered as “Special collect”
- Telemetry
 - Telemetry must be renewed daily.
 - Overnight, if there are no telemetry beds on the floor and if patients require telemetry, they are to be admitted to the PCU by the nightfloat team, not by the MICU or CCU as previously done.

8.4 Officers on Duty

- MOD = Medical Officer of the Day = ER attending on duty.
- AOD = Administrative Officer of the Day = bed-coordinator after hours.
- “Off tour” = any time not considered normal business hours (so after 5pm, before 9 am weekends and holidays).

8.5 Computers, Pagers, Telephones

- Brigham and Women’s computers are located in the CMR office and AG-48
- Forwarding your pager (by phone, see below; via PC, use “Send a page” shortcut on the desktop)
 - Dial into the paging system 35000 (857-203-5000 if outside the VA)
 - Press [*] to enter Administrative functions.
 - Press [3] to forward device.
 - Enter your Pager ID (your 5 digit pager number). Press the [#] key.
 - Enter your password (your 5 digit pager number). Press the [#] key.
 - Enter the 5 digit number of the pager to forward your device to. Press the [#] key.
- Unforward pager
 - Dial into the paging system 35000.
 - Press [*] to enter Administrative functions.
 - Press [4] to remove forward.
 - Enter your Device ID (your 5 digit pager number). Press the [#] key.
 - Enter your password. (your 5 digit pager number). Press the [#] key.
- Pager Mishaps
 - If you are having problems with your pager or pager forwarding during weekdays contact William Kenneway (705-8000, x36999)

- If you have problems overnight, call IRM on call (this number/pager can be obtained by calling the AOD).
- Phones:
 - Main numbers: 857-203-xxxx
 - Pagers: 617-705-xxxx
 - To access Jamaica Plain, dial 71 + 4-digit extension

8.6 Shuttle services

- JAMAICA PLAIN / WEST ROXBURY
 - 6am – 5:30pm
 - First shuttle leaves at 6am; starting at 7am leaves every half hour
 - Leaves WRVA on the half hour, starting at 6:30am
- BU SHUTTLE
 - 9:30am – 5pm
 - Leaves JP on the half hour, starting at 9:30am
 - Leaves BU on the hour, starting at 10am
 - Last shuttle leaves BU at 5pm

8.7 Overnight radiology

- Overnight reads are split between BMC and BWH. Plain films are read by BMC; CT/MRI are read by a company hired by BWH called Nightwatch.
- Note: ALL CT/MRI/US overnight studies should be verbally confirmed with radiology; the VA needs to call in techs for all non-plain films (ie CT, MRI, US). NEVER ASSUME A STUDY WILL BE DONE UNLESS YOU VERIFY IT WITH THE RAD RESIDENT!!
- Plain films:
 - Read by BMC. Call BMC 617-414-3892 ext#3 to ask for read.
- CT/MRI:
 - Read by BWH Nightwatch. These reads are then faxed to the VA, but not uploaded to the regular CPRS server until the morning. The VA now has an online fax server, so that the faxes are viewable online. **These reads are only available on certain computers:**
 - All PACS computers (ie ICU, SICU, ER)
 - One regular computer in the main house staff room on the 2nd floor (2B-142; between 2 south and 2 north where sign-out is given). As you walk into the room, it is the first computer on the left.
 - **To access overnight reads:**
 - Click on icon “BWH Preliminary Faxes” on the main desktop (this icon is located only on the above computers)
 - The username/password is the same as the one used for the PACS machine. Due to security issues, we cannot write it in this document; contact the MICU resident or chief resident if you need this. **PLEASE DO NOT WRITE THE USERNAME/PASSWORDS IN PLAIN SIGHT.**
 - As this program is just an electronic fax receiver, it does not display patient names. Therefore, you must manually open every PDF file and look for your study. If you change the search filter to show only studies done that night, this should not be more than ~5 studies.
 - If you need to contact the BWH Nightwatch radiologist for any reason, their number is 617-732-5657.