

VA Green Team Primer

Team Location: B520 (PA's office)

Discharge planning meeting time: 9:30 am (5th floor conference room)

Team structure

- 1 attending physician
- 1 HMT resident (on designated months)
- 2 PAs
 - Rance Adair (M-Th) 859-229-0996
 - Jarret Ivy (Tu-F) 859-420-4890

Logistics

- The Green Team hospitalist is on call for ED admissions, ICU stepdowns, and OSH transfers from 7a-4pm M-F, and 7a-2pm on weekends.
- The green team has their own census which has no cap.
- Patients are either directly admitted to the green team by green team members or come onto the team via overflow when the night team on call caps.

Responsibilities

- As the HMT resident, you are to function as the “hospitalist-on-call” from 7a-4p M-F (though the attending will take OSH calls daily).
- You are required at a minimum to be in the hospital from 7a-4p M-F to accept calls for admissions from the ED. You do not work weekends or nights.
- Though you may leave as early as 4pm after your call is over, you are responsible for the green team census until 7pm, and thus should be available to answer pages.
- As hospitalist on call, you will triage calls for admissions from the ED as well as calls for medicine consults. You have three options when being called for admission:
 1. Evaluate and decide if the patient is not appropriate for admission, and write a medicine consult note. *This should be discussed with the attending.
 2. Admit to green medicine (your primary team).
 3. Triage patients to the short call team (they can accept morning overflow or new admits up until 2:30pm, up to a max of 4 patients based on morning census).
- Besides the above responsibilities, part of your experience will be learning to work with PAs.
 1. You are free to triage admissions/consults to the PAs. They will continue to follow the patients they admit to green medicine.
 2. However, you are still responsible for the entire team and should round on the PA's patients and staff their patients with them.

Handoff

- The MOD covers the green team overnight, thus it is very important to have your list updated prior to leaving and include any tasks or f/u the MOD should be aware of on the list.
- If the call team goes over cap at night, you can decide which patients you want to take from them in the morning vs triage to short call.

Questions or concerns? Contact Dr. Pete Wallenhorst at 859-468-0246 or pete.wallenhorst@uky.edu for VA Green or Dr. Nicholas Annichiarico at nicholas.annichiarico@uky.edu or 201-655-5199 for PM&R consults.

PM&R Team Primer

Location: HP507 (see directions below)

PM&R Consults

- HMT residents, in addition to the above, will also be provided the opportunity to rotate with the PM&R consult service to gain a greater understanding of discharge planning.

Team structure

- 1 attending physician (Usually Dr. Annichiarico)
- 1 senior PM&R resident
- 1 HMT resident (on designated months)
- +/- a MS4

Logistics

- To get to the consults office, you start in Pav H and take the main elevator bay to the 5th floor. Without leaving the bay, go through the double doors labelled "*Capacity Command*", and our consult office is labeled "*Rehab Workroom*" (room number HP507). If you have issues finding it or have questions, you can contact Dr. Annichiarico, PN below.
- While on PM&R consult team you are expected to see PM&R consults and follow ups M-F from 8am-4pm.
- At 8am the team will determine who will be seen today and who will be just a chart check. New overnight consults will need to be seen the next morning, often post stroke TPA or thrombectomy patients.
- Rounds begins shortly after figuring out who will be seen in a discovery round fashion.

Responsibilities

- As the HMT resident, you are to function as another PM&R resident with direct staffing with the attending. You will continue to follow the patients you admit throughout their hospital stay but don't necessarily have to see them every day.
- Communicate recommendations to primary team.
- Do not have to go the PM&R conference but you are welcome to.
- When a new consult is placed triage with the senior PM&R resident or the attending on whether the patient belongs to resident PM&R team, APP team, or pediatric team.

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