

MIM/FIT Team Expectations

Caps: New admissions per day: 5 per Intern, 10 per Resident
Transfers per day: 2 per Intern, 4 per Resident
New admissions per 2 days: 8 per Intern, 16 per Resident
Total patients (touches): 10 per Intern, 14 per Resident
When on long call, can admit over this number.

Work hours: Residents and interns MUST have 8 hours off between shifts.

Schedule: 6:30am – 7:00am Check-out
8:00am - 11:00am Attending Rounds (flexible)
11:00am -11:20am Case Management Rounds
12:00noon – 1:00pm Noon Conference
3:00pm – 4:00pm Case Conference
4:00pm – 4:30pm Check-out

Admissions and ICU transfers until 3:00pm.
Answer your pager until 6:00pm.

Long call every 6th day:

- Triage admissions to other teams 7:00am – 3:00pm
- Admit for all teams 3:00pm – 7:00pm (except Oncology, 4:00pm – 7:00pm)
- Whole team stays, and leaves by 9:00pm at the latest.
- Resident may temporarily close the service in order to avoid getting too many admissions that would endanger patient safety or keep the team later than 9:00pm.
- Utilize CTM/Admit team to help with admissions.
- If you meet resistance from attendings, call the Chief Resident, or on-call Faculty.
- When taking admissions in the evening, have discussions with the admitting attending to put as many of those patients on your team as possible.

Discharges: The majority of discharges should be completed by 10:00am. The team needs to have the medicine reconciliation, patient instructions, follow up care, and discharge order completed. For patients receiving home health services or transferring to another facility, the discharge summary must also be completed.

Discharge Medications for Indigent patients:

Think ahead and determine if your patient will require financial assistance to obtain Rx's. Try to coordinate discharges during morning rounds if possible. Maximize generics if able. Check www.GoodRx.com for prices of medications.

Gary Straight Fund

To be used for patients not enrolled in our clinics who require a bridge to their outpatient follow-up. This includes patients not seen at Caritas previously who are set up as new patient hospital follow ups. Qualifications determined and approved by the provider and the Case Managers. Can fill up to 3 days of medication or complete course of oral antibiotics. Contact the Case Manager for the patient.

Patient Assistance Programs

Many prescriptions are readily available through these programs, but planning ahead helps. Contact the Caritas Clinic for assistance.

Conference: Be on time. You are expected to attend both noon conference and case report when scheduled. Team presents a case at case report with a teaching point. Keep teaching points to 2-3 minutes, and present new information or studies.

FIT Pager: For Caritas patients who call, **you must enter a telephone encounter in EPIC in the ambulatory context**. Please do not refill meds after hours or on weekends. If the patient requests a refill, create a telephone encounter and route to the resident of the month pool (UCHC INT MED RESIDENT OF THE MONTH).

For Caritas patients in the ED who need urgent follow-up, or for new patients in the ED whom they would like to refer to Caritas urgently, call Desirae Rodriguez x61566, or e-mail desirae.rodriguez@imail.org with patient name, DOB and reason for follow-up.

Contact PCPs: The team must make attempts to call the PCP, if known, of every patient at admission and discharge, in order to inform them of the admission, gather data on the patient, and facilitate follow-up.

Follow up: If arranging follow-up at the Caritas Clinic, during the week days call the RN Transitions Coordinator (Desirae Rodriguez) for the clinic to arrange follow-up appointments. During the weekends, please staff message the Transitions Coordinator and Jean Cunningham.