University of Minnesota Masonic Children’s Hospital

Physician Inpatient On-boarding
Setting: The University of Minnesota Children’s Hospital is an academic children’s hospital in which we bring together the 3 visions of excellent clinical care, education and research.

Purpose of Onboarding: Policies, procedures, and expectations differ from institution to institution. Appropriate on-boarding will help to ensure a smooth transition for providers, develop a common culture, as well as ensure that patient care needs are being met in an efficient manner.

University of Minnesota Masonic Children’s Hospital (UMMCH)

The Hospital: UMMCH is a quaternary care facility for children

- Over 200 beds
  - 24 PICU
  - 62 NICU
  - 72 Med/Surg
  - 66 behavioral

The Physicians:

- Over 160 Pediatric and Pediatric surgical faculty representing over 50 subspecialties
- 118 pediatric and medicine-pediatric residents
- 34 pediatric fellows
- Residents from Neurosurgery, Ophthalmology, Orthopedics, General Surgery, ENT, Urology, and Dermatology

The organization

- UMMCH is part of the mother’s and children’s service line under the umbrella of UMN Health
  - The service line includes
    - NICUs at Fairview Ridges, Fairview Southdale, and Maple Grove
    - Pediatric Hospitalist programs at Fairview Ridges and Maple Grove
  - Mother’s services are also present at multiple Fairview hospitals
- UMN Health is a collaborative partnership between University of Minnesota Physicians and Fairview Health Services
PROFESSIONALISM

We want to create a culture of teamwork and respect as we deliver the best patient care possible.

- **Patient Privacy:** Maintenance of patient privacy is of utmost importance for the safety and privacy of our patients. Do not discuss patient information in public areas such as hallways, elevators, or outside other patient’s rooms.
  - **Email:**
    - To patients: use EPIC MyChart for communications with patients, if not possible make sure email is encrypted prior to sending by typing “UMPencrypt” in the subject line.
    - Within the organization: all emails sent to University or Fairview email addresses are automatically secure, still use discretion in placing PHI in emails and use the least amount of information. When placing PHI in the email make sure to type “Confidential” in the subject line.
    - Outside the organization: If PHI needs to be sent outside of Fairview or the University please utilize “UMPencrypt” in the subject line to ensure encryption of the email.
    - For more detail please see the UMPhysicians policies on email at https://resource.umphysicians.com/fileUpload/Email.pdf
  - **Text Messages:** text messages are not secure, so should be avoided when communicating PHI, if necessary limit PHI as much as possible and delete and text messages with PHI immediately after receiving. For more detail go to https://resource.umphysicians.com/fileUpload/OverheadSpeakerPagerText.pdf
  - **Text Pages:** similar to text messages, limit PHI to the minimum needed

- **Interactions:** Expectation is for all healthcare team interactions to be professional in nature. Screaming, demeaning tone and stance and other forms of verbal abuse do not help build a collaborative culture and will not be tolerated.

- **Jousting:** Communications with patients, whether verbal or in medical records, exist to educate, inform, and accurately document the care that we provide. Sometimes, however, providers unintentionally or unknowingly criticize other provider’s care. Careless comments, even if well-intended or seemingly benign at the time, can leave a patient with a dangerously false impression about the care that he or she has received. This can result in significant patient anxiety and a complete loss of trust in the entire healthcare team. This extends beyond the patient room and should not occur in front of our learners or staff. Jousting in front of patients, families, and trainees is never acceptable.
HIGH QUALITY PATIENT CARE

Our goal is to provide safe, effective and family friendly care

Hand Hygiene: Proper hand hygiene helps to keep our patients and ourselves safe from disease.

- Wash your hands with either soap and water or foam prior to entering a room, even if you are not planning on touching the patient (this includes the entire rounding team as well)
- When using personal protective equipment (PPE) make sure to perform hand hygiene BEFORE putting on PPE
- Perform hand hygiene after exiting a patient’s room or after removing PPE

Admitting Patients:

- **Patient Placement**: make sure to call patient placement, (612)-672-7575, when admitting any patient to the hospital. Additionally call the admitting resident pager (612) 899-1000 to inform them of the patient’s impending admission with a short clinical history and plan for treatment.
  - Scheduled admits: If you have a scheduled admit please call the admitting resident on the day of admission to inform them of the patients impending arrival and a short treatment plan including planned consultations. A note in the chart outlining a plan of care for the patient’s admission would be helpful as well to ensure prompt and appropriate implementation of the plan of care.
- **Direct Admission Policy**: all direct admissions to the medical-surgical units are seen briefly in the ED to ensure appropriateness for placement.
- **Calls from pediatric residents**: If admitting to a pediatric resident team, please expect a phone call to discuss the patient after assessment by the resident team, unless you have otherwise specified to not be called.
- **Admission Conference Call**: patients being admitted to the medical-surgical floors from the Peds ED will undergo a hand-off via a conference call that will include the ED team as well as the accepting physician team and accepting RN. The conference call is paged out ahead of time, so make every effort to be on the call at the pre-determined time to ensure efficiency.

Rounding:

- Patient rounds should occur at the bedside of every patient and involve the family and bedside nurse whenever possible
  - Make sure your team contacts the bedside nurse before starting rounds (may need to let the HUC know)
  - Ensure family members in the room are able to receive information
- **Family Centered Rounds**: At UMMCH we are firm believers in family-centered rounds. This entails not only rounding at the bedside of patients with the family but also involving them in the patient care process of decision making
- **Whiteboards:** Whiteboards are an invaluable method by which to communicate with families. It is the expectation of the primary team to update the whiteboard daily. Content for whiteboards should include:
  - Name of primary attending
  - Daily care plan
  - Discharge goals
  - Anticipated discharge date

**Care conferences:**

- Care conferences are important in maintaining complete communication with families and between specialties. We want to be more pro-active about arranging care conferences understanding there are certain “risk factors” for patients may make care conferences essential
  - At risk patients: Admitted for > 3 days and have 3 or more medical services involved in their care
- Care coordinators can set-up care conferences; please make these a priority in your daily schedule to attend.

**Emergency Department:**

- **Rapid Evaluations in the ED:** this is a process by which direct admissions to the inpatient units (Units 4, 5, and 6) are assessed to ensure appropriate level of care. This is primarily for patients arriving from outside our UMMCH clinics, who were initially seen at referring clinics, EDs, urgent cares or hospitals.
- **Paging:** ED will page Fellows (or Surgical sub-specialty resident) q5 minutes x2, and then the attending q5 until answered.
- **Bedside consultation:** When a bedside consultation is requested for ED patient care, the sub-specialty service should arrive to the ED within 60 minutes. All recommendations should be communicated directly to the ED attending or resident, not to the nursing staff.

**Pediatric Intensive Care Unit**

- The PICU at UMMCH is a full-service ICU with all technological capabilities and is staffed 24/7 by a pediatric intensivist.
- The PICU at UMMCH is a closed unit where all patients are followed by the pediatric intensivist.
- Admissions to the PICU must be accompanied by a direct hand-off to the attending intensivist, either in person or via phone.
- Consultants: Should check in with critical care team prior to seeing the patients to fully understand the question being asked and the pertinent clinical and non-clinical issues.
- The PICU attending can be reached at ASCOM 14600 at any time.

**Cardiac Intensive Care Unit (CICU)**
- The CICU at UMMCH is a full-service ICU with all technological capabilities and is staffed 24/7 by a pediatric intensivist and utilizes fellows and NPs for delivering patient care
- Admissions to the CICU must be accompanied by a direct hand-off to the attending intensivist, either in person or via phone
- Consultants: Should check in with critical care team prior to seeing the patients to fully understand the question being asked and the pertinent clinical and non-clinical issues.
- The CICU attending can be reached at ASCOM 14400 from 7 AM to 5 PM and ASCOM 14600 during other hours.

**Neonatal Intensive Care Unit**
- Abide by hand washing policy prior seeing patients
- All consultants should check-in with primary team to discuss patient needs prior to seeing patients and communicating with families

**Partnering with Nursing:**
- The nursing staff is an important partner in delivering excellent patient care, please involve them in discussions with families/patients and any other important communication. This helps to maintain consistency of messaging and shared mental models.
- Verbal Orders: ask Sandy H. to contribute
Parents and Families: Part of delivering excellent care is ensuring appropriate communication with parents and families (give laminated card)

- Avoid the use of jargon in conversation
- Talk at their level (sit down if they are sitting)
- Introduce yourself, state your role, and introduce the members of your team and their roles if appropriate
  - “Hello I am Dr. Smith, I will be the primary physician taking care of your child during your hospital stay. That means I will be in charge of your care while you are in the hospital.”
  - “Hello, I am Dr. Jones, I am a cardiologist. Dr. Smith asked me to come see you to address your heart problems. We will make recommendations to Dr. Smith about your plan of care.”
- Listen carefully without interrupting
- Ensure that the families understood your communication by using teach-back
  - Ask family member to repeat in their own words the plan for the day
  - As family member to state how they would describe the plan to their spouse or other family member

We offer an evidenced based communications training program free for all physicians, please enroll within the first 3 months of starting at UMMCH by emailing umnhcce@umn.edu.

Calls from the Outside:

- **Patient Placement:** Pages from patient placement, (612-672-7575), should be returned within 3 minutes. These pages are often from outside referring physicians and EDs looking for consultation, transfer, or admission. Remember to be as helpful as possible in order to ensure a smooth process for the referring physician.

Communication with PCPs:

- Referring pediatricians should be called at a minimum within the first 24 hours after admission and on the day of discharge. Other suggested times to call include: major clinical changes, unanticipated prolonged hospitalization, transfer to a higher level of care, transfer to another service
- Phone calls with PCPs should be documented in the Communication tab in EPIC

Documentation:

- **Discharge summaries:** Discharge summaries must be completed and signed by the discharging attending physician within 24 hours after physical discharge of the patient.
- **H&Ps:** should be signed within 24 hours of admission
- **Documentation Compliance:** We are working hard to improve our documentation so that we can ensure our compliance and accuracy with quality metrics and billing. If you are contacted due to issues with your documentation please be helpful in assisting with any changes that need to be made.

**EDUCATION**

UMMCH is a pediatric teaching hospital that houses the pediatric residency training program along with multiple pediatric sub-specialty fellowship programs for the University of Minnesota Medical School. Education for our trainees is an important part of our daily clinical work.

- Provide didactic lectures when time permits
- Actively involve the residents and students in the creation of the day’s and admission’s care plan
- Use bedside teaching to help drive home important clinical and professional educational topics
- Treat trainees with respect
- Assure families that our teaching environment adds to the care of their child

**CONSULTATION**

The Primary Team Requesting the Consult

1. Take responsibility for patient and consultants, do not expect consultants to “own the organ system”
2. Call consults early in the day and early in the hospital course
3. Communicate with the family and patient that a consult has been requested and what to expect, but refrain from predicting recommendations.
4. All consults require a direct communication; a text message or EPIC order does not constitute a consult request
5. Content of the consult call (can be called by trainees)
   a. State your name
   b. State your service and the attending of record
   c. Give the name, room number and MRN of the patient needing the consultation
   d. State clearly the question being asked or the problem needing help
   e. Give brief, relevant history of the patient
   f. Designate urgency of consult (emergency, urgent – 4 hours, routine – 24 hours)
   g. Provide a call back number for yourself and your attending
6. Determine in conjunction with consulting service the expectations for follow-up, both while inpatient and for when the patient transitions to outpatient
7. Facilitate communication with consulting service by providing easy access either pager, ASCOM, or cell phone (preferred), expect that consulting services will want to talk with the primary team attending.

The Consulting Service

1. Clarify questions with primary service
2. Avoid curbside consults
3. Clarify timeframe for consult completion
4. Interview and examine patient/family and develop recommendations
5. Do not give recommendations directly to parents instead use the language: “Here are some of our thoughts . . . but we will discuss with your primary team and make a plan together.”
6. Communicate initial and any new recommendations directly to primary attending physician (attending to attending conversation)
   a. This does not preclude student/resident/fellow communication.
   b. It is highly encouraged that consultants provide education to primary team trainees in regards to recommendations that are being offered
7. When possible, accompany primary team to talk with family about recommendations
8. Do not expect that all recommendations will be implemented
9. Clarify expectations for follow-up with primary team
   a. Inpatient: Active engagement on a daily basis OR one time evaluation and recommendations
   b. Outpatient: Define need for outpatient follow-up in consultation notes and time frame for follow-up
10. Expect that primary team may touch base in the morning to clarify any new recommendations prior to rounds.
11. Documentation
    a. Consider short quick note for initial consult day in order to get information into chart quicker.
    b. List note in EPIC as consult and by specialty to make it easier to find
12. Ensure that if multiple consulting services are involved that all conversations regarding patient care plan include the primary attending physician.

Co-Management Situations: these situations should be avoided to decrease confusion by staff, families, and physicians

1. Communicate with families the relationship between the co-managing teams so the family is clear on the roles of each
2. At start of co-managing relationship determine who will:
   1. communicate with family
   2. write orders
3. be responsible for **whiteboard**
4. write the **H&P**
5. will write the **discharge** summary and discharge orders
6. communicate with **primary care physician**

3. Attempt to change relationship to that of a primary team and consultant service as time progresses

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**PATIENT SAFETY**

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**Primum non nocere.** Ensuring our patients’ safety is of utmost importance. This requires a team effort to ensure that we are all able to concentrate on the task of delivering excellent patient care. One of the ways we can help is to promote a strong safety culture that encourages questions and event reporting.

**Error Reduction Methods:**

- **Commitment to Safety**
  - During important activities make sure to **Stop**, **Think**, **Act** and **Review** to avoid slips and lapses
- **Clear and Complete Communication**
  - Use tools such as **SBAR** (Situation, Background, Assessment, Recommendations) when communicating acute events
  - Promote complete and timely hand-offs of patient care
- **Support a Questioning Attitude**
  - Be comfortable in asking questions when things do not make sense and be open to others asking questions of you.

**I-cares:** The I-care reporting system is used to document any medical error that may have occurred, please use this whenever you feel an error has occurred. This is not meant to be a punitive process, but instead a method by which we can improve our systems of care. I-cares can be submitted from the web application which can be found under Clinical Applications on every Fairview computer.

**Adverse Events:** If a patient has experienced an adverse event, please make sure to fill out an I-care and consider informing Risk Management.

**Other Safety Issues:** If there are other safety concerns that you have regarding patient care please feel free to contact either Sameer Gupta (612-899-9361, samgupta@umn.edu) or Abe Jacob (akj@umn.edu).

**Contacts for Risk Management:**

- Pam Goldman (Fairview)
  - Email: pgoldma1@Fairview.org
  - Pager: (612) 538-7908
  - Phone:
Daily Safety Call: All I-cares and adverse events are reported out daily (Monday-Friday) to hospital leadership to help with resolution and systems based solution for prevention of future events.

CONTACTS

- Chief Medical Officer: Abe Jacob (akj@umn.edu)
- Executive Inpatient Medical Director: Sam Gupta (samgupta@umn.edu)
- Emergency Department
  - Main number: 612-365-9110
  - Manager: Mandy Seymour (mseymou2@fairview.org)
  - Medical Director: Ron Furnival (Furnival@umn.edu)
- PICU
  - Main number: 612-365-3100
  - Manager: Deb Bode (dbode1@fairview.org)
  - Medical Director: Carrie George (cgeorge@umn.edu)
  - Care Coordinator: Brianne Hill (bhill7@fairview.org)
  - Social Work: Rebecca Pournoor (rpourno1@fairview.org)
- CVICU
  - Main number: 612-365-3100
  - Manager: Maggie Thiesen (mithiess1@fairview.org)
  - Medical Director: Carrie George (cgeorge@umn.edu)
  - Care Coordinator: Brianne Hill (bhill7@fairview.org)
  - Social Work: Rebecca Pournoor (rpourno1@fairview.org)
- NICU
  - Main number: 612-672-7032
  - Manager: Marla
  - Medical Director: Tom George (tgeorge@umn.edu)
- Unit 4
  - Main number: 612-365-4100
  - Manager: Ann Hagerman (ahagerm1@fairview.org)
  - Medical Director: Margy MacMillan (macmi002@umn.edu)
- Unit 5
  - Main number: 612-365-5100
  - Manager: Megan Ploog (mploog1@fairview.org)
  - Medical Director: Sam Gupta (samgupta@umn.edu)
- Unit 6
- Main number: 612-365-6100
- Manager: Debbie Tharp (dtharp1@fairview.org)
- Medical Director: Sam Gupta (samgupta@umn.edu)

- Dialysis
  - Main number: 612-365-
  - Manager:
  - Medical Director: Michelle Rheault

Other Useful Phone numbers

- Lab numbers:
  - Riverside 273-6135,
  - Main 273-3336,
  - Micro 273-3665
  - Virology 273-5471
  - Pathology:

- University IT: 612-672-6805
- Center for Safe & Healthy Children (CSHC) = 612-273-SAFE
- Operating Room Control Desk: 612-273-4080