

UNIVERSITY CARDIOLOGY SERVICES

This policy is designed to:

- a. Define the CCS and the PCS, team compositions and admission/census caps
- b. Delineate the responsibilities of the R1-5 residents rotating through the cardiology services at the University Hospital
- c. Ensure appropriate coverage of CCS and PCS during day and night hours.
- d. Define the official note writing policy

I. Team Definitions

1. General
 - a. Call for all residents is every 4th night with weekends off when not on call or post call
 - b. Clinic is canceled for all residents on the post-call day
 - c. Each resident (including R-1 and upper level residents) is excused from duties post-call 30 hours after arrival
2. CCS (Complex Cardiology Service)
 - a. The CCS team consists of two upper level residents and four R-1 residents
 - b. The team is responsible for approximately 7-8 CCU beds and 8 PCU Beds. The team also has 1-4 beds on 3D as needed.
 - c. The main diseases on the CCS team include but not limited to heart failure, pulmonary hypertension, and cardiogenic shock
3. PCS (Primary Cardiology Services)
 - a. The PCS team consists of two upper level residents and four R-1 residents
 - b. The team is responsible for approximately 7-8 CCU beds and 7 PCU Beds. The team also has 1-4 beds on 3D as needed.
 - c. The main diseases on the PCS team include but are not limited to heart rhythm disorders and ischemic heart disease.

II. Admission Flow and Caps in the CCS and PCS

1. Control of admissions to the CCS and PCS is in the hands of the fellows and attendings. The resident should not make choices about patient assignments to particular teams.
2. Team census
 - a. The total number of patients on the teaching CCS and PCS cannot exceed 33 patients.
 - b. When the census reaches 30 total patients, all interventional and EP patients are preferably admitted to the non-teaching nurse practitioner service, thus allowing capacity for patients with major acute cardiac illness, e.g., acute MI, ACS, CHF requiring inotropic agents, etc.
 - c. The 33-cap may be exceeded if a patient presents with an acute cardiac illness. In this circumstance, post-interventional and EP patients will be transferred to the nurse practitioner service or the general medicine services.
3. Interventional and EP patients
 - a. Patients undergoing routine procedures are preferably admitted to the nurse practitioner or fellow service.
 - b. The NP and/or fellow are responsible for all routine non-emergency clinical care for these patients during day, night and weekend hours.
 - c. The NP and/or fellow is responsible the admission, progress and discharge notes,
4. Admission flow:
 - a. Before 5pm
 - i. The resident covering CCS and PCS supervises each admission to their respective teams.
 - ii. The covering resident may be either the team resident or in the case of one resident being post-call and the other in clinic, this may be a resident from the opposite team.
 - b. After 5 PM
 - iii. If the CCS or PCS resident is on call, he/she will supervise all admissions to the CCS and PCS services, regardless of patient's geographic location.

III. Note Writing Policy on the CCS and PCS Services

1. Patients on both services will need a progress note written daily by the covering team
2. Admissions to the geographic CCU
 - a. All admissions will have an admission H&P by the admitting intern and a supervisory H&P by the supervising resident.
 - b. The only exception to the above rule is when an attending writes an admission note when the patient is admitted. In this case the resident need not write a supervisory H&P.

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