

# VGH Cross Coverage Call Information

If there are any issues, please email

- [vghcmr@gmail.com](mailto:vghcmr@gmail.com)

<b>Services Covered:</b> <ul style="list-style-type: none"><li>• GI</li><li>• Hematology</li><li>• Resp</li><li>• Nephro</li><li>• Geri</li><li>• Endocrinology</li><li>• Rheumatology</li></ul>	<b>Services Not Covered:</b> <ul style="list-style-type: none"><li>• Palliative Care</li><li>• CPAS</li><li>• Infectious Disease</li><li>• BMT</li><li>• HPB</li><li>• Surgical Services</li></ul>
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## Team Lists

### Adding Team Lists

- Patient Overview
- Click the list dropdown menu
- Go to the bottom → Manage Care Team Lists
- Facility = Vancouver General Hospital
- Specialty lists:
  - GI = Gastroenterology Consults
  - Hematology = Hematology
  - Resp= Respiriology Consult and Respiriology Inpatient
  - Nephro = Nephrology consult
  - Geri = Geriatric medicine
  - Endo = Endocrinology
  - Rheum = Rheumatology

## Phones

Senior 1 (Subspecialty):	778-899-3914	Hours: 1700 - 0800
Junior (Subspecialty):	604-707-3816	Hours: 1700 - 0800
Senior 2 (CTU):	778-875-0082	Hours: 1900 - 0800

Phones are located in the safe in the ER triage room

- Subspecialty
  - You are expected to be holding the phone at 17:00.
  - Return it to the same location the following morning.
  - Your phone **MUST** be returned every call shift.
- CTU Fly-In
  - Collect triage iPhone from the bridge resident in ER

## Handover

- Subspecialty residents/fellows will occasionally contact the Sr (and occasionally Jr) Cross Coverage Resident to provide handover on patients requiring re-assessment overnight.
- If you do not hear from the resident/fellows from one of the services we **strongly encourage** you to contact them yourself in order to receive handover, particularly high call frequency services such as Respiriology and GI at VGH.
- Just as you would like handover on patients, **please ensure you call all services with patients who have had active issues overnight (anyone you saw in person, anyone you ordered significant meds/transfusions for, etc.) for handover in the morning - always err on the side of giving more information rather than less, opt to call rather than not.** You can call anytime around 7:00AM to give non-urgent handover and review consults, or earlier if you have many consults to review. Subspecialty fellows/staff should be called any time if you are uncomfortable or uncertain about a patient.

## POST CALL

- Subspecialty
  - Between 7:00 am and 8:00 am all services with admissions or consultations should receive handover by phone or in person. Patient location, disposition and active issues should all be discussed. This is the same on a weekday or weekend.
  - You must call the daytime fellow (preferred) / resident / attending for the Subspecialty services to handover patients that you reviewed already overnight. This is because the attending on overnight is NOT necessarily the same as the one on during the day.
- CTU
  - Handover is 7:40 am every day of the week in T14G
  - Where you will find out who to review with/handover to for patients seen on XC who are being admitted to CTU.
- Residents should be leaving the hospital by 10am on post call days, if this is not happening please identify the barriers to your leaving on time and inform the LMR

## CALL ROOMS

- Located on the 2nd floor of the Leon Blackmore Pavilion. Scan card required for access.
  - Cross coverage rooms: LB 290L and 290J
  - See VGH CTU website for up to date call room codes ([vch.ca/ctu](http://vch.ca/ctu), password for locked file V@ncouv3r)

## ADMISSIONS TO SUBSPECIALTIES

- Please use the guidelines below and remember to review all consults/admissions with subspecialty fellows/staff. Remember to check if there is a fellow on call before calling staff directly - Switchboard will have this information.
- The fellow or staff should be notified about all consults and admissions to that subspecialty.
- **You are NOT allowed to admit patients to subspecialties until they are reviewed by attending/fellow.**
- If you do not know how to add the patient to the service's list, ask during the review!

## SUBSPECIALTY ADMISSIONS TO CTU

- If a patient seen by cross coverage is felt to be more appropriate for CTU, the cross coverage senior will be expected to discuss this with the CTU senior or CTU attending.
- If the collaborative decision is for CTU to admit the patient, the cross coverage team will be expected to write out a CTU problem list on the history/physical note. It is not required to rewrite the entire subspecialty consultation, however, the list of all active medical issues should be specified.
- It is also expected that the cross coverage resident will be available to review the patient with a CTU attending in the morning and address medical issues overnight if the patient is ultimately admitted under CTU.

## GUIDELINES FOR ADMITTING TO CTU VS SUB-SPECIALTY (Jan 2024)

Specialty	Always Admits	During Surge Conditions
CTU	<ul style="list-style-type: none"><li>• Complex multimorbid patients</li><li>• Eating disorders (with the SPH eating disorder clinic following)</li><li>• HIV (with the HIV service following)</li></ul>	
GI*	<ul style="list-style-type: none"><li>• IBD flares</li><li>• New TPN starts</li><li>• Stable liver transplant workup</li><li>• Necrotizing pancreatitis, once stabilized</li><li>• Post-procedure (ERCP, scope) complication</li></ul>	<ul style="list-style-type: none"><li>• Stable GI bleeds (not on AC)</li><li>• Simple pancreatitis</li><li>• Stable cholangitis (not requiring surgical input, no cholecystitis)</li></ul>
Resp	<ul style="list-style-type: none"><li>• Pneumothorax</li><li>• Massive hemoptysis</li></ul>	

	<ul style="list-style-type: none"> <li>• Asthma exacerbation</li> <li>• Advanced ILD</li> <li>• Pulmonary hypertension</li> <li>• Lung transplant patients</li> <li>• Home ventilator patients</li> </ul>	
Renal Transplant	<ul style="list-style-type: none"> <li>• Pts &lt;3 months post transplant</li> </ul>	
BMT	<ul style="list-style-type: none"> <li>• Active leukemia</li> <li>• Stem cell transplant patients (recent)</li> </ul>	
Urology	<ul style="list-style-type: none"> <li>• Septic stones if not medically complex (IMPCT to follow)</li> </ul>	
<i>Nephro</i>	<ul style="list-style-type: none"> <li>• <i>Nephro to be notified on admission of any HD/PD patient for provision of dialysis. Admit to CTU.</i></li> <li>• <i>Nephro should see PD peritonitis patients prior to CTU involvement</i></li> </ul>	

- GI staff should bring CTU staff on the line for ALL PTN CALLS whereby the GI service is requesting CTU admission
- HIV - we have an HIV service!
  - Run by Dr Reynolds and Dr Mackie
  - Please involve them for all pts on HAARTs, new starts/new Dx, etc

## WARD CALLS

- The junior cross coverage resident is first call for all ward issues
- If the junior resident ever has concerns about a ward patient the senior resident should be notified immediately
- If deemed appropriate by the senior resident the subspecialty fellow (if on call) or staff should then be notified
- The cross coverage residents **should not receive general ward calls for patients admitted under services (eg surgical, hospitalist) with the subspecialty following, unless it is an urgent subspecialty issue that needs to be addressed urgently overnight** - eg ok for you as Endo to prevent someone from going into DKA, but not ok for you as Endo to prescribe sleep PRNs to a hospitalist patient.
  - We cover: GI, Hematology, Resp, Nephro, Geri, Endocrinology, Rheumatology
  - If you are receiving calls about patients under other services please let the LMR know
- The cross coverage residents should **not** receive calls for patients admitted under CTU (these calls should be directed to the CTU CA, the exception being nights when there is no CTU CA on call. In these instances the cross coverage **senior** should receive those calls)

- For calls about patients followed by Endocrinology, the service has requested that we help out overnight as these patients tend to be more complex. The Endocrinology Google Drive has a running handover document that you can refer to: user name: vghendo@gmail.com; password: diabetes
- **Respirology**
  - Cross coverage is the first call for lung transplant respirology ward pages. Second call is the lung transplant respirology staff. Cross coverage does not cover lung transplant patients admitted under thoracic surgery, and these calls should be redirected to the thoracic surgery team.
  - The lung transplant staff wants to be called by cross coverage about any patients deteriorating on the ward, they do not need to be called about routine housekeeping issues.
  - Cross coverage is responsible for admissions to the respirology lung transplant service, and can review these admissions at any time.
  - Cross coverage is the first call for general respiratory ward patients and admissions, including ventilated patients. Second call is the general respiratory staff.
- The cross coverage senior will be responsible for CTU ward pages in the event that there is no CA coverage for the night (whole night or half night). If there is only one of the two CAs working that night, the CA will assume roles of both CA #1 and CA #2.

## OUTPATIENT FOLLOW-UP

- It is **not** the responsibility of the cross coverage resident to arrange expedited outpatient follow-up overnight.
  - For rapid resp referral: ER can send requests to the Resp RAU (rapid access unit)
  - For rapid heme/thrombosis referral: ER can send requests to the thrombosis clinic
  - For rapid endocrine follow-up: endocrine staff should be called directly
  - For rapid GI follow-up: GI staff should be called directly