Leveling Workflow: Assignment of Overnight Admissions to Day Teams on the Medical Service

The Problem

- Approximately 40% of admissions to the medical service occur on the "overnight" shift (8pm to 7am); these admissions are then "handed off" to day teams in the morning
- Frequently, members of the day team responsible for assuming care for overnight admissions (the "short-call team") would find themselves inundated with a large number of overnight admissions, frustrating their ability to conduct an organized morning work rounds on the remainder of their patients
- As morning work rounds are designed to be the "anchor" process for physician decision-making and plan-setting for the day, lack of an organized morning work rounds creates chaos with subsequent multidisciplinary care delivery

Aim/Goal

1. Create level workflow for day teams, to allow standardized and efficient morning work rounds each morning for all teams
2. Anticipated benefits include more efficient patient care, more bedside teaching and learning, better interdisciplinary collaboration, and less stressful workflow for medical teams.

The Team

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The Interventions

- The team devised a new system of assigning overnight admissions to day teams
- Dr Taylor modeled the predicted impact of the new system on total team census, and found no significant changes – thus the new system would not be anticipated to create more "lopsided" distributions of patients across day teams
- The team performed direct observations of the old "handoff" process in the morning
- The team created a set of specifications for the handoff process, including:
  - Who is handing off to whom
  - What time (specified in 10-minute intervals)
  - Where

The Results/Progress to Date

The handoff process for overnight admissions has been modified as a result of the team's intervention. The new process has the following characteristics, compared with the old:

Characteristic	Old Way	New Way
Number of admits:	Max per team > 4	Max per team = 2
Handoff assignment:	Improvised	Pre-specified
Handoff timing:	Improvised	Specified by 10 min interval
Handoff location:	All teams waiting in Housestaff lounge	Overnight resident goes to day team floor

- Early observations demonstrate more level workflow and less overall "wasted" waiting time
- Anticipated benefits include more efficient patient care, more bedside teaching and learning, better interdisciplinary collaboration, and less stressful workflow for medical teams.

Lessons Learned

Although initial intent was only to create level workflow for day teams, a significant subsequent focus was placed on the mechanics of scheduling the handoffs, which has had a significant impact on reduced wasted waiting time for the day teams.

Despite level workflow, a significant proportion of housestaff seem to prefer "sprint-recover" pattern of work rather than "steady fast pace" pattern

Next Steps/What Should Happen Next

Now that admissions workflow has been leveled in the morning, work can now proceed in terms of creating a standard model for morning work rounds.

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