

Changes to CTU starting July 4, 2023

Background:

In response to feedback from residents about the high workload and challenges with workflow during the afternoons on CTU, the Department of Medicine & QIM Program is implementing a change that residents and faculty believe will have a positive impact on patient care and the resident experience on CTU. The primary change is that CTU-E will cover ED consults from 8am to 4pm on weekdays. This is made possible by increasing the number of residents on CTU-E each block so that the team can continue to manage a short-stay unit while extending the hours that they manage and admit patients from the ED.

Key changes related to CTU-E coverage

- CTU-E will manage ED consults (hold the phone) from 8am-4pm during weekdays
- At 4pm, the CTU-E senior will hand over to the incoming on-call CTU team
- During the hours of 8am-4pm, CTU-E is responsible for managing and reviewing patients referred from the ED to minimize the number of patients handed over to the on-call CTU team.
- Residents on regular CTU teams are no longer expected to help with ED consults prior to 3pm, regardless of whether they are on-call or not. **After 3pm**, the ER-Senior on CTU-E can start requesting that the juniors/students come to the ED to assist with consults. The juniors/students who are asked to help after 3pm are preferentially those on-call that night.
- All residents on CTU-E may be needed to manage patients and review with either 1) the CTU-E attending, 2) the on-call attending who will start at 4pm, or 3) the attending from the team to which the patient is being admitted.
 - **Between 8am-1pm**, all ED patients are reviewed with the CTU-E attending.
 - **Between 1pm-4pm**, the expectation is that patients are reviewed with the CTU-E attending regardless of which team the patient is being admitted to. However, the option is open for residents to review with the attending from the CTU team the patient is being admitted to if that attending is available and would like to review. If the CTU attending is not available, the CTU-E attending is responsible to review. Logistically, when a new consult is ready to be reviewed between 1pm-4pm, CTU-E attending or senior resident should contact the attending from the team the patient will be admitted to, and ask whether they would like to review directly (*note: in order to ensure that the CTU teams afternoons are protected to run the list, teach, and tidy up tasks, the default expectation is that CTU-E attending will review these patients unless it is the preference of the CTU team attending to review*).
 - **After 4pm**, both the CTU-E attending and on-call attending are expected to review consults that are ready to review from the afternoon CTU-E residents with the goal of

getting the CTU-E residents and attending out around 5pm (with an understanding that on very busy days they may need to stay later).

- On weekends, CTU-E will cover the ED consults from 8am-12pm at which point they hand over to the on-call CTU team (unchanged from our current system)
- Admission considerations:
 - No D4-ICU level patients should be admitted to CTU-E
 - Sick D4-ICU level patients seen in the morning/afternoon should preferentially be admitted to the on-call CTU team for that evening
 - Holdovers continue to be reviewed by any of the CTU-teams.
 - Holdovers who are ready to be reviewed in the evening (or weekend afternoons) should be reviewed by the on-call attending and either sent home or admitted that same afternoon/evening. This avoids holding patients over all night to be reviewed in the morning.

Logistics

- Residents on CTU-E will split their time between two distinct roles on CTU-E:
 - CTU-E Ward (1 senior, 1-2 juniors)
 - CTU-E Admitting (1-2 seniors, 1-2 juniors)
- Typically, residents will be scheduled for 2 weeks at a time in each role and switch partway through the rotation to ensure exposure to both.
 - The *CTU-E ward* residents will be responsible for rounding on the short-stay patients and review with the CTU-E attending. These residents should also expect to help with ED consults, particularly when the ED is busy.
 - The *CTU-E Admitting* residents will be responsible for assessing, managing and reviewing consults throughout the day.
- CTU-E and CTU-G will swap current team rooms so that the larger CTU-E team has more space

Additional Points

- For this change to succeed, CTU-E must ensure that their key priority is to minimize consults being handed over to the incoming on-call team at 4pm. On busy days, this will require an 'all hands on deck' approach where CTU-E continues to see and review consults into the late afternoon.
- Regular CTU's can take advantage of having their whole team protected prior to 3pm, which will result in less rush to 'run the list' before 12pm. This may allow for:
 - More time for afternoon teaching and bedside rounding where all team-members can be present
 - Experimentation with more efficient ways to run the team (eg. afternoon list-runs to accomplish more time-sensitive tasks in the morning)
 - Increased ability to attend M&M and Grand Rounds
- Please provide any feedback related to this change to:
 - Chief residents: queensimcr@gmail.com
 - Dr. Marosi (CTU Director): kfm@queensu.ca; Dr. Gauthier (IM PD): sg54@queensu.ca