EXPECTATIONS FOR WEEKEND CALL

1. Please try to arrive on the ward between 9:00 and 10:00 a.m. to do Rounds, unless the Nursing Staff or Physicians have requested that you arrive earlier.

2. Check DOCTORS book on ward for identified problems.

3. Check Physician ehandover to verify which patients or patient– related issues need to be followed-up during the weekend.

4. Speak with Nurse in Charge to see if any other issues need to be clarified.

5. Check EPIC for important or pertinent new lab data.

   Note: On call residents may be expected to do admissions from the consult list on weekends if there is a pressure on beds.

ORIENTATION TO A1

The Inpatient Geriatric Unit is a busy unit with complex patients who require an intense team approach to care and management. The multidisciplinary team includes: nurses, physiotherapy, occupational therapy, rehabilitation assistant, social work, speech language pathology, dietician, pharmacy and patient care assistants.

TO FACILITATE IMPROVEMENTS IN OUR ADMISSION AND DISCHARGE PLANS FOR THE PATIENTS, THE FOLLOWING GUIDELINES ARE RECOMMENDED.

1. A1 Rounds
   - Daily Bullet Rounds from 9:15 – 9:30 am → Main goal is to discuss discharge planning
2. Specialized Services
   - Dr. K. Rabheru → Geriatric Psychiatrist

GMU (Geriatric Medicine Unit) Processes & Reminders

1. Always use **AIDET** approach: *Acknowledge-Introduce-Duration-Explain-Thanks*

2. PRESCRIPTIONS should be completed the day before discharge (for discharges to a Retirement Home, the prescriptions need to be ready before noon the day before discharge).

3. **PRESCRIPTIONS** should be completed **the day before discharge** (for discharges to a Retirement Home, the prescriptions need to be ready **before noon the day before discharge**).

4. **DISCHARGE SUMMARY** to be completed on all discharged patients on the day of discharge prior to patient leaving the hospital.

5. **Call caregiver** within 48 hours of admission of your patient.

6. Please have the admission orders completed before 2:30 pm (unless the patient arrives late).

7. Update all discharge summaries on patients **before handing over to new MD**.

8. Update the “on-call” issues list regularly using the e-handoff tool.

9. Discuss and establish **DNR Status** within 24-48 hours of arrival on unit.

10. Ensure your **trainees** are aware of the processes on the unit, and make sure they provide the ward clerk with their pager number, so they can be contacted when needed.