From: UCSF-GME
Subject: Hospitalist Procedure Service-Housestaff Notification
Date: Friday, March 06, 2009 10:04:50 AM

WELCOME to the new bedside Hospitalist Procedure Service at Moffitt Long!
By way of this email, we would like to extend our services to all teams at Moffitt/Long.
Below are some answers to FAQ's about what we offer.

WHO IS THE PROCEDURE SERVICE?

The Hospitalist Procedure Service is a teaching service composed of proceduralists (hospitalists with additional training in procedures and ultrasound) and housestaff from Internal Medicine. At any given time, the service is staffed by one attending proceduralist and 1-3 Internal Medicine housestaff. The service has been operational since November of 2008.

The attendings on the service include:
Diane Sliwka (director)
Nima Afshar
Sumana Kesh
Michelle Mourad

WHICH PROCEDURES DOES THE PROCEDURE SERVICE PERFORM?

Bedside:
Thoracentesis
Paracentesis
Lumbar Puncture
Knee Arthrocentesis
Ultrasound guidance
(PICCs/Central Lines starting July '09)

DOES THE SERVICE PERFORM DIFFICULT VASCULAR ACCESS?

Currently, no.
For difficult peripheral IVs, contact rapid response team.
For PICC lines, contact the PICC team.
For central lines, contact the ICU team.

FOR WHICH PATIENTS DOES THE PROCEDURE SERVICE PERFORM PROCEDURES?

The service will evaluate any adult inpatient for the procedures we perform.

WHAT ABOUT PATIENTS IN THE ICU OR ED?

The procedure service can help with any of the above procedures that the primary team would typically perform in the ICU or ED, unless the ICU or ED prefers to do the procedure.

NUTS AND BOLTS:

Schedule: M-F 8AM-5PM. Not available nights/weekends/hospital holidays.
Procedure pager: To contact the procedure service, use **pager box: HOSPITALIST PROCEDURE SERVICE** OR **443-TAPS (8277).** This pager is carried by the procedure team 8-5 Monday-Friday.
After hours: The procedure attending is available by pager and can be contacted for questions regarding procedures performed or requests for next day procedures using pagerbox.

WHEN SHOULD I CALL TO REQUEST THE PROCEDURE?

Call early in the day to assure the procedure can be done in a timely manner.

WHAT NEEDS TO BE DONE IN PREPARATION FOR THE PROCEDURE?

The procedure team will ask for any necessary steps during the phone request for the procedure.
Helpful steps to take before calling:
1. Have handy: consent contact information if the patient is not able to give their own consent
2. Hold dvt prophylactic dose Lovenox if a Lumbar Puncture is needed the same day. (Other coagulopathy questions will be addressed the time of the requesting phone call)

SHOULD I HAVE THE PATIENT ULTRASOUND MARKED IN INTERVENTIONAL RADIOLOGY PRIOR TO CALLING THE PROCEDURE SERVICE?

No. The procedure service will use bedside ultrasound for procedures, and can assess the size of fluid pockets if this is unclear.

HOW CAN THE PROCEDURE SERVICE BE HELPFUL TO ME?

The goal of the service is to provide **prompt and safe** procedures to patients while **emphasizing education** for procedures and **improving work flow** for busy teams.

The service can be helpful for:

1. Prompt assessment of patient and performance of the procedure: The procedure service should be able to perform the requested procedure the same day of being called. For routine procedures, these are taken on a first come first served basis. This can help with delays in diagnosis or treatment and prolonged hospital stay if the primary team is busy, post call or understaffed.

2. Safe performance of the procedure at the bedside: All procedures will be performed with a proceduralist attending present and all procedures will be done with ultrasound if amenable to ultrasound. The procedure service has done literature review and discussed local practices with other procedural departments in order to provide the most evidence and expert consensus based safety considerations in procedure performance.

3. Decision making in procedures: Both the use of ultrasound and the experience of the proceduralists performing these procedures will help primary teams to decide whether a procedure is safe to perform at the bedside, or if it is better deferred to Ultrasound or Interventional Radiology. It is the role of the Procedure Service to assess the safety of all procedures requested.

4. Work Flow Improvement: Procedures (from preparation to finish) can often take up to 2 hours in inexperienced hands, and this is a significant time commitment for busy teams. The hope of providing this service is to off load some of the time burden that procedures present for primary services. The service will also use bedside ultrasound, so resources and time to send patients for marking will be eliminated.

5. Follow up: The procedure service will follow up on the patient in the days after the procedure and will be available to help with decision making if there are questions from the primary team.

6. Education: Many of the educational efforts of developing this service can also be used for providing educational resources for all housestaff. As the service grows, we hope that more residents and interns will be able to participate directly. If you have any procedure related questions, please feel free to call the procedure service.

WHAT IF I WANT TO PERFORM THE PROCEDURE AS THE PRIMARY TEAM, BUT I WANT SUPERVISION FROM THE PROCEDURE ATTENDING?

If an intern is available on the procedure service, then that intern will perform the procedure. If there is no intern available, then the procedure attending can supervise the primary team performing the procedure. Alternatively, if the procedure intern has reached mastery of the procedure and is willing to forego the procedure, then the primary team can also perform the procedure with the help of the procedure attending.