## The Census Laws

In an effort to improve the efficiency on the service, the process for creating and updating a census has been changed. Instead of one single census managed by multiple people, the service will now utilize censuses created automatically by Epic. Below are the Census Laws, which are as is implied: Laws to be followed. If there are changes you would like implemented, please discuss them with an attending who will bring it up to the chiefs and inpatient attendings to review.
I. All censuses are kept on Epic and can be found under "Shared Patient List". We will no longer use a separate Word document to maintain a Census.
II. Four different Censuses:

## A. Census:

1. Purpose: Serves as a method to see the entire service and direct any calls from nurses to the correct resident or faculty
2. What it Includes:
a) All of the patients from the service and the information needed to get the correct person on the phone
b) Pt name, room, dob, doa, admit dx, Treatment Team Initials (Initials of the Resident or Faculty who is caring for the patient), PCP, MRN
3. How are patients added or removed?:
a) Manually:
(1) If you take a call from the ED, ICU or HUC (consults) then just add the patient to the new patient list. The patient should eventually automatically appear on the FM Census list (see below), but you would have to move them to the new patient list.
b) Automatically:
(1) If one of our attending are listed as an attending or consult, then the patient will appear on the list (FM Census). You would still need to add them to the new patient list.
(2) If a patient does not appear, you can add them, but then be sure to assign the patient to the correct attending
(a) Right click on the patient's name on the census and select "Treatment Team". Type in the correct attending.
(b) If a patient appears who is not ours: Right Click on the Census and select "Treatment Team"; Select "Reassign" and select the correct person.
c) How to add the Treatment Team Initials:
(1) Right click on the patient in the census and select "Treatment Team"
(2) Under Treatment Team, type in the name of the resident (or attending if Team C).
(3) Important: In order for the initial to appear, the provider must be listed as a resident. Under "Relationship" type in resident. Do this even for the Team C attending, otherwise TT Initials will be blank. It is ok to do this despite the attending not truly being a resident.
B. Team A, B, and Overflow Censuses:
4. Purpose: This is to serve as the census for the team so they can provide care.
5. What it includes:
a) Patient information and demographics, but also the sign out report
6. How are patients added or removed?:
a) Someone must drag the patient from the FM census into the Team A, B, C census. Once one person has done this, we will all have the person on our census.
b) To remove, the patient must be Removed (Bed check essentially)
7. What is the process for "Sign Out Report"
a) Highlight the patients name on the census
b) Select "Sign Out Report" on the top bar
c) If it is a new patient who does not have anything in there, use the smart phrase ".ucfmsignout"
(1) Fill in the information, including a one liner (formally labeled CC)
(a) Example of a one liner: $45 \mathrm{y} / \mathrm{o}$ male PMH dm II, CAD, CHF (EF 25\%) admitted to podiatry for diabetic foot ulcer.

## C. New Patient Census:

1. Purpose: A method to have the new patients clearly identified.
2. What it includes: Same information as the Team A, B, and O Censuses
3. How are patients added or removed?:
a) Someone must drag the patient from the census into the Team A, B, or Overflow census. Once one person has done this, we will all have the person on our census.
4. When should the patient be removed?
a) Not until the following morning during or immediately after rounds by the Team Leader (after censuses are printed for the day). You may also remove a patient from the new patient list if they are staffed with an attending (afternoon admissions).
