

Title: Attending-Resident: Initiation of Care timeliness	Policy No: SJMC ED CG13	Date of Origin: 06/2025
Department/System: Emergency Department Clinical Guidelines	Reviewed:	
	Revised:	

I. POLICY

This clinical guideline is unique and separate from hospital maintained policies. This clinical guideline is specific to emergency department encounters. This is a summary of expected provider behaviors that have been agreed upon by all attending physicians at SJMC.

II. PURPOSE

The following is meant to clarify expectations for residents and attendings with regard to the timeliness of initiating patient care in the emergency department. Specifically with regard to attending and resident timeliness of initiating care to optimize patient care and the residents learning environment.

III. PROCEDURE

- a. Patients should be seen as soon as possible regardless of location. The electronic medical record should be updated to record this timestamp (remove caduceus on tracker board)
 - i. Historically, the median “door to doctor” time at SJMC is less than 15 minutes and maintaining prompt evaluation is one our hallmarks of safe patient care
 - ii. When possible, privacy should be considered but this should not prevent engagement and initiation of orders. Consider conducting a brief interview and exam to initiate orders and then completing the interview and exam when the patient is a more private location.
- b. If a resident has not signed up for a patient at 30 minutes, Attendings should place orders for patients to initiate care and diagnostic testing. Higher acuity patients should have no delays in care. Orders should be placed as soon as possible. Residents are encouraged to see any and all patients, and the placement of orders does not preclude this.
- c. Attendings should assign themselves to patients who have not been seen by the resident at 1 hour. Residents are still encouraged to see any and all patients even if the attending has assumed care at the one hour mark.
- d. Attendings can verbally direct residents to see patients if the attending believes the resident has the bandwidth. Residents should discuss barriers to seeing additional patients when applicable.

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- e. PGY1-2 must see patients before placing orders and are expected to see patients at time of signing up for a patient.
- f. PGY3s can place orders before seeing patients but must see patients within 30 min of placing orders and within 30 min signing up for a patient.

Additionally, as a standard practice, at the end of the shift attendings will give residents feedback on:

- Patients per hour
- Imaging utilization
- Laboratory utilization

IV. **REFERENCES**

V. **AUTHORS/CONTRIBUTORS:**

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