SMALL PROGRAMS (<30 RESIDENTS)

INCREASING SUPPLY	INCREASING EFFICIENCY	DECREASING DEMAND
Ask residents and fellows to work outside regular hours *ideally with surge pay!*	Focus on discharge readiness, early morning discharges	Decrease age limit, shift patients to adult care
Ask attendings and APPs to moonlight	Encourage use of clinical practice guidelines	Divert patients to other hospitals
Ask residents to switch from non-mandatory rotations	Cohort patients by team to minimize “transit time” on rounds	Move inpatient infusions to outpatient when appropriate
Optimize ancillary staffing for patient volume	Discovery rounds: see all patients together on certain days	Utilize a short-stay or observation unit
Rotating swing shift to help: volunteer vs incentive		Limit elective procedures and admissions
Shift PICU residents to more needed shifts		Holiday Scheduling with the surge
Moonlighting on weekend: admitting residents vs separate team		
Hospitalist Electives		

MEDIUM PROGRAMS (30-60 RESIDENTS)

INCREASING SUPPLY	INCREASING EFFICIENCY	DECREASING DEMAND
Ask residents and fellows to work outside regular hours *ideally with surge pay!*	Focus on discharge readiness, early morning discharges	Decrease age limit, shift patients to adult care
Ask attendings, residents, and APPs to **moonlight**	Encourage use of clinical practice guidelines	Divert patients to other hospitals
Ask residents to switch from non-mandatory rotations	Cohort patients by team to minimize “transit time” on rounds	Move inpatient infusions to outpatient when appropriate
Optimize ancillary staffing for patient volume	Increased turnover with paperwork (admitting and discharge) > patients who typically would’ve been discharged from ED/Urgent Care	Utilize a short-stay or observation unit
Transparency with residents about what other groups within hospital have been doing/overall surge planning	Efficient documentation - Emergency documentation for nursing (does this exist for providers? Ways to cut non-essential documentation?)	Limit elective procedures and admissions
Working to not pull residents off elective rotations		Alternative locations also functioning at max capacity (behavioral health, long term stay)

LARGE PROGRAMS (>60 RESIDENTS)

INCREASING SUPPLY	INCREASING EFFICIENCY	DECREASING DEMAND
Ask residents and fellows to work outside regular hours *ideally with surge pay!* - Consider how this money is taxed and delivered	Focus on discharge readiness, early morning discharges	Decrease age limit, shift patients to adult care
Ask attendings and APPs to moonlight	Encourage use of clinical practice guidelines	Divert patients to other hospitals
Ask residents to switch from non-mandatory rotations	Cohort patients by team to minimize “transit time” on rounds	Move inpatient infusions to outpatient when appropriate
Optimize ancillary staffing for patient volume	Education on shorter notes	Utilize a short-stay or observation unit
What is the role of medical students? Pre and clinical?	Change rounding structure	Limit elective procedures and admissions
	- 4th year students weaning oxygen and albuterol - Discharge planning - Preclinical - vitals triage, child life	
	Decreased documentation: H+P from the afternoon counts as documentation for 24 hours	
	Templated hospital course for bronchiolitis dc summary	

VICE CHAIRS

INCREASING SUPPLY	INCREASING EFFICIENCY	DECREASING DEMAND
Ask residents and fellows to work outside regular hours *ideally with surge pay!*	Focus on discharge readiness, early morning discharges	Decrease age limit, shift patients to adult care
Ask attendings and APPs to moonlight	Encourage use of clinical practice guidelines	Divert patients to other hospitals
Ask residents to switch from non-mandatory rotations	Cohort patients by team to minimize “transit time” on rounds	Move inpatient infusions to outpatient when appropriate
Optimize ancillary staffing for patient volume	Changes in EMR- (especially in ED, to decrease documentation)	Utilize a short-stay or observation unit
Moonlighting (residents)		Limit elective procedures and admissions
Pulling from 4 week electives, 1 week of nightfloat		
SubI’s 4th- for academic credit		
Voluntary to Mandatory moonlighting? (problem)- backfired; perhaps consider shorter periods		
Faculty solutions - (pitch in) but poorly compensated		
CAPS- on resident 15 patients		
1 day off/7 …consider weekend like weekday		

FELLOWSHIP DIRECTORS

INCREASING SUPPLY	INCREASING EFFICIENCY	DECREASING DEMAND
Ask residents and fellows to work outside regular hours *ideally with surge pay!*	Focus on discharge readiness, early morning discharges	Decrease age limit, shift patients to adult care
Ask attendings and APPs to moonlight	Encourage use of clinical practice guidelines	Divert patients to other hospitals
Ask residents to switch from non-mandatory rotations	Cohort patients by team to minimize “transit time” on rounds	Move inpatient infusions to outpatient when appropriate
Optimize ancillary staffing for patient volume		Utilize a short-stay or observation unit
		Limit elective procedures and admissions