Appendix 1: Mock Patients Rounds Simulation

Name: Reggie Harrison	Room Number: 531	Admit Date: 1/7/17
Diagnosis: Urinary Tract Infection		Est. D/C Date: 1/10/17
Scenario: 60-year-old man presented febrile x 24 hours, Temperature 102.9, WBC 12.1 lethargic, last UTI 4 months ago treated with macrodantin, urine culture E. Coli, blood culture pending. PMH: Gout, Diabetes Mellitus type 2 (FBS on admission 270), HTN **Plan**: Nursing to Pharmacy: Polypharmacy, knowledge deficit noted, wife needs reinforcement **MD**: cleared for discharge tomorrow pending education with wife and oral antibiotics script filled		Team #: Hospitalist 1 Insurance: BCBS

Name: Cindy Willard	Room Number: 532	Admit Date: 1/9/17
Diagnosis: Small Bowel Obstruction		Est. D/C Date: 1/12/17
Scenario: 57-year-old woman with a history of Breast Cancer who presented with left-sided abdominal pain for 4 days, NGT placed for decompression, IVF @ 125/hr, SCDs in place, Surgery consult for small bowel obstruction. **Plan:** Consult with General Surgery, if surgery scheduled reassess estimated discharge date pending extent of surgery, if surgery pre-op and prepare for post management. Rehab and Pain Management priorities. **Case Management**: Ask MD if patient is stable enough for transfer to in-network center for surgery **MD**: No **Dietician:** Need a baseline nutritional assessment for post procedure planning, maintain LIS if conservative approach with serial daily abdominal radiographs to determine progress. **Pharmacist –** suggest pain agent to lessen impact on motility.		Team #: Hospitalist 1 Insurance: Medicaid HMO not assessed in the ED

Name: Frank Kirby	Room Number: 533	Admit Date: 1/4/17
Diagnosis: SOB, Hypoxemic Respiratory Failure		Est. D/C Date: 1/10/17
Scenario: 86-year-old man with history of CABG, Hypoventilation syndrome, CKD admitted to ICU for aggressive respiratory management with steroids, inhaled nebs and transferred to the floor on 1/8/17, short periods of exacerbation controlled with treatments progressively improving looking to discharge tomorrow. Wife is caregiver not much help. **Respiratory Therapy:** Assess for sleep apnea, sleep study needed to assess for Bi-PAP MD: Case management set up for Bi-PAP at home and order post discharge sleep study. **Nursing**: Lethargic and fatigued **Physical Therapist** asking MD: Nursing noted muscle wasting would like to initiate passive and active exercising as tolerated. May need home health follow-up		Team #: Hospitalist 1 Insurance: Medicare

MD to Case management: Set up Home Health extends the discharge date to 1/11/17 to allow for logistics to be arranged. Check back with me if there are any barriers.	

Name: Billy Bruce	Room Number: 534	Admit Date: 1/8/17
Diagnosis: Abdominal Pain		Est. D/C Date: 1/10/17
Scenario: 36-year-old man with history of Crohn's disease and bowel strictures requiring multiple bowel resections, ileostomy s/p takedown in 2015, chronic anal fistulizing disease who presents with increasing crampy LLQ abdominal pain and no BM x 2 days concerning for Crohn's flare. GI consult service recommended 3-5 days of steroids and follow-up in the clinic. Dr. Chen's patient **Plan: Discharge Today** **Physician** – order outpatient follow-up in colo-rectal surgery with Dr. Chen, change from IV to oral steroids for 3 more days. **Pharmacy** – verify understanding of steroid compliance **Nursing** – Ask about Pain Control		Team #: Hospitalist 1 Insurance: BCBS FL

Name: Lena Gladden	Room Number: 535	Admit Date: 1/7/17
Diagnosis: Chronic Colitis		Est. D/C Date: 1/11/17
Scenario: 78-year old woman with history of chronic ischemic colitis, DM, HTN, presented with cramping abdominal pain and constipation for 2-3 days. Started on piperacillin/tazobactam. Imaging shows bowel wall thickening and inflammation; blood sugar is stable off metformin; on sliding scale asparte, electrolyte replacement is required. **Plan: Physician** – monitor electrolytes tonight, hydrate with LR 1000 and continue antibiotic **Case Management** - Daughter who is the primary care giver is out of town on business **Nutrition** – Day 3 NPO and Diabetic patient needs some calories		Team #: Hospitalist 1 Insurance: Medicare

Name: Ima McCoy	Room Number: 536	Admit Date: 1/8/17
Diagnosis: Hydronephrosis/Cervical Cancer		Est. D/C Date: 1/12/17
Scenario: 52-year-old woman presents with hematuria and flank pain now in diuretic phase of ATN, due for Radiation treatment; will treat until discharge and transition to UF Health provider. On antibiotic for UTI due to Enterococcus **Plan: Case Management:** Setting up HHC for administration of antibiotics. Lives by herself, family in town but not active in her care; Will determine other needs and communicate tomorrow **Physician:** on plan for 1/12/17 discharge		Team #: Hospitalist 1 Insurance: Medicare MAP/Medicaid

Abbreviations: WBC, white blood count. UTI, urinary tract infection. PMH, past medical history. FBS, fasting blood sugar. HTN, hypertension. MD, medical doctor. BCBS, blue cross blue shield. D/C, discharge. NGT, nasogastric tube. IVF, intravenous fluids. HR, hour. SCD, sequential compression devices. LIS, low intermittent suction. HMO, health maintenance organization. ED, emergency department. SOB, shortness of breath. CABG, coronary artery bypass graph. CKD, chronic kidney disease. ICU, intensive care unit. BiPAP, bilevel positive airway pressure. S/P, status post. LLQ, left lower quadrant. BM, bowel movement. GI, gastroenterology. IV, intravenous. NPO, nothing by mouth. DM, diabetes mellitus. LR, lactated ringer's. MAP, mean arterial pressure. HHC, home health care. ATN, acute tubular necrosis.