

Role Description for New NP Cardiology Hospitalists

- Existing general cardiology clinical NP's will provide services for select inpatient general cardiology patients – it is expected the role will evolve from the baseline description below based on experiences
- Cardiologist MD's will see all new consults initially and writes notes, plan of care.
- NP's will follow up on appropriate general cardiology patients including:
 - Heart Failure
 - Post-surgery
 - Awaiting surgery/procedures
 - Antiarrhythmic therapy monitoring
 - Others TBD based on experience after starting the new role
- NP's will not assist with procedures or procedure prep, nor will they see ICU patients (at least not as part of the initial role)
- There may also potentially be appropriate general cardiology patients for NPs to see initially and admit and write note with MD cosigning and brief MD greeting:
 - Dofetilide admits as an example
 - Others to be determined based on experience after starting the new role
- Number of patient contacts NP's will see each day will vary based on acuity and dynamic needs of that day. Anticipated to range between 6-10 patient contacts a day. Will be tracked in initial implementation for adjustment as mutually agreed.
- NP's and MD will meet each morning at 7:30am to discuss patient needs and plan for that day.
 - NP's will follow current (clinic) work schedule in terms of FTE equivalent and days. Some NP's will start earlier on the days they are in the hospital.
- MD's will see patients for complications or based on NP requests, and on day of discharge
 - NP can go over discharge instructions and education and help arrange discharge as applicable
- NP's will meet at the end of the day prior to each change in NP hospital coverage to briefly review current patients and issues. NP's will utilize a standard spreadsheet or other tool to standardize the patient handoff
- All NP's will utilize a common note template and document all applicable patient encounters
- NP's will help highlight any significant inconsistencies among MD patient care approaches and help promote applicable standardization, along with Cardiology chief Dorosz