

Schedule Policy and Procedures

General Policies:

- A. The schedule will be produced by the Schedule Partner for a length of time agreed to by the group.
- B. Once the schedule is made the anesthesiologists scheduled are responsible for their call unless officially changed.
- C. All anesthesiologists eligible for specific call types (i.e. OB, First Call, Heart) will receive a statistically equal amount of that call type
 1. The time frame to equilibrate the statistics will vary in length depending on the number of special requests and vacations.
 2. The group as a whole or the sub-group who do that particular call type can agree to raise or lower the amount of call any particular anesthesiologist does.
 3. If raising or lowering the amount of a call type done by a particular anesthesiologist puts an undo burden on the whole group, then the Chief of the Department and the Schedule Partner will present the issue at a group meeting for adjustment.
- D. Anesthesiologists requesting “off early” or “off, if possible”
 1. Enter your request into Qagenda in the “Notes for the Day” task
 - a. go to the request tab
 - b. find you name and date that you wish enter
 - c. Click on that cell
 - d. select “Notes for the Day”
 - e. Enter your request for that day (i.e. “request off after 2 pm, “off, if possible”)
 - f. This note is visible to the AIC and anesthesia coordinator
 - g. NOTE: everyone can see this note, don’t write anything that is not professional
 2. Must be 10th call or lower.
 3. Priority is given to the lowest call person first.
 4. Exception to the above rules for official group meetings
 5. Requesting “off early” or “off, if possible” is not a guarantee.
 6. If an add-on case is assigned to you during the work day after the time you were hoping to be off, you are responsible for finding an anesthesiologist (see transferring afternoon cases below) to cover the case.

- E. The Chief of the Department, The Financial Partner, and The Schedule Partner are the only ones who can make changes to the official schedule.
 - 1. All anesthesiologists can make swaps and requests via Qgenda
- F. Call statistics are accessible to any group member Via Qgenda.
 - 1. Go to Qgenda and click on your Stats tab
 - 2. Here you can create any kind of Stats for individual Calls and date ranges you wish
- G. The Anesthesiologist (AIC) making the next days schedule will attempt to schedule the anesthesiologist off during meetings the anesthesiologist is scheduled to attend.
 - 1. The AIC will look at “Notes for the Day” to see last minute meetings that come up
 - a. Please write in specific requirements such as start and end times
 - 2. All standing meetings are scheduled by Qgenda
 - a. Approved standing meetings can be scheduled in a way that best suits the anesthesiologist attending (i.e. low call)
 - b. Please submit all new standing meetings to the Scheduler so they may be entered into Qgenda
- H. Anesthesia in Charge (AIC)
 - 1. The Anesthesiologist responsible for making the next days schedule.
 - a. The AIC will email the anesthesiologist who is running the next days schedule with any scheduling concerns
 - 2. The AIC is responsible for responding to any schedule concerns arising in the current days schedule.
 - a. The AIC will check the Qgenda “Notes for the Day”, “Green Dots (pickup work)”, and “Taking over” slots
 - 1. Since AIC cannot continually check Qgenda, it is incumbent upon the staff to alert the AIC of any urgent issues personally.
 - 2. If you changed your Qgenda “Notes for the Day”, “Green Dots (pickup work)”, and “Taking over” slots status you must also alert the AIC.
 - 3. AIC will contact anesthesia personnel for all add on’s and changes
 - 4. The Front Desk coordinates all issues and changes with the AIC

1. The AIC carries a spectralink phone (829-8591) to assist in contacting them.
5. All anesthesia personnel must contact the AIC before leaving for the day to make sure they are not needed for additional cases.
- I. Transferring Afternoon cases between Anesthesiologists
 1. THE FOLLOWING SYSTEM IS FOR THE DISTRIBUTION AND TRANSFER OF SCHEDULED AND ADD-ON CASES. PLEASE NOTE THAT ANYTIME AN ANESTHESIOLOGIST ACCEPTS A CASE, HE OR SHE MUST HAVE THE APPROPRIATE SKILL SET.
 2. Placing "Green Dots"
 - a. Any anesthesiologist in Call 4 through Call 20 (or any outside facility) who wishes to pick up cases after finishing their official schedule must enter into Qgenda a request for "Green Dots" by 09:00 (am). Call 1, 2, or 3 are always considered to have a green dot (see #5 below).
 1. If you do this on the same day as you want to be "Green Dots" then you must notify the Front Dest and AIC that you are Green dotted.
 - b. Log into Qgenda to Place a "Green Dots" request
 1. Go to the Request Tab
 2. locate your name and date you wish to place your "Green Dot"
 3. Click on the cell
 4. From the request options select "Green Dots (pickup work)"
 5. Enter a note if you wish
 6. Enter Start and End Times
 7. click submit
 - c. If you are not in the Main OR and don't have access to a computer or mobile phone, you may call the Front Desk to place the dot next to your name. You must notify AIC that you are "Green Dotted"
 3. For "Add-on" cases: The Front Desk will call the next anesthesiologist that is the highest person on the Call list who is available and has a green dot. If there are no Main OR green dots the Front Desk will call the outside facility anesthesiologists who have a green dot.
 - a. If you do not have a dot when called with an add-on case you can't decide to take the case. An example: if

- you are 4th call without a "green" dot, you CANNOT pick up the case. This is to prevent "cherry picking".
- b. if there are no green dots then the highest call anesthesiologist who is available and capable of caring for the patient will be assigned
4. Any anesthesiologist who does not want to do one of his scheduled cases can give up the case. The Anesthesiologist will call the Front Desk to ask who is the highest call anesthesiologist that has a green dot next to their name and is available. The anesthesiologist will call that "dotted" anesthesiologist personally and transfer the case to him.
 - a. NO Green Dots available
 1. If there are no green dotted anesthesiologists available then the scheduled case can be given back to the group if the case starts after 15:00
 2. The AIC and The Front Desk treats the case as an add on.
 3. The Highest Call available is assigned the case
 - a. Available is defined as being in the OR 15 minutes before the case is scheduled to start
 4. If no one is available then the case is given back to the original anesthesiologist
 5. The original anesthesiologist must relay to the new anesthesiologist any pertinent history.
 6. The anesthesiologist giving up the case is still on the call list and must check with the AIC to make sure they are not needed for any new cases.
 7. Any anesthesiologist who routinely "dumps" difficult cases will be penalized. This issue is referred to the Chief of department for adjudication.
 5. Call 1, 2, or 3 must commit to giving up their call schedule by 17:00. Call 1, 2, or 3 must contact, personally, the highest call anesthesiologist who has a dot next to their name and ask if they are willing to cover their call. If after going through all anesthesiologists with a dot no one agrees to cover, they can then ask any anesthesiologist they want for coverage. If no one agrees to cover them, then they are responsible for their call slot until 07:00 am the following day.

- a. The person taking over Call 1, 2, or 3 must enter this into Qgenda under "Taking over" slot.
 1. Go to Qgenda and select the request Tab
 2. Go to the day you are "Taking Over" for
 3. Click the appropriate "Taking Over" slot (i.e. "Taking over First" if you are covering First Call)
 4. You are required to enter the start time (for taking over), the end time (of your responsibility), and a note as to why you are covering
 5. Note this request is automatically granted.
 6. If some emergency happens and you can't cover please inform the AIC.
 - a. The AIC will attempt to help you get coverage.
6. Any anesthesiologist with a "Green Dots" may not cover Call 1, 2 or 3 if they have a night call the following day (Call 1, 2, or 3). Anyone doing two night calls in a row without specific approval from the Chief of the Department will forfeit any hourly credits earned on the second day of work.
7. Any anesthesiologist with a "Green Dots" may "remove" their "Green Dots" before 17:00. IN ESSENCE, YOU CAN CHANGE YOUR MIND UP UNTIL 17:00.
 - a. Go to Qgenda
 1. Find your name in the Request Tab
 2. move the pointer to the right of your name and a "x" will appear
 3. Click the "x"
 4. **Important:** inform the AIC and Front Desk that you are removing your "Green Dots".
 - b. If the anesthesiologist removes his green dot after being assigned a case, they still must do the case. The anesthesiologist is free to find their own coverage for the case. This prevents "cherry picking" of cases.
8. When Call 1, 2, or 3 finishes their assigned and emergency cases they must offer to relieve any case likely to go past 21:00 or still in progress as of 21:00, unless the patient is not stable. However, if relief was declined and Call 1,2,3 has gone home they are not obligated to come back in to provide relief.

9. Any concerns or disagreements MUST be discussed with the Anesthesia in Charge (AIC). You may NOT address your concerns or disagreements to the Front Desk.
10. Any anesthesiologist who is planning to give up all Call 1 on their schedules must ask for permission from the Chief of the Department. These Call 1's will be distributed each month before the official monthly schedule comes out.
 - a. This will appear in Qgenda under "Cover First Call" task.
 - b. If you wish to be considered for the "Cover First Call" pool, you must email the Scheduling partner of your desire.
11. Any "Green Dots" anesthesiologist accused of "cherry picking" (only taking easy cases and refusing difficult ones) will be referred to the Chief of the department. If found to be true, they will be barred from picking up cases.
12. Individual anesthesiologists may agree to "split" a case. The anesthesiologists are responsible for telling the secretary and the billing agency how they want reimbursement allocated.
13. In truly emergency cases where time is critical the Front Desk will assign the next available anesthesiologist (even if they do not have a "Green Dots") to start the case. After the case is stabilized the anesthesiologist can find a dotted anesthesiologist to transfer the case to. Again, only stable cases can be transferred.

J. Call types

1. Main OR Calls 1-20 during weekdays
2. First Call
 - a. First Call is allowed to request room assignment for next day from the Anesthesia in Charge (AIC) who is making the schedule.
 1. The AIC can overrule this request if it is unreasonable and puts an undue burden on Second or Third Call
 - b. First Call Saturday does the emergency cases
 1. You are also assigned Second Call Sunday
 - c. First Call Sunday does the emergency cases
 1. You are also assigned Second Call Saturday
3. Second and Third Call Saturday and Sunday (see SMS below)

- a. The same person is assigned to Third Call Saturday and Sunday
- b. Second Call Saturday and Third Call Saturday are assigned the elective Saturday Cases
- c. Any case booked after Saturday schedule comes out on Friday night is assigned to First Call Saturday
- d. Weekend Heart Call covers Third Call after 9pm on Saturday and Sunday
4. Misc - is any sites outside Main OR like GI, x-ray, IR, PACU, and cardiology suite
5. 20th street - offsite surgery center
 - a. This slot is requested in Qgenda under the "Request" tab
 - b. Note this slot can be swapped and should list the actual person working offsite so the AIC knows.
6. Work offsite - offsite surgery center
 - a. This slot is requested in Qgenda under the "Request" tab
 - b. Please note your primary responsibility is to Bayside and in rare instances you may be asked to cover Bayside and get coverage for your outside facility.
 - c. Note this slot can be swapped and should list the actual person working offsite so the AIC knows.
 - d. The Scheduler will attempt to approve this request in advance. However, do to personnel issues the AIC may not be able to approve it until 5pm the day before.
 - e. when entering a "Work Offsite" request you must enter the Start Time and End Times and Note (generally including Location of where you are working and specific information the AIC needs to know)
 1. The AIC will assume that you are available to work at St. John's before and after the times you enter, unless you alert them differently.
 2. Please be realistic with your start and end times.
7. SCOP - offsite surgery center
8. ASC - St. John's offsite surgery center

9. SMS - Fertility Clinic we cover
 - a. Sunday Fertility Cases
 1. The group's secretary will keep a list of all anesthesia who want to be assigned to Sunday SMS case
 2. By Friday anyone on the list who wants to be assigned the SMS case must contact the secretary.
 3. If no anesthesia contacts the secretary then the Sunday SMS case will be assigned to the Sunday second call anesthesiologist. The Saturday Third Call will back up Sunday Second Call in the Main OR until they finish the SMS Case
10. "Off after First" and "Off after OB" are still responsible to be available until the schedule is made the evening before and they are officially not needed.
 - a. If needed, "Off after First" is assigned a case before "Off after OB"
11. "Off before OB" is assigned to the anesthesiologist who is assigned to the OB night shift that day. This anesthesiologist has no responsibility to the group. Exceptions are in emergency periods where Bayside is short staffed. Bayside will notify the group when this occurs.
12. "1st Available" and "2nd Available" are anesthesiologists who have not been assigned a case. They are to be readily available by phone or page in the event that a case is added on that no else is available to cover.
 - a. After 07:00 am you can call the Anesthesia in Charge (AIC) at spectralink 829-8591 to find out when you will be released
13. First, Second Call and Third Call will be given the lowest available call the following day, unless there are extenuating circumstances.
14. OB - scheduled as 12 hour shifts starting at 7am and 7pm
 - a. Saturday, Sunday, and holidays will continue to be 24 hour shifts with next day off. The stipend will remain 8 hours.
 - b. OB Monday to Friday will be 12 hours.
 - c. OB day will be 7am to 7pm. OB Day will be scheduled for anyone who is eligible to do OB and who also does OB nights. The stipend is 1 1/2 hour.

- d. OB night is from 7pm to 7am.
 - 1. You are scheduled off during the day of your OB night shift. This is the "Off Before OB" slot. You are not responsible to be available to the group during the day and can seek work at St. John's or any outside facilities. Exceptions are if Bayside Group is short staffed due to an emergency situation. The group will be notified if we will need the "Off Before OB" slot to be available to the group.
 - 2. You are scheduled off the day after your OB shift. You may be called on to work for the group only in a dire emergency.
 - 3. The Stipend will be 4.5 hours for Monday to Friday.
- e. Split labor epidurals will remain remain 1 hour for the anesthesia inserting the epidural and 1 hour for the anesthesia removing the epidural.
- f. Monitoring epidurals.
 - 1. Any epidural that is monitored only (not placed or delivered) for 24 hours, where monitoring starts at 7am will trigger a one hour monitoring credit. This hour is credited at 1/2 hour per 12 hours. Note: Monitoring for less than 24 hours does not trigger the one hour credit. Monitoring time starts at 7am and must go to next morning to 7am (same as present monitoring system)
- g. You are responsible for telling the secretary how you will split up the stipends and credits if you are deviating from the above guidelines.
- h. **Switching call shifts**
 - 1. **You can switch your OB shifts and start times in any way that is mutually agreeable**
 - 2. **If you Swap your "Off Before OB" for a working call rotation you must arrange to have coverage if your shift is likely to go past the 7pm start time of the "OB Night" shift**
 - a. **You can ask the "OB Day" shift to stay later. Note that they are not required to stay later**

- b. You can swap to Call 10-21
- 3. You may switch to do a two night calls in a row as long as you are not working for the 8 hours before the second night shift.
- 4. In any 36 hour period you may only work two call shifts. Example would be as follows: You are currently scheduled on Monday for Call 8 and Tuesday for Call 7. You decide to pick up the Monday night OB shift. That would be three shifts in 36 hours. You would have take the Tuesday "off after OB" shift and give up your Tuesday Call 7.
- 5. You can "Take over" part of a shift, by going to Qgenda. Click on the "Request" tab
 - a. Note: This request is automatically approved.
 - b. Select the shift you are taking over, such as "Taking over OB Day"
 - c. Enter your Start Time (you are taking over) and End Time (you are ending your responsibility). Lastly enter a Note with any information to the AIC.
 - i. If your End Time is before the end of the shift, then the original anesthesiologist resumes responsibility.
- 6. You can "Swap" your whole shift, by going to Qgenda. Click on the "Swap" tab and enter your "Swap".
 - a. Note all swaps require both parties approval. Then the Scheduling partner sees the "Swap" and approves or rejects
 - i. To be on the OB team you must participate in a equal share of OB night call.
 - j. Anesthesiologists who are not on the OB team will not be scheduled for any OB shifts. Anesthesiologists

approved to do OB, but are not on the OB team can offer to cover OB team member shifts.

- a. Note you will not be able to Swap in Qgenda with someone not on the OB team
 - b. You will need to contact the Scheduler to do this manually.
 - c. This is due to a quirk in Qgenda. If Qgenda gives you the “skill set” to do OB, it will automatically schedule you for it.
- k. Anesthesiologists who participate in OB night shift may elect to not be scheduled for First Call.
- l. Any scheduled 07:00 am c-sections are brought in the room at 06:30 am. The anesthesiologist coming on shift will have to arrive early as it is their responsibility to cover the case. He can, however, talk to the anesthesiologist coming off shift to see if he will cover.
- m. The OB anesthesiologist will let the Front Desk (during daytime hours) or First Call (during nighttime hours) if they need backup to cover a VBAC.
1. During the 7am or 7pm OB Shift Change if no Main OR staff is available for backup, then the OB anesthesiologist coming off shift will stay until someone in the Main OR is free to cover or can be called in to cover.
 2. See section covering stipend credits below for covering a VBAC.
- K. Depending on schedule demands call types may be combined so an anesthesiologist may need to work in two different sites on one day.
- L. It is the anesthesiologists responsibility to alert the Front OR desk if his schedule is delayed so changes can be made. This notification must occur as soon as he becomes aware of the possible delay.
- M. Special call types
1. “Not Available”
 - a. this is generally given to split spot members, and part time anesthesiologists who do not wish to work on that day
 2. “No assignment/Willing to work”

- a. This is generally given to split spot members and part time anesthesiologists who want to work on that day, but there was no working slots available
 1. This may also be given to an anesthesiologist who wished to give back vacation, but no work was available to give to them. Generally because work was guaranteed to the person covering them when they were granted vacation.
3. Next Day Scheduler (usually same as AIC)
 - a. This will be the anesthesiologist who assigns the next day's cases to individual anesthesiologists.
 - b. This anesthesiologist is also responsible for running the schedule that day (Anesthesia in Charge).
 - c. The chief of the Department determines who is eligible for this assignment.
 - d. The Qgenda will assign this shift on a statistical basis to those anesthesiologists eligible for this shift.
 - e. Only Call 1 through Call 6 will be assigned this assignment. Qgenda will attempt to give the assignment to the lowest call available first. This will be modified by individual statistics.
 - f. The stipend for this shift is discussed below under Anesthesia in Charge Credit
4. "Notes for the Day"
 1. This is entered in Qgenda and contains information for the person making the Schedule and The AIC running the schedule
 2. NOTE: These requests for "OFF" are not guaranteed, only that we will attempt to fulfill your request. Exceptions are official Bayside meetings.
 3. This would be requests such as "request off after 2pm", "off, if possible", "I have a meeting from 3pm to 4pm", "I have a Doctor's appointment". If the request is Critical please contact the AIC directly to discuss the issue.
 - a. Go to Qgenda "Request" Tab
 - b. Find your name and date you need to request
 - c. click on the cell

- d. enter the information you wish to convey.
 - e. NOTE: this slot does NOT require administrative approval and will automatically be accepted once you submit them.
 - f. NOTE: everyone who has access to Qgenda can see these “notes for the day”, so don’t enter anything that everyone can’t see.
5. “Taking over” slots
- a. This appears in Qgenda as “Taking over First”, “Taking over Second”, “Taking over Third”
 - b. NOTE: only the person “Taking Over” requests this, NOT the person looking for coverage
 - c. The Group policy about covering night call still applies to this shift.
 - 1. You can not cover two night calls in a row (see OB section for the only exception)
 - d. These slots are primarily to be used on the day you are actually taking over, but can be used in the Future
 - 1. If you want to have your whole shift covered then you should “Swap” in Qgenda instead.
 - e. This is entered in Qgenda
 - 1. Go to the “Request” tab
 - 2. Find your name and date
 - 3. Click on the cell you are requesting, i.e. “Taking over First”
 - 4. You are required to enter a Start Time to take over, End Time that ends your responsibility, and a Note with info as to why you are taking over.
 - 5. Note that First, Second, and Third call are 24 hour shifts, starting at 7am and ending at 7 am the next day.
 - 6. NOTE: this slot does not require administrative approval. They are accepted by Qgenda as soon as you click “submit”.
 - a. Therefore you are responsible (both the anesthesiologist asking for coverage and the anesthesiologist covering) for making sure this is an appropriate request.

- b. If we see abuse of this system, then the group will revisit its implementation.
6. Cover 1st call slot
 - a. This is the anesthesiologist covering First Call for the person assigned it.
 - b. The anesthesiologist covering First Call will not have the number of First Calls he/she is scheduled for effected by covering First Call
 - c. Qgenda will attempt to cover any anesthesiologist who wishes to give up their First Call from a list of anesthesiologists willing to cover First Call. (Please submit your name to the secretary if you wish to be on this list)
 - d. The Cover First Call will start at 5 pm or at a time determined by the parties involved. However the covering anesthesiologist cannot cover First Call until he/she is done with his assigned cases. The covering anesthesiologist is not considered "First Call" until the current "First Call" has finished the last case he is doing. Cover First Call may take over First Calls case.
 - e. Cover First Call on the weekends also includes the linked second call unless the two anesthesiologists involved make a different arrangement.
 - f. If Qgenda is unable to cover First Call then the scheduled anesthesiologist must do the call or find their own coverage.
 - g. There is no direct stipend for this shift. See "Weekend Call Credit" below for details.
 - h. "Special" deals between anesthesiologists to cover call are NOT allowed and can be subject to fines when discovered.

N. Managing Post-op pain management epidurals

1. The anesthesiologist who placed the epidural is responsible for rounding on the epidural until it is removed
 - a. You can ask First Call or any other anesthesiologist to round for you. They have no obligation to cover you unless you have extenuating circumstances such as:
 1. illness

2. previously scheduled vacation and you were assigned this case. (this is not that you happen to be off on the weekend and don't want to cover)
 - b. You can ask OB anesthesia, but they are not obligated to cover you. OB anesthesia's primary responsibility is to Labor and Delivery.
- O. On a daily basis, each anesthesiologist must check with the front OR desk and The Anesthesiologist in Charge (AIC) for that day to see if they will be assigned an additional case before leaving the hospital.
- P. Anesthesiologists may not delay a case in order to make themselves available to do the case. In addition, anesthesiologists may not delay a case so a different anesthesiologist can do the case.
- Q. Part time anesthesiologists who work rarely at St. John's (less than 3 days per month) covering anesthesiologists not working will always be given a call slot to guarantee work
 1. This will make it easier to secure coverage
 2. This will not affect the call statistics of the other full time anesthesiologists, as the scheduling program will compensate.
 3. All other part time anesthesiologists will be given a statically appropriate call schedule.

R. Vacations, Schedule changes, and call credits:

- A. Available schedule changes entered via the "Request" tab in Qgenda
 1. Vacation request
 2. Request "no call" - the anesthesiologist will not be given a night call type (First, OB, Heart, Cover 1st call, second, or third calls) unless there is not enough people to complete a schedule.
 3. Request "low call". The anesthesiologist will be given the lowest available call depending on staffing needs. In our system Call 20 is the lowest call available. In practice since the lowest three calls are given to First, Second, and Third Call from the previous day, you are generally assigned Call 17.
 - a. If two people request "low call" then the first person to request "low call" gets Call 17 and the second person gets Call 16.
- B. Vacations
 1. All vacation requests are Submitted via Qgenda

2. When the request is covered the Scheduler will approve the request via Qgenda and you will be notified.
 3. The request is not confirmed until you get confirmation via Qgenda.
 4. Unconfirmed vacation requests will have a number next to the word "Vacation".
 - a. This number represents the order in which Qgenda received the request.
 - b. The First person to enter a request will see "Vacation (1)".
 5. The anesthesiologist is responsible for their call until the request is confirmed. DO NOT make plans until your vacation is confirmed.
 6. Once Vacation is granted, you can submit to cancel it via Qgenda.
 - a. It will be rejected if the anesthesiologist committing to covering can not find other work.
 - b. If rejected you can request to be in "no assignment/ willing to work". Then your fellow anesthesiologists will know that you are available to work and can swap with you.
 7. Vacation on high demand weeks will be handled as follows:
 - a. If more than the allowable number of anesthesiologists want the same week off then a lottery is held excluding the anesthesiologists who took that week the prior year.
 - b. Requests for high demand weeks must be received 6 months prior to the requested week off to be in the lottery.
 - c. to be eligible for the lottery you must have worked for the group six months
- C. How schedule changes are handled before the schedule is made and after the schedule is made.
1. Prior to the schedule being made the anesthesiologist will not appear on the schedule. Schedule changes will not effect the anesthesiologists call statistics
 2. After the schedule is made schedule changes can be handled by:
 - a. The anesthesiologist can make his own call swaps with any available staff that is capable of doing the shift he wants covered.
 1. This is done via Qgenda "Swap" tab

- a. Note: all "Swaps" require two swaps
 - b. To Change Anesthesia
A Call 16 and Anesthesia B Call 4
 - c. You must Move Call 16 to Anesthesia B
 - d. And you must Move Call 4 to Anesthesia A
- b. Any switches cannot result in the covering anesthesiologist covering two night call (First, second, third) in a row without prior approval by the Department Chairman or Scheduling Partner.
 - 1. Exceptions where trades can result in two night calls in a row are:
 - a. Sunday Second Call
 - b. Holiday Second Call
 - c. Holiday Third Call
 - d. OB night call as listed in the OB section (J subsection 13)
 - c. The schedule partner and the secretary can assist in finding coverage by letting you know who might be available.
 - d. The scheduled anesthesiologist is responsible for his call unless the call switch is approved via Qgenda.

D. Call Switches

- 1. Official call switches
 - a. This entered via the "Swap" tab in Qgenda
- 2. Unofficial Call Switches
 - a. The switch is handled only by the anesthesiologists involved
 - b. The group accepts no responsibility for these changes
 - 1. NOTE: VERY IMPORTANT. The anesthesiologists involved are still responsible for their original call as scheduled. They must respond to pages or calls from the AIC.
 - 2. You will be Fined, at the Chief's discretion, if you do not respond
 - c. The Anesthesia in Charge (AIC) must be notified of all changes and can cancel any switches if there are extenuating circumstances.
- 3. Same Day Call Switches
 - a. See "Taking Over" slots above for First, Second, or Third Call

- b. Other call types
 - 1. See "Notes for the Day" above.
 - c. You must notify the Anesthesia in Charge (AIC), the groups secretary about these changes. It is your responsibility to be sure the AIC is aware.
 - d. You must notify the nursing supervisor of any changes. This includes calling the Daytime supervisor and the Nighttime supervisor, since they sometimes do not communicate this information to the next supervisor. On weekends you will have to notify the Saturday and Sunday supervisors by calling during their shifts on each day.
4. No switches may be done resulting in an anesthesiologist doing two night calls (First, Second, Third) in a row without prior approval by the Department Chairman. Exceptions are listed above in Section C, subsection 2b.
5. Special case "off after OB"
- a. When switching with the "off after OB" anesthesiologist, please note the following
 - 1. The anesthesiologist may not be assigned a case that starts before 08:00.
 - 2. In an emergency situation where the "off after OB" person is needed to start a 07:00 case
 - a. The anesthesiologist coming on at 07:00 must be notified the evening before to come in early enough so the "off after OB" can make the 07:00 case without delaying it.
- E. Once schedule changes are requested and confirmed (i.e. another anesthesiologist has agreed to cover it) the request is not cancelable. The anesthesiologist who wishes to cancel can either
- 1. Work out a mutually agreeable arrangement with the covering anesthesiologist.
 - a. You can then enter a "Swap" in Qgenda
 - 2. Place himself on the available to work list and will be given work if needed.
 - a. You notify the Scheduler to request that you be placed into the "no assignment/ willing to work" slot
- F. Any anesthesiologist who refuses to cover an assigned call will be penalized 6 hours. These hours will go directly to the covering anesthesiologist.

G. Holiday call credit

1. July 4th, Thanksgiving day, Christmas Day, New Year's Eve, and New Year's Day are eligible for Holiday call credit
2. OB and First Call will receive a bonus of 5 hours in addition to the stipend the shift would normally get.
3. Second Call will receive a bonus of 1 hour in addition to the stipend the shift would normally get.
4. Third Call gets 30 minutes.

H. Anesthesia in Charge Credit

1. Monday to Thursday
 - a. Credit for running the schedule during the day 15 minutes
 - b. Credit for making the next day schedule 15 minutes
 - c. Total credit for "a" and "b" is 30 minutes
2. Friday
 - a. Credit for running the schedule Friday 15 minutes
 - b. Credit for running the schedule Saturday and Sunday 30 minutes
 - c. Credit for making Monday's schedule 15 minutes
 - d. Total Credit for "a", "b", and "c" is 60 minutes
 - e. If the Monday is a Holiday (ie Memorial Day) you get additional 15 minutes For being AIC on Monday. That would give you a total of 75 minutes

I. Weekday call credit

1. OB call See OB section above (section J subsection 13)
2. First Call will receive 3 hours / 24 hours
 - a. If you take over someone's First Call then you get their Call credit of 3 hours
 - b. It is up to the two parties involved to followup with the billing company to assure that the credit is correctly applied

J. Weekend call credit

1. OB Call on Holidays, Saturday or Sunday will receive 8 hours / 24 hours
2. If you cover your own call then you will receive 3 hours for First call on Saturday or Sunday. No credit for Second or Third call on the weekend.
3. If you cover someone else's call, you will receive 3 hours from the group for the First Call and 2 hours from the anesthesiologist you are covering. For Second Call you will

receive 1-hour credit from the anesthesiologist you are covering.
For Third call you will receive 1/2-hour credit from the anesthesiologist you are covering.

K. OB Call Credit:

1. C-sections are billed as regular cases just like in the Main OR.
2. Labor Epidurals are billed as 2 hours. Please see the OB section for how shared Labor epidurals are handled (section J subsection 13).
 - a. If the patient delivers before 07:30 then the full credit goes to the previous anesthesia, unless the new anesthesiologist had an active intervention.
 - b. However the two anesthesiologists involved may make any arrangement they wish. It is your responsibility to convey this information to the billing company and our secretary.
3. If you are called to place an epidural from the Main OR you get 30 minutes and the OB anesthesiologist gets 30 minutes to maintain the epidural. The OB anesthesiologist who is present for the delivery get 1 hour.
 - a. If the previous OB anesthesiologist stays past the end of his shift (7am or 7pm) to place an epidural, the credit is 30 minutes. The current OB anesthesiologist gets 30 minutes for maintaining the Epidural.
4. If you are called to replace a non-functioning epidural (for labor or pain control) you are credited for 30 minutes.

S. Proctoring credit:

1. Each Anesthesiologist will bill for the time they are proctoring. This means both the anesthesiologist and proctor get credit for case time.

T. SCOP Credit:

1. For Facet Blocks and cervical epidurals 35 minutes
2. All other cases actual time

U. SMS 1 hour credit for egg retrievals

V. Cardioversions 30 minutes

W. TEE with or without cardio version is billed as the actual time

X. VBAC credit

1. An anesthesiologist who is called in from outside the hospital to be available for an emergency because of the VBAC is credited 1 hour

Y. Pain Service reimbursement

1. Initial consultation 45 minutes
2. Followup visit 20 minutes
3. Acute Pain Call Stipend 30 minutes

Z. Post Op pain Management and Blood patches

1. Placement of Thoracic Epidural outside of Main OR (PACU, ICU, PCCU, etc) credit is 1 hour
2. Placement of Lumbar Epidural outside of Main OR (PACU, ICU, PCCU, etc) credit is 45 minutes
3. Daily Thoracic epidural management, which includes all patient's pain management, and daily pain management progress note in EPIC; credit is 30 minutes
4. Daily Lumbar epidural management, which includes all patient's pain management, and daily pain management progress note in EPIC; credit is 15 minutes
5. Epidural Blood patch, which includes proper consultation note and procedure note within anesthetic record; credit 1 hour