



Department of Anesthesia

Title:

Duties and Call Schedule

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POLICY:

An attending anesthesiologist is available for cases 24 hours a day, 7 days a week throughout the year. An on-call schedule is provided on a monthly basis.

ORGANIZATION

ANESTHESIOLOGIST-IN-CHARGE (AIC):

This individual is designated daily and is responsible for:

1. "Running the floor" in the MOR/SDS Operating Rooms
2. Directing and coordinating all anesthesia care team (ACT) members, so as to complete the assigned cases in a timely manner with the best possible clinical coverage
3. Assigning members of the Anesthesia Care Team (ACT) to the next day's cases
4. Overseeing all clinical services until such time as the Surgery On-Call Anesthesiologist assumes the responsibility

General Surgery In-House Call:

The surgery call physician is an in-house call assignment, with primary responsibility for elective and emergency cases in MOR/SDS. Also, s/he is responsible for emergency intubations. S/he assumes call duties from 3PM -7AM weekdays and 7AM -7AM Saturday, Sundays and holidays. This person is the AIC (Anesthesiologist In-Charge) for evenings, weekends and holidays. If clinical needs dictate, this physician may be called in early at the discretion of the AIC. The surgery on-call anesthesiologist must be immediately available to respond to clinical duties.

OB In-House Call:

The OB call physician is an in-house call assignment with primary responsibility for Labor and Delivery cases. Responsibilities also include consultation for pain service patients, and emergency pain consultations for inpatients and ER patients. The physician on OB call is also responsible for overseeing pain rounds on inpatients on weekends and holidays. S/he assumes call duties from 7AM - 7AM every day, including weekends and holidays. The OB on-call anesthesiologist must be immediately available to respond to clinical duties.

Surgery 3RD Call (Late Call 3) :

This anesthesiologist is responsible for assisting Surgery Overnight Call in MOR/SDS. This staff member stays until relieved by surgery call and may be called back if needed as determined by the surgery overnight call team.

Surgery 2nd CALL (Late Call 2):

This position has the same duties as Surgery 3rd Call except this anesthesiologist is the second staff to be relieved for the day as determined by the surgery overnight call team. This position is not assigned Saturday, Sunday or holidays. Duty begins at 7am.

SURGERY 1st CALL (Late Call 1):

This position has the same duties as Surgery 3rd and 2nd Call except this anesthesiologist is the first staff to be relieved for the day as determined by the surgery overnight call team. Duty begins at 7am. The anesthesiologist on 1st call is the “back-up call” to the on-call team on weeknights and weekends/holidays and must keep their pager on for the entire 24hr call period in case of emergencies.

Pediatric Call:

This staff member is NOT in-house on nights and weekends, but on call by pager for emergency pediatric cases from 4PM -7 AM weekdays; 7 AM -7 AM Saturday, Sunday and holidays. If there is an after hours/emergency case, the in-house anesthesiologist should notify the on-call pediatric anesthesiologist for children under the age of 12 years or those with significant complicating illnesses (e.g. from PICU). Whether the in-house anesthesiologist manages the anesthetic or the pediatric anesthesiologist will be decided between them. Relevant issues, besides age of the patient include co-existing disease, surgical complexity, comfort level of the in-house team, and other circumstances requiring additional support. Nonetheless, the pediatric subspecialist is available to manage any pediatric case for which the in-house anesthesiologist feels it is required.

Transplant Call:

This staff member is not in-house on nights and weekends, but on call for emergency transplant surgery from 4 PM – 7 AM weekdays; 7 AM – 7 AM Saturday, Sunday and holidays. In addition, a separate or same staff member is available for emergency transplant surgery for pediatric patients <12 years old during the same times outlined above.

Multiple Call Assignments:

There may be days when an anesthesiologist will be assigned for both a late call and a subspecialty call (i.e. transplant call or pediatric call). If a transplant or pediatric case is added to the schedule for late afternoon/early evening/night, it will impact this anesthesiologists’ ability to effectively fulfill their late-call duties.

If this occurs, the following process will be initiated by the anesthesiologist:

1. Arrange a switch for his/her late call with an anesthesiologist who has no on-call responsibilities that day/night

Or
2. Notify the In-Charge Anesthesiologist that they will give up their late-call.
3. If a switch of the Late Call shift is not made by 2pm, the In-Charge Anesthesiologist (or their designee) will attempt to recruit a substitute.
 - a. If a substitute cannot be recruited, the Late call pay is forfeited and the AIC will manage the schedule with non-call attendings.

- b. The AIC will also be responsible for communicating this change to the Anesthesia office so the on-call schedule can be amended accordingly.
4. Any attendings that stay late to provide coverage will be compensated via overtime protocol.
5. If circumstances change, the switch can be undone if all parties involved agree.

This process will enable the AIC to manage coverage of operating rooms and satellite sites more effectively and efficiently.

Extended Hours

If a case runs past 11pm, the attending physician will be excused from duty the next day. In order to qualify for this provision, the “Anesthesia End Time” as indicated on the Anesthesia operative record must exceed 11pm.

These cases include, but are not limited to, Pediatrics, Transplant, and late running cases covered by late-call attendings.

Cases that run late, but do not meet this criteria should be presented at 7:00am Morning Sign-out between the overnight attending and the Anesthesiologist In Charge (AIC) so the AIC can make appropriate arrangements for early relief (schedule permitting) for the “late” attending.

TRAINEE ON CALL TEAMS

Resident Surgery Call:

Duty hours begin at 3pm to 7am on weekdays and 7a to 7pm (the next day) on weekends and holidays. This resident is responsible for elective and emergency cases in the Main OR/SDS as well as other duties as assigned by the AIC.

SRNA Surgery Call:

Duty hours begin at 7am to 7am the next day, 7 days a week. This SRNA is responsible for elective and emergency cases in the Main OR/SDS as well as other duties as assigned by the AIC.

Resident/SRNA OB Call:

Trainee is in house from 7 AM – 7 AM, 7 days a week and is responsible for OB cases. Trainees are also responsible for covering the pain service.

Resident/SRNA LATE Call:

This trainee is not in-house overnight, but assists with completion of schedule in Main OR/SDS until relieved by AIC. This trainee will also assist with preoperative evaluations the next day for patients scheduled for surgery as well as complete other tasks assigned by the AIC.

Resident Transplant Call:

The CA2 or CA3 resident is not in-house, but available via on-call by pager for transplant cases 24 hours a day, 7 days a week.

Acute Pain Call:

Trainee (Residents, SRNAs and RNs) will cover acute pain call during the day from 7:00AM to 10:30pm. A pain attending anesthesiologist will be available during the day from 8:30am to 5pm and

via pager after 5pm. In house OB anesthesiologist is responsible for ensuring that all in-patients within the Hospital are seen, when necessary on nights and weekends.

PROFESSIONAL PERFORMANCE STANDARDS

The AIC is a designated attending faculty physician who is available for consultations and will act as the senior member of the Department on site. The individual is responsible for all facets of anesthesia services during the assigned shift.

Consultations

Emergency or inpatient consultations will be provided within 24 hours of a consultation request. While the resident may conduct the initial phase of a consult, it is ultimately the responsibility of the AIC or the OB Anesthesia Attending (OB, Pain Consults) to complete the consult within that 24 hour block. Although more senior residents may participate, the consultation must be provided at an attending level on a prompt basis. Telephone consultation and other communications should occur promptly and courteously between physicians of appropriate experience levels. The Attending Anesthesiologist may and should talk directly to the attending surgeon if there are major unresolved issues.

Conflict Resolution of Emergency/Add-on Cases:

In the event that two surgeons can not agree on the order of their add-on/emergency cases (see the Perioperative Services *GUIDELINE FOR SCHEDULING PATIENTS IN THE OPERATING ROOM* and a decision must be made as to which case goes first, the final authority rests with AIC.

Russell T. Wall, MD
Chief of Service, Anesthesia