

Title: Labor and Delivery Attending Responsibilities & After-Hours Coverage Shifts

Policy

Purpose:

To define attending responsibilities when covering L&D, to define coverage responsibilities and to outline payment processes for after-hours call.

Applicability:

All providers who cover L&D, both during the day and after-hours.

Procedures:

Attending responsibilities when covering L&D and after-hours:

- 1. Personally see all GYN consult patients (ED, inpatient and intraoperative) and initiate management.
- 2. Take OBGYN PALS calls and accept gynecologic transports.
- 3. For after-hours coverage, perform gynecologic surgery for urgent cases that require immediate intervention (ie. Ectopic pregnancy, acute pelvic pain, D&C)
 - a. Basic laparoscopic skills are required.
 - If the provider is unable to perform laparoscopy, but desires to take call, a request for exception to the rule
 with justification can be submitted to the Executive Committee. Each request is evaluated individually and
 the provider notified of the committee's decision. The list of providers with exceptions is kept by the GYN
 Division Chief.
 - b. The ability to start an emergent peripartum hysterectomy is required; twice yearly simulation through the GYN Division is required of all providers who do not routinely perform abdominal hysterectomies list to be kept by the Gyn Division Chief. However, utilization of the OB/GYN back up system is encouraged for assistance for any reason.
- 4. Finalize all documented notes and procedures with the appropriate attending attestation within 3 working days so that billing occurs in a timely fashion. In order to maximize revenue capture on L&D, the L&D attending/midwife will be responsible for the following:
- 5. Attend all deliveries: To receive global for the delivery (24 RVU's) the attending must be:
 - a. Physically present for the delivery and documents his/her presence OR
 - Document seeing & evaluating the patient during labor AND be physically present for the delivery of the placenta and/or laceration repair
- 6. For optimal patient care and in order to capture the full RVU value for every delivery, the attending/midwife
 - a. Must physically round on every patient when taking over L&D in the AM or PM and document that visit in a note written either by the attending or by the resident and attested to by the attending AND
 - 7 AM board rounds including Friday AM with both incoming and outgoing attending, 7:20 AM pre-op huddle with OB, Nursing, Anesthesia, Family Medicine to discuss cases for the day.
 - 8:15 AM: Mother baby postpartum rounds in the MBU team room—these rounds include OB, Peds, lactation, Social work. They take 5-15 minutes and include brief discussion to ensure OB and Peds agree on status of mom/baby.
 - iii. Postpartum rounds, including walk rounds to see each patient, ending in OB Triage for huddle
 - iv. Walk rounds on L&D with 3rd year resident and medical students if available 1800 board rounds (M-Th) with walk rounds following
 - v. 1800 board round (Fri) with walk rounds following, ending in OB Triage for huddle
 - vi. After L&D rounds completed, 3rd year resident generates a note assuming care of patients and forwards to attending
 - b. Must see and evaluate any newly admitted patient (including those in labor and document that visit in a note.
- 7. For optimal patient care and in order to capture the full RVU value for all OB Triage visits, ER, and inpatients, the attending/midwife see, evaluate and document
 - a. all patients in OB Triage, including normal labor checks > 37 weeks and <41 weeks



- i. All first trimester bleeding patients including presence for ultrasound or review of images
- ii. Attest to NST (if done) and ultrasound (if done) in PCO with =obattt for Triage attestations
- b. All patients in the ER
- c. All inpatient consults (after hours)
- 8. Each attending will need to do the following documentation on paperwork from OB Testing
 - a. Ensure the resident has 1) stapled ultrasounds to the triplicate form with the patient's sticker and placed in the Triage outbasket and 2) used the standardized templates in PCO to document the ultrasound.
- 9. Postpartum rounds
 - a. Attendings are expected to personally see every patient on postpartum rounds
- 10. After hours L&D coverage
 - a. Monday Thursday: 6:00 p.m. 7:00 a.m.
 - b. Friday: 6:00 p.m. 7:00 a.m.
 - c. Saturday Sunday: 7:00 a.m. 7:00 a.m.
 - d. Holidays: 7:00 a.m. 7:00 a.m.
 - e. Provider coverage after hours should allow both attendings to be present for board checkout to optimize hand offs
 - f. 24 hour shifts may be split into 2-12 hour shifts if both providers involved are agreeable.
- 11. Providers may not leave the Health Science Center during any L&D coverage.

Guidelines and payment for after-hours L&D coverage shifts:

- 1. After-hours coverage will be paid at the rate of \$1,000/shift based on the following guidelines
 - All providers (full-time and part-time) in the Gynecology and Family Planning divisions are expected to take after-hours shifts.
 - Every after-hours shift is compensated; reimbursement is processed monthly in arrears. For example, shifts completed in March will be paid at the end of April.
 - ii. Compensation may be taken in the following ways:
 - 1. Payment on regular paycheck.
 - Transfer to FOM account. Faculty must notify administration when they receive the monthly confirmation email if they would like to utilize this option. All regular FOM rules apply to any amount transferred.
 - iii. Shifts worked on the following UNM Holidays are eligible for a shift differential pay of \$500. Total payment for 12 hour shift would equal \$1500. The AM and PM shifts on the days listed below are eligible. The PM shift prior is not.
 - 1. July 4
 - 2. Labor Day
 - 3. Thanksgiving Day
 - 4. December 24
 - 5. December 25
 - 6. December 31
 - 7. January 1
 - 8. Memorial Day
 - b. Each provider will be expected to take 1-2 shifts/month. Providers may choose to take additional shifts if desired
 - i. No more than 2 post call days off each month (Mon-Fri) are allowed unless approved by the Division Chief
 - ii. Each provider will provide availability for half of the days for the assigned call team as well as for 2 weekends (Friday Sunday) each month.
 - iii. Each provider will provide availability for holiday coverage (major and minor) as requested by the call scheduler.
 - All fellows in the Family Planning and Gynecology (if applicable) divisions are expected to take part in after-hours coverage shifts.
 - i. Each fellow will take 3 shifts/month, which are compensated through the fellow's salary per the fellow's letter of offer.



ii. Additional shifts/month will be compensated at the rate of \$1,000/shift.

iii. Payment is processed quarterly. Fellows will receive payment for any shifts above the required 9 per quarter. Payments will be made in October, January, April, July.

d. Providers in other divisions may choose to take after-hours coverage shifts. Requests should be submitted to the Executive Committee with approval from the appropriate Division Chief.

- Once the call schedule is published to AMION, it is the responsibility of the assigned faculty member to find a replacement
 for after-hours coverage if that faculty member is not able to cover the shift as scheduled. If a faculty member becomes
 acutely ill and no volunteer coverage can be arranged, the OB/GYN scheduled backup would be expected to take the in house
 call shift.
- 3. Absence from work
 - a. A provider who is absent from his/her clinical duties because of prolonged sick leave or maternity leave will not be expected to make up the affected call.

b. Providers on annual leave will be required to take the usual number of shifts/month.

- c. See "Call requirements for fellows taking primary L&D call" SOP for clarification of other expectations.
- 4. Post-Call Provider Duties
 - a. Post-call providers will not be assigned clinical duties. A provider may choose to work administratively post-call but will not receive additional time off as a result. Providers are encouraged not to work clinically post-call.
- 5. Call Schedule Preparation
 - a. The call schedule will be prepared by a designated faculty and staff scheduler. The call schedule will be prepared in advance and posted on AMION and Qgenda. All call requests must be submitted by the deadlines requested by the call scheduler.
 - b. Each provider is assigned to a weekday call team (Monday Thursday).
 - c. The call scheduler will assign Friday Sunday and holiday calls based on provider availability and the need to meet call requirements.
- 6. Holidays
 - UNM Holidays will be covered with 24 hour shifts.
 - b. Holiday call will be distributed evenly among the providers. Each provider will be expected to take one major holiday call and one minor holiday call each year.
 - i. Major holidays Thanksgiving, Christmas, New Years
 - ii. Minor holidays Memorial Day, Independence Day, Labor Day
 - c. Coverage for CREOG exams, resident retreat, research symposium and graduation
 - All providers who are taking in-house call will be expected to provide availability to cover during times of resident absence. These requests will be requested with holiday requests by the call scheduler.



APPROVAL				
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Effective Date	Supersedes	Review Date	Summary of Change(s)
1/2/2017	Version 1	1/2/2017	Minor changes made
2/14/2019	Version 2	2/12/2019	Administrative updates, add holiday differential.
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