



# SCHOOL OF MEDICINE

DEPARTMENT OF  
OBSTETRICS & GYNECOLOGY

**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.
    - i. 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
  - b. 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
    - i. 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.
    - ii. 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



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- 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
  - a. All providers (full-time and part-time) in the Gynecology and Family Planning divisions are expected to take after-hours shifts.
    - i. 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.
      2. 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.
  - c. 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.







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APPROVAL

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