

STANDARD OPERATING PROCEDURE- POLICY

OB/GYN BACKUP CALL

SCOPE/APPLICABILITY:

Applies to all OB-GYN department faculty physicians and residents

PURPOSE:

To describe duties and scheduling of the OB/GYN backup call physician

DEFINITIONS:

- In-house OB-GYN attending: The OB-GYN taking primary call for L&D, OB-Triage, ER, consults, OR and inpatients.
- Back-up call attending: The OB-GYN on “back-up call” to perform the duties described in the SOP

PROCEDURE:

Duties and Responsibilities

1. Provide medical and surgical assistance for obstetric or gynecologic cases as requested by the in-house OB-GYN attending, as below.
2. Provide GYN consultation for patients as requested by the in-house OB-GYN attending, including evaluation of gynecologic inpatient/s and/or Emergency Department/OB Triage patients, if the in-house OB-GYN requires additional expertise in managing the patient.
3. Provide OB and/or GYN surgical coverage if there is a GYN case in the main OR and L&D acuity requires an attending physician physically present as requested at the discretion of the in-house OB-GYN attending.
4. Provide surgical assistance for deliveries occurring in the L&D and/or the main OR including those with abnormal placentation.
5. Provide in-house OB-GYN attending coverage if the assigned in-house OB-GYN attending is unavailable due to a personal emergency and alternative last-minute coverage cannot be arranged.
6. Remain within 30 minutes of the hospital when assigned to back-up call

Scheduling Process

1. The backup call schedule is completed consecutively with the in-house call schedule, based on the same request information.
2. Backup call includes 11, 12 and 24 hour shifts as follows:
 - a) Monday-Friday 1800-0700
 - b) Saturday, Sunday and Holidays (0700-0700-these sometimes split into two 12-hour shifts)

Backup call pool

Each faculty member within the Gynecology and Family Planning divisions will take 2-3 backup shifts each month, unless they have been excused from that responsibility by the respective

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division director with approval by the department chair. Additional faculty members are eligible to take backup call if they have obstetric privileges and are able to perform the surgical duties as outlined above.

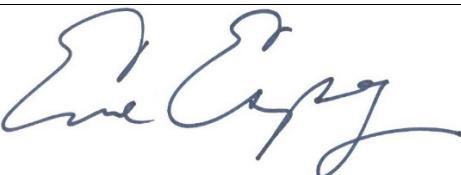
Backup call compensation

As per the “Back-Up Call: Compensation for Time Worked” SOP, physicians will be paid for the time spent in the hospital while performing duties associated with backup call.
<http://unmobgyn.pbworks.com/w/file/fetch/140027019/Back%20Up%20Call%20Compensation%20for%20Time%20Worked%20FINAL%205.11.20.pdf>

Additional considerations

1. If the complexity of the surgery and/or assistance needed exceeds the backup OB-GYN’s scope of practice, the Gynecologic Oncologist on call will be called in for additional surgical expertise. The Gyn Oncologist is eligible for payment as outlined in the previously mentioned SOP.
2. If the in-house OB-GYN attending is in the main OR, the CNM will assist with coverage of laboring patients who are within the scope of CNM practice. If the acuity of the laboring patients is outside that scope of practice, the backup OB/GYN will be called in to cover L&D.
3. The in-house OB-GYN attending must inform the CNM and charge nurse on L&D if she/he goes to the main OR. If the backup OB-GYN has not already been called in, the third year resident, CNM, Family Medicine or charge nurse may call in the back-up OB-GYN if the clinical acuity or number of admitted patients on L&D/OB Triage requires his/her presence.
4. Newly hired OB/GYN physicians, including fellows, will be oriented to the backup call process during their onboarding process. Each new faculty/fellow will spend at least one half day with one of the general OB/GYN faculty on Labor and Delivery as part of this orientation.
5. If the back-up call is needed for primary coverage the Uro-Gynecology attending on call may be asked to cover GYN or L&D if they have obstetric privileges. The GYN and FP division chiefs should be informed to assist with additional coverage as needed.

APPROVALS:

SOP Owner:	Kathleen Kennedy, MD	Date: 8/25/20
Chair Approval:		Date: 11/18/2020
Effective Date:	November 18, 2020	

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