

Back Up Guideline.

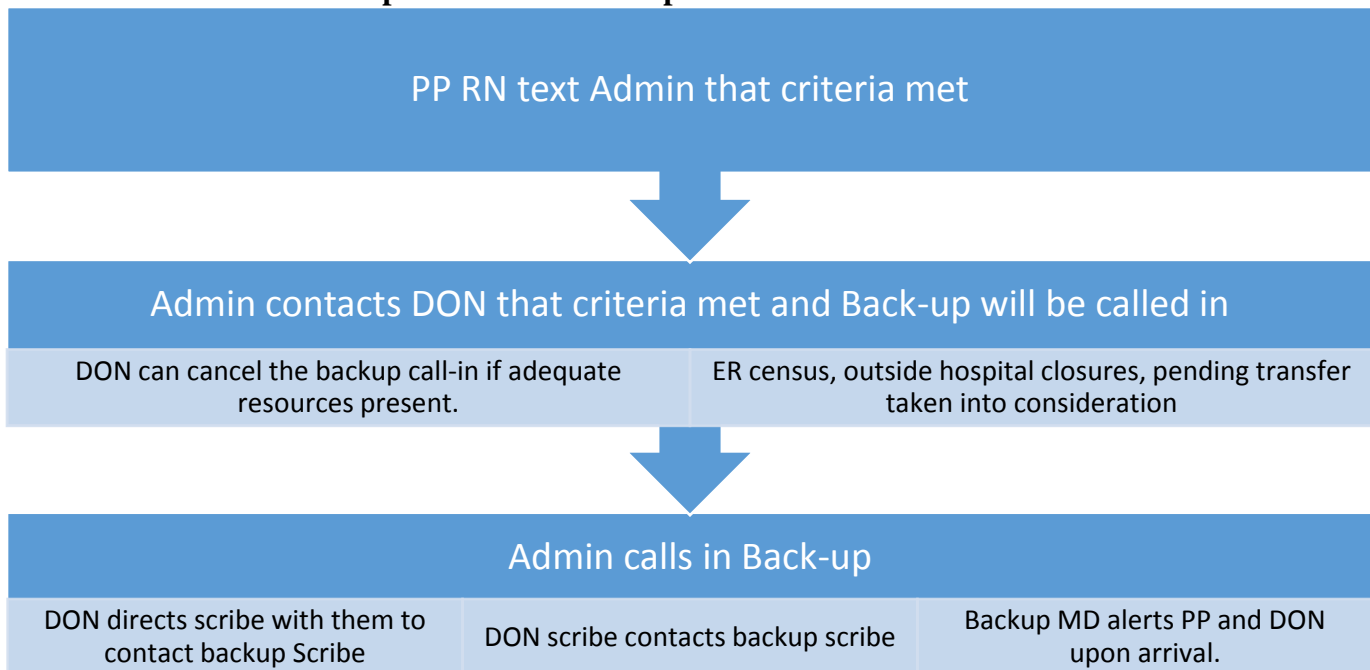
Simmering - During busy shifts, the following can/should be attempted.

- Routine postops should be triaged to the following day if able.
- In-house resources should be assessed and utilized first.
 - Doc of Night check in (10-1030pm, earlier if desired) and utilize partners who are caught up.
 - Med-Peds can be asked to do adult admissions as able.
 - Intensivists and Surgeons will be requested to do appropriate admissions if able

Criteria - 4-1 Physician census will be the barometer for assessing the need for Back-up MD call in.

- This backup plan will assess the number of patients each physician has at a certain time period and will not be separated out by admits/postops/consults etc.
- Factors to consider: ER census, outside hospital closures, postops, pending transfers and current state of partners workload and workflow (qualitative).
 - **8pm: All 4-1 MDs have 6 or more patients**
 - **10pm: All 4-1MDs have 7 or more patients**
 - **12am: All 4-1 MDs have 9 or more patients**
 - **2am : Both 6p-6a have 8 or more patients**

*** Anytime Safety a concern, DON alerts Administrator



Miscellaneous Issues:

- 7 nights/yr during an "off service", though partners can switch to on-service if desired, but are still required to meet daytime obligations should they be called in during a night.
- Call is 8pm-4am. This is the time in which a partner can be called in.
- If called in: DON\$/hour plus RVUs (Time of building entry/DON check to time of building exit or 6AM, whichever is earlier).
- Not intended as fill-in for sick call. Every attempt will be made to fill this shift from the group.
 - If the back up happens to volunteer to work the evening/night shift for a sick partner, they will be paid at the standard rate.
- Med-Peds will not participate in this call schedule as they have their own back up call schedule to fill.
- All non-Med-Peds partners, including nocturnists and hybrids, will participate in the back up call schedule.