

**Beth Israel Deaconess Medical Center**  
**Department of Anesthesia and Critical Care**  
**SOP**

**Title: Anesthesia Call Structure & Emergency Back-up Staff**

**SOP #: ANES ADM 100-002**

**Purpose:** *Define roles and responsibility of call faculty on East and West Campuses and L&D.*

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**A. OR Call East and West**

1. One staff person is scheduled for OR call each day.
2. Weekday OR call begins at 16:30, with the faculty member arriving early enough to be in scrubs in the OR to take report and assume responsibility for patient care. Call ends at 07:00 the next morning (09:00 on Wednesdays), or when relieved by the incoming floor manager. Tuesday call covers until 09:00 on Wednesday when Grand Rounds and staff meeting are over, or when relieved.
3. OR call staff is off the next day once relieved in the morning.
4. Specific responsibilities of the OR call include:
  - Receive appropriate signout from Floor Manager and assume FM duties
  - Completion of add-on and emergency cases
  - Arrange appropriate breaks for late staff & residents
  - Pre-op assessment of add-on cases scheduled for the next day
  - Relief of Late Call staff and residents in an appropriate order. Please see “Call Relief Guidelines” under “Policies” on the Anesthesia intranet
  - Care of patients in the PACU
  - Code coverage of respective campus
  - Appropriate signout of cases to the relieving team
  - Prepare weekend add-on cases so that the on-coming call team can start them at 7:30 a.m. when clinically appropriate
  - Keep a “Trauma Room” set up (West only)

## **B. Late Call, East and West**

### 1. Late 1 Call

- One staff person is scheduled for Late 1 call each weekday per campus (East and West).
- Late 1 call works a regular day in the OR and stays in-house until relieved by the OR call person.
- Late 1 call is a compensated call after 17:00.

### 2. Late 2 Call

- One staff person is scheduled for Late 2 call each weekday per campus (East and West).
- Late 2 call works a regular day in the OR and stays in-house until relieved by the OR call person.
- Late 2 call is a compensated call 17:00.

### 3. Late 3 Call

- One staff person is scheduled for Late 3 call each weekday.
- Late 3 call works a regular day in the OR (Mon-Fri) and stays in-house until relieved by the OR call person.
- Late 3 call is a compensated after 17:00.
- On weeknights (Mon-Thurs), Late 3 is **called back in** when extra staff is needed and Late 5 is engaged in clinical activity. Base points are awarded for this portion of pager call. If Late 3 is called backed in, time in the hospital is compensated.
- On weekends (Fri-Sun), Late 3 is the **primary** call-back staff if additional help is needed by the weekend call person. Base points are awarded for this pager call, and time spent in the hospital is compensated.
- Hospital Holidays that fall on weekdays function like weekends with regard to the call-back system.

### 4. Late 4 Call

- One staff person is scheduled for Late 4 call each weekday.
- Late 4 call works a regular day in the OR and stays in-house until relieved by the

OR call person.

- Late 4 call is a compensated after 17:00

#### 5. Late 5 Call

- One staff person is scheduled for Late 5 call each weekday.
- The Late 5 staff works a regular day and stays in-house until relieved by the OR call person when only two rooms are running, usually 11:00 pm (Late 5 is the last of the late calls to be relieved).
- Late 5 continues to be available by pager or phone and **may be called back in** when extra staff are needed between the time they leave and 07:00 the next morning. Base points are awarded for this pager call.
- Late 5 is compensated after 23:00.
- Late 5 is given the next work day off.

### **C. Emergency Back-up Anesthesia Call**

#### 1. Monday through Thursday

Should extra help be needed after the late calls have left, the first line of back-up is the Late 5 person who should remain available by pager or telephone after they have left the hospital until 07:00 the following day. If Late 5 is currently engaged in clinical activity, Late 3 should be called back in. If either is called back, they should respond immediately.

#### 2. Weekend and Holiday Back-Up Call

If back-up for non-cardiac cases is needed on the weekend, the back-up is as follows:

- The Friday Late 3 anesthesiologist will provide back-up coverage for the weekend from home.
- If Late 3 should work past midnight on Sunday, the Monday schedule will be rearranged to allow the Late 3 to be off on Monday.
- Monday holidays will be covered by the Friday Late 3. Should this anesthesiologist work past midnight on a Monday holiday, (s)he will be replaced on the Tuesday schedule and will have the day off.
- Weekday holidays other than Monday will be covered by the Late 3 of the preceding day using the same system, with replacement on the next day schedule if the back-up call is working past midnight.
- People on specialist call, e.g. Acute Pain, Cardiac, and Liver Transplant, should only be called for their particular type of emergency.

- The Anesthetist-in-Chief or Vice-Chairman of the Department, or their designee, is always available for consultation or indeed to be called in if needed.

#### **D. OB call**

1. One staff person is scheduled for OB call each day.
2. Weekday OB call begins at 16:30, with the faculty member arriving early enough to be in scrubs at the front desk of L&D to take report and assume responsibility for patient care. Call ends at 07:00 the next morning (09:00 on Wednesdays), or when relieved by the incoming OB staff member. Tuesday call covers until 09:00 on Wednesday when Grand Rounds and staff meeting are over, or when relieved.
3. Specific responsibilities of the OR call include:
  - Completion of ongoing & emergency c-sections on L&D
  - Supervision of labor epidurals
  - Care of patients in the L+D PACU
  - Code coverage of the East campus as indicated by the Code Coverage policy
  - Appropriate signout of cases to the relieving team
  - Ensure that all anesthesia records are appropriately completed and signed before leaving post-call
  - Ensure that any discrepancies in Pyxis/ Omicell are resolved before leaving post-call

#### **E. Staff Availability**

The Department of Anesthesia, Critical Care, and Pain Medicine has devised the above system of available staff in order to ensure that all required Anesthesia services, including those in the Emergency Room and the Obstetric Suite as well as the Operating Rooms, are available in a timely manner. It is intended that such services can be provided within a maximum of 30 minutes from the time of the request. Please make sure to keep your beepers on your person, turned on and with a live battery during the working day so the floor manager can reach you at all times. This is very important for effective running of the OR and for reliably providing non-clinical time.

Review Date: June 2001, Nov 2004, Jan 2009, Jan 2012, Nov 2017  
Next Review: Dec 2021