

6. Night Float & Surge Call

Revised 5/7/2008

- **Night Float.** The Night Float system was developed to reduce the burden of duty hours inherent in the traditional night and weekend call system. Weeknight and weekend on-call responsibilities will be provided by the Night Float Team during the PGY1 and PGY 2 Night Float rotation. The Night Float Team consists of two "Junior Admitting Residents/JAR" (PY 1-2), a "Senior Admitting Resident/SAR", and medical students. The SAR serves as team leader, triage officer, and clinical supervisor of the JARs and medical students. The work for both JAR's and SAR's is In-House (5:00 PM to 8:00 AM on weekdays, and 8:00 to 8:00 AM on weekend/holidays). Make sure that you don't trade call into a shift when you will have other duties (such as rounding).

Services provided by the Night Float team include:

- ▶ JAR evaluations and crisis management to adults (25% FTE) and youths (7) presenting to our emergency departments (e.g., Charleston Memorial Hospital ER, MUH 1-West ER, MUH Pediatrics ER, and VA Urgent Care Center).
- ▶ JAR IOP and VA adult admissions and inpatient cross-coverage (50% FTE)
- ▶ JAR IOP youth admissions and inpatient cross-coverage (18% FTE)
- ▶ JAR cross-coverage for IOP and VA psychiatric inpatients
- ▶ SAR consultations to IOP and VA medical/surgical inpatients. The SAR responds to inpatient consult requests (refer non-acute cases to the weekday C-L Team). The consultation is considered "curbside" if patient is discharged prior to being seen by the weekday C-L attending (cannot bill for the service or be responsible for content of consult).

On average, residents evaluate around four emergency patients per shift. Weekday shifts are 5 p.m. to 8 a.m. (15 hours); Weekend shifts are from 8 a.m. to 8 a.m. (24 hours). In accordance with ACGME Duty Hours regulations, if a resident is assigned to two consecutive shifts, that resident is permitted to arrive at the hospital at 6 PM on their second shift rather than at 5 PM. The resident is responsible for handling pages between 5 and 6, but is not required to perform in-house duties. If an acute situation arises, the junior resident must contact the senior resident, who will be responsible for handling it. Additionally, residents are not required to perform in-house duties (such as an afternoon continuity clinic) between consecutive shifts or following a 24-hour shift. Shifts are distributed in such a manner that PGY-1s will have on average 30% more call shifts than PGY-2s. SAR's are scheduled approximately one night every 10 to 14 days.

Reminder about PGY2 and PGY3 VA continuity clinics: The Night Float schedule has been (painstakingly) arranged in advance to minimize the number of nights you are on call before your VA continuity clinic. Please look ahead at the schedule for the year and make sure that you do not have clinics post-call. If you do, please cancel your VA clinic according to the usual policies with enough notice that your patients can be rescheduled. If you make a call change that puts you on call the night before a VA clinic you are still responsible for seeing patients in your clinic the following day. If you feel that you cannot do this or that this would be a work hour violation, then we ask that you come to the VA well in advance and help us call and reschedule your patients for another clinic date. It is not feasible to just call days or even weeks before and tell us that you are not coming (3 months in advance is considered ideal to reschedule VA outpatients).

- **Surge Call.** A call "surge schedule" will be maintained so that in the event that a resident is unable to take JAR or SAR call due to acute illness or family emergency, another person will be readily available to step in and take the call. The JAR surge schedule will consist of residents on VA (wards and C-L), VA SATC, Neurology C-L service, and Psychiatry C-L rotations. Since both first and second year residents cover JAR call, surge call should be distributed equally between both classes. The schedule will be the responsibility of the Chief Residents.

Procedures

1. First, the resident should try to trade call with a colleague not scheduled for surge duty that day. At a minimum, the resident should send out a page requesting volunteers to switch call. If successful, be sure to notify both Liz Puca and the Chief Resident responsible for night/weekend call scheduling ASAP, and to submit a sick leave form to Liz Puca and Dr. Hardesty upon your return.
2. If no volunteers are available, the resident should contact the surge person after notifying the chief resident. If circumstances do not permit this, the resident may contact the Chief Resident who will then be responsible for notifying the scheduled Surge resident.

3. Each resident will be on surge coverage for one week at a time, and everyone will have approximately 4 coverage weeks per year. Residents covering will need to have pagers turned on or a call number to be available at all times during that week.
4. If during a call shift, a JAR becomes acutely ill and must leave the hospital after midnight, the Surge resident will be called in at the SAR's discretion. If the SAR becomes acutely ill, the attending on call and the IOP House Coordinator will serve as back-up to the JARs.
5. The resident originally on call will "pay back" by taking a future call shift for the person who took their scheduled shift. The make up call should be an appropriate equivalent to the surged call (for instance if a person is surged on a holiday, the resident must pay back a holiday for that person or two regular 15 hour calls). In addition, the resident surged will be granted a comp day for the shift worked.
6. Liz Puca and the Chief Resident will monitor system use and will notify Dr. Santos of anyone using the system on 2 or more occasions.
7. If a resident becomes ill or has a family emergency requiring a prolonged absence, the person who is surged in is responsible for contacting the other residents on surge call that month and lining up call for the next 2-3 days until the program is able to revise the schedule. He/she needs to re-notify Liz Puca and Dr. Santos to alert them that surge call is in effect.
8. When a resident takes surge call for a sick JAR they will receive both a comp day and have a call made up to him by the resident who was originally on the surge schedule.