

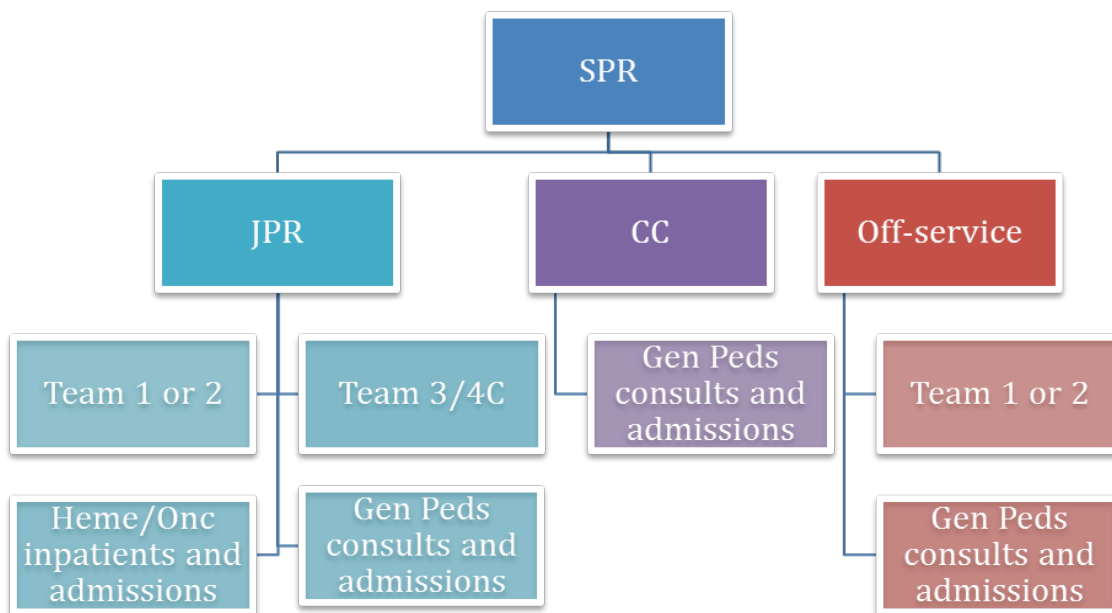
McMaster Night Call Coverage

McMaster Learners Overnight

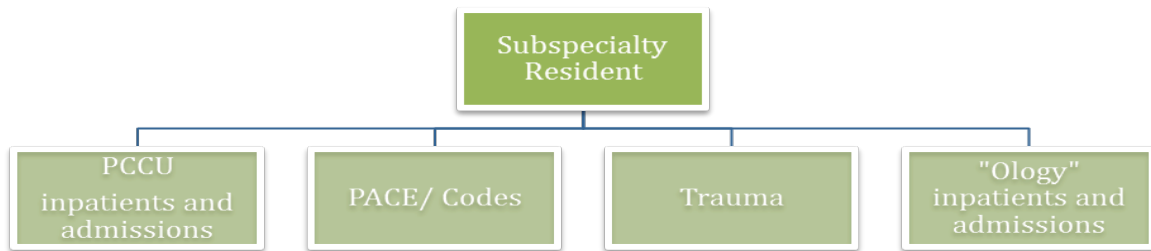
- General Pediatrics Senior Resident (SPR): PGY 2-4 in Pediatrics (GPFLT)
- Junior Pediatric Resident (JPR): PGY 1-2 in Pediatrics (JFLT)
- Off-Service Resident: PGY1 from Family Medicine or BCT (OSFLT)
- Pediatric Clinical Clerk (CC): Medical student completing core rotation in Pediatrics
- Subspecialty Resident: PGY 2-4 in Pediatrics (SSFLT)

In this document, “Ology” refers to the following services:
Adolescent Medicine, Endocrinology, Nephrology, Neurology, and Gastroenterology

Division of Roles



*** If workload permits, the SPR and Subspecialty Resident should assist one another with admissions and consults whenever possible**



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Roles and Responsibilities

- SPR
 - Supervise care of General Pediatrics inpatients
 - Assign and review new General Pediatric consults and admissions
 - Act as resource for JPR, CC, and Off-Service residents in the care of General Pediatrics and Heme/Onc inpatients
 - Provide teaching to JPR, CC, and Off-Service residents
- JPR
 - Care for General Pediatric inpatients admitted under Team 1 or Team 2
 - Care for General Pediatrics inpatients admitted under Team 3 (Chronic Complex Care, Level 2 Nursery and patients admitted under General Pediatrics on 4C)
 - General Pediatric consults and admissions
 - Care for Heme/Onc inpatients
 - Heme/Onc admissions
- Off-Service Resident
 - Care for General Pediatric inpatients admitted under Team 1 or Team 2
 - General Pediatric consults and new admissions
- Pediatric Clinical Clerk
 - General Pediatric consults and new admissions
- Subspecialty Resident
 - Care for patients admitted under the PCCU
 - PCCU admissions
 - Respond to PACE calls, Code Blue calls and Traumas
 - Care for Ology inpatients (except for Heme/Onc)
 - Ology admissions
- **See Guidelines for Fellow Roles**

Ology Services

Principles regarding inpatient care:

- If an Ology service deems that an inpatient may require **Subspecialty Resident** support overnight, **handover** will be provided at **approximately 17:30** (see MacPeds Handover Guidelines)
- Non-urgent issues, such as medication clarifications, should be addressed with the Subspecialty service directly.
- If an Ology inpatient is acutely deteriorating or needs emergent attention, the staff/nurses should contact the **Subspecialty Resident** to perform an assessment. The **Subspecialty Resident** will discuss the case with the Ology fellow or staff.
- The **Subspecialty Resident** may request assistance/support from the Ology fellow or staff if they feel there is a patient safety risk due to workload or other issues.

Note:

The SPR is no longer responsible for Ology inpatient care.

Principles regarding Ology Handover

- **Evening Handover**
 - The **Subspecialty Resident** will attend PCCU handover from 16:30 -17:30 on weekdays and weekends
 - Weekdays:
 - If an inpatient may require **Subspecialty Resident** support overnight, the daytime Ology resident, Fellow or Staff will handover inpatients to the **Subspecialty Resident** in the PCCU handover room at 17:30 (with an updated patient list).
 - Weekends:
 - If an inpatient may require **Subspecialty Resident** support, the Subspecialty Staff may handover (after having completed rounds) to the Pediatrics Resident working in the PCCU during the day. This should be done in person or by phone and with an updated patient list. The Subspecialty Staff must also contact the **Subspecialty Resident** covering nights by phone (**pager 1000**) or in person at **17:30** for evening handover. An updated list must be available on Sharepoint.
 - If there is a Fellow covering the subspecialty service, then they should handover to the **Subspecialty Resident** in person or by phone (**pager 1000**) at **17:30**.
 - If the **Subspecialty Resident** is required for PCCU patient care activities during the handover time, Ology handover will be delayed until the patient is stabilized or alternative coverage with the PCCU Fellow or Staff is arranged.
- **Morning Handover**
 - Weekdays:
 - The **Subspecialty Resident** will page the daytime on-service resident, Fellow or Staff at 09:00 to provide handover.
 - Weekends:
 - The **Subspecialty Resident** will page the daytime on-service Fellow or Staff at 09:30 to provide handover.

Principles regarding Ology Admissions:

- **Daytime** (09:00 to 17:30 on weekdays and 09:30 to 17:30 on weekends and holidays):
 - Admissions should be admitted by the on-service resident, Fellow or Staff
 - Patients anticipated to be admitted through the Emergency Room **prior to evening handover** should be admitted by a member of the subspecialty service. In an effort to maximize continuity of care and patient safety, they should be admitted to the specified subspecialty service.
 - These principles are applicable to *weekend & holiday coverage*.

- **Overnight** (17:30 to 09:00 on weekdays and 1730 to 0930 on weekends and holidays):
 - Requests for admission (Emergency Department, peripheral hospital transfer etc.) will go through the Subspecialty Staff or Fellow on-call.
 - Regarding **anticipated or elective overnight admissions** (i.e. post-endoscopy monitoring, post renal biopsy monitoring, pre peritoneal dialysis catheter placement, video EEG, commencing inpatient eating disorders program, etc.):
 - The Subspecialty Fellow or Staff on-call should complete a brief admission note and orders.
 - The **Subspecialty Resident (pager 1000)** will review the admission plan and complete and document a brief physical examination upon arrival of the patient.
 - Regarding **all other overnight admissions**, the Fellow or Staff on-call will contact the **Subspecialty Resident** to inform them of the overnight admission. The patient will be reviewed with the subspecialist or fellow on-call.
 - If there are extreme workload reasons, for patient safety, the **Subspecialty Resident** may call the Subspecialty Fellow or Staff to seek assistance in the admission or assessment of patients.

PCCU

- The **Subspecialty Resident** will participate in evening and morning PCCU handover.
- The **Subspecialty Resident** will have patient care responsibilities for both PCCU patients and Ology service patients.
- The **Subspecialty Resident** will be included in the paging fan-out for PACE, Code Blue and Trauma.
- These patient care responsibilities are consider equal and may require the **Subspecialty Resident** to leave the PCCU for a period of time to assess an Ology inpatient or to complete an admission
- The PCCU Fellow should be available to take over PCCU inpatient care while the **Subspecialty Resident** is assessing an Ology inpatient or completing an admission.
- The Subspecialty Fellow or Staff may be requested by the **Subspecialty Resident** to help with assessing an Ology inpatient or completing an admission if it is deemed unsafe to leave the PCCU for patient safety reasons.

Paging Procedure for Residents:

Should the resident have difficulty reaching a Fellow or Staff on-call, the following algorithm must be followed:

- 1) Page the fellow/staff on-call through Hospital Locating (x 76443)
- 2) If no response after 10 min, page the fellow/staff on-call again via locating
- 3) If no response after 10 min, ask locating to call the fellow/staff on-call via home or cell.

****Inability to reach staff should never delay activation of the PACE team in clinical emergencies.**

****All issues with paging/problems reaching the fellow or staff should be reported to the Program Director and the Chief Residents within 24 hours of the event by email. The Chief Residents or Program Director will ensure that the appropriate Division Chief is made aware.**