AY24-25

Welcome to Flex!

Hi everyone,

You are scheduled for at least one Flex shift (including Tiers 2, 3, and 4) during the upcoming block. Thank you for helping to cover your co-residents. Key logistics follow below, including our Tiered flex model. But first, we want to start with the BCRP's Backup Philosophy:

> *Our goal is to support residents who have unplanned acute illness or personal/family emergencies that prevent them from working without violating their privacy, as well as to continue our inpatient personal day policy.*
>
> *There are also times when unavoidable clinical gaps require us to utilize a resident from the backup pool (e.g., a resident who is post-call into the first day of their next rotation, creating a hole in coverage) in order to ensure patient safety. In asking you to meet these needs, we try to be as fair as possible, use residents who are already working whenever feasible, and give as much advance notice as possible.*
>
> *When we call you in, we are protecting your colleague, and we will do the same for you. THANK YOU in advance for helping your co-residents and respecting their privacy.*

1. Tiered Flex Model

We worked with the RPTC to create a "tiered" flex model that protects patient safety while meeting important resident goals. Responsibilities for residents in each of the tiers is as follows:

- **Tier 1:** First-Call, you are on flex; these residents should carry pagers and cell phones 24/7 and be able to report to a clinical service within 1 hour.
- **Tier 2**: Residents "On-Deck;" these residents should carry phones 24/7. They will be given 12 hours notice if the Tier 1 pool is nearing depletion. In this case, they will be transitioned to Tier 1 and called in only if there are no Tier 1 residents remaining in the pool. They will be transitioned back to Tier II flex as soon as able.
- **Tiers 3 and 4**: Residents in the Wings; these residents are on rotations that are not yet needed in Tiers I and II, but may transition to Tier II (and ultimately Tier I) pending need.

Primary & cross-cover flex are in Tier 1 during the times when they are listed as having a flex shift in Lightning Bolt. All other rotations in the table below are in the tiered flex pool from Monday morning through Saturday morning.

Tier 1	Primary & Cross-Cover Flex
Tier 2	*First 7 days of every half block:* TEACH *Second 7 days of every half block:* MHB

Tier 4	Admit

**We have worked hard to achieve equity in the contribution of each class to this structure. Note that PGY3s generally comprise ~75% of the primary flex pool.*

A couple of important notes:

- Residents on TEACH and MHB should continue to report to these rotations while on Tier 2. If transitioned to Tier 1, they may elect not to attend their primary rotation with the exception of primary care clinics.
- All residents assigned a holiday off (e.g., MLK Day) will remain protected for that holiday
- If you're confused when you're on Tier 2 even after reading the above, refer to your LB schedule, where you should find Tier 2 Flex shifts listed like other shifts!

2. Typical Flex Notes

- Those on flex 24 shifts may be called to work any time between 6am that morning until 6am the next day, and could potentially cover until 8am that next day (i.e., through sign-out or end of ED shift).
- Those on "flex 6a-6p" shifts may be called into 3pm-1am, 4pm-2am, or any other bridge shifts (e.g., the 12p-10p in the ED or clinic evening shifts). This applies to those with daytime flex assignments that occur when two residents are granted permission to split a 24h flex shift, unless otherwise indicated at the time of the initial request.
- If you are on a tier 1 flex 24 and have ELN or ADB listed on your schedule, know that the flex shift takes priority and if you are called in you will not be able to go to your elective at that time! You should, however, continue to go to your elective if you do not hear from the chief on call regarding being flexed in for that day.
- Of note, if you are called in for a Friday night shift before your weekend "off" you will NOT be called in until 48 hours after your shift ends on Saturday morning to ensure you have a full 48 hours off / without call during the rotation.
- The order of call-ins depends on several considerations, including: how many times each resident on flex has been called in, ability of flex residents to cover particular needs (e.g., only PGY3's on BMC PICU), patient care continuity, and more. If you have questions about this, please ask us.
- You may feel compelled to check in on the individual for whom you are covering just to make sure that they are okay. This is a nice instinct, but we recommend against it, based on instances when we've heard that it has made folks feel uncomfortable, even when well-intentioned.
- See the rotation logistics 24-25 document here for helpful information about the various rotations that you may be called in for!

3. Your To Do's

[ ] Turn on and keep your pager and phone with you starting the evening before and continuing all the way through your flex block. This applies to those on flex cross-cover as well, as you may be contacted the night before your call day. If for whatever reason you don't have your pager on you or you realize it is not working, notify the CoC as soon as possible so we know how to get in touch with you.
[ ] Remain close enough that you can get to the hospital within 1 hour of being paged or called.
[ ] Log-in to each hospital's EMR via VPN to ensure access at all three institutions before day 1 of the block. (Please also do this if you are in the tiered flex pool!)

Help Desk Info:

- BMC: 617-414-4500 (for Epic and PACS Radiology)
- BCH: 617-355-4357
- BWH: 617-732-5927 (for Epic)

If you are unable to update your password or access an EMR from home, please call the appropriate Help Desk and email Pedichiefoncall-dl@childrens.harvard.edu immediately to expedite your ticket.

4. Advance notice

Though it is sometimes impossible to anticipate, we will let you know about upcoming coverage needs as soon as possible. It may be helpful for you to know now that switch days (i.e., the first two days and last day of each block) are times of increased need, because residents who are post-call into their next rotation may require coverage. (These are one type of "known need" – a gap in coverage that is unavoidable given how schedules sometimes fit together.)

5. Preferences

Please use the FLEX SURVEY to tell us your preferences (shifts, day vs. night, do you want a 3am page to tell you you are working that day or wait until morning, etc.). We cannot guarantee that we can make your preferences work, but will certainly do our best to try.

6. Flex Call Usage Log!

The Flex Call Usage Log enables you to see who has been called in for shifts and when. This is to provide as much transparency as possible. If you have questions just ask!

7. On-Call Funds

Primary Flex residents receive an additional $30 in on-call meal allowance on their BCH badges to cover an average of 3 night/weekend calls per block.

8. Contact

The Chief on Call (#4891) is responsible for management of the flex pool, but please do not hesitate to email me with any questions or concerns about the rotation as a whole.

9. Duty Hours

For logging your duty hours for flex, please log 24-hour shifts (ie log the 24 hours and then save) rather than continuous (ie from the start of the week till the end of the week in 1 chunk). The end result looks the same, but New Innovations records that differently. You can log your time that you were not called in as "Call from Home, Not Called In" and your called in time as "Patient Care/Education." For further details on this, please refer to this document.

Truly appreciate you all, and reach out to me with ANYTHING – this system is constantly evolving as new challenges present themselves, and we want to get it right.

Jess