# NAC Orientation Information (New Physician Survival Guide)

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## General Information:

· Be sure to complete all of the paperwork assigned by Jocelyn Stovall. Credentialing is done through NSH. You must also complete a Confidentiality Release Form which has to be sent to Pharmacy so that you can access the Cerner EMR and the AWS (Anesthesia Work Station) in each OR. You will have a Northside.com email. You will be assigned a locker and lock at NSA. Ron Abes (chief anesthesia tech) will be able to provide you with a silicone Spectralink phone case and belt attachment. Your security badge will give you access to the Physician Parking Garages, Physician Dining Rooms, Cerner EMR, and all hospital corridors.
· Do not wear NSH scrubs in or out of work. The NSH administration is serious about this. Violators will be counseled.
· Useful Documents to Keep Current and Scan: CV, CME documents, Licensure, DEA #, ACLS/BLS/PALS, Drivers License, Board Certification.
· General arrival for non-early shifts is **06:30**. This is also the N shift start time in your employment agreement. New docs might want to be there around 06:00 until they learn the lay of the land. If you are going to a Surgery Center for the 1st time, please arrive 30 minutes early, find someone in charge, and get a tour. It is helpful to do this for a number of reasons, the most important being that you will not feel rushed that day. Remember, “Early is on time and on time is late”.
· Early shifts (ready to work and pick up your phone at **06:00**): GF 6-6, APS, OB*, F6-6, FAP, FOB, C6-6, COB, CAP
· Make sure to Unforward your phone, #2-send(green). When you are ready to go home and want to forward to another phone, it is *2-(new #)-send(green).
· Prior to leaving for the day, please make sure that you have checked your rooms recently so that you can give a great report. Also, you will need to badge an Hourly at that time. Make sure that your preops for the TF (to follow) cases in your rooms have been seen. Go to the PACU and sign out anyone that is ready. After that, you may go.
· Weekends: the Official time for the 7-7 Sa/Su to relieve the night doctor by **06:30**
· The 6-6 doc in the main OR’s (Northside, Forsyth, Cherokee) always sends out the room assignments the prior evening. Review the schedule to confirm where you are scheduled to

work and then determine if there are any early starts or complex cases that might necessitate arriving early.

· In the AM, all docs will see their patients accordingly. It is our culture to help one another out with pre-ops and blocks whenever possible. If you are working a 6AM arrival type of shift, you are expected to help others with 1st start preops and blocks, if needed. See your first case first, and so on, then help others as needed. Please do not hesitate to ask for help. If you are a SW shift at any campus, please arrive on time and help out the OR docs prior to beginning in the GI lab.

· It is also our culture to get cases going as efficiently as possible. If you anticipate not being able to start one or more of your cases, or if you find yourself with simultaneous inductions, then call the charge doc or a colleague to help or ask the anesthetist to call someone else. Please do not make the OR's wait on you overly long for induction. The same goes for emergence.

· Every induction and every emergence is to be attended by a physician. Emergence begins when the anesthetic has been discontinued and continues until the patient is awake in PACU. It is preferable to be there, if at all possible, when the patient wakes up and is extubated in the O.R. On occasion, you will not be available to attend the emergence in the O.R. and will have to either get a colleague to cover or meet the patient in the PACU.

· We are required to scan/badge in regularly (45-60 min minimum) to every case that we cover. This is called "Hourly" in Cerner. If you are taking a "handoff" from another physician, be certain to scan in or sign a written record as soon as possible. It is imperative that the anesthetist is aware of the handoff and what phone number to call. In order to maintain compliance with billing rules, back-timing the record is not allowed. If you are delayed due to patient care, there is an Hourly Delayed button in Cerner.

· EVERY PACU PATIENT NEEDS TO BE SIGNED OUT We must also evaluate and sign out every patient before they leave the PACU. It can get very busy and they constantly need to make room for more so please make regular visits to the PACU for sign outs. We sign out any patient that needs to be signed out. If you have a patient that has issues and can't be signed out, make a note on the sign out board and tell the nurse and other MD so that all sign-outs will be completed and reconciled in Cerner by the end of the day. If you are the last one on the shift, you must make sure all patients are signed out. We have a contractual obligation to sign out all patients within 24 hours of surgery and there could be serious financial implications if this requirement is not met. Be sure to reconcile the O.R. patient list for sign outs by clicking the Anesthesia Postop Check Complete button. Get one of the older docs to show you how to do this. This is the very best way to keep track of signouts. If you are the late doc, be sure to go through all of the signouts for completion using this method.

· Get involved. Make suggestions. Volunteer for committees and projects. Learn the processes for the functions of NAC and NSH Surgical Services. Get to know the surgeons, nurses, techs, secretaries, cafeteria staff, environmental services, pharmacists, and security. Take a role in leadership.

· Several members of NAC have served in the leadership of the GSA. NAC sends 10 physicians to the May ASA Legislative Meeting in Washington, D.C. NAC anesthesiologists are in the rotation with GSA for running the Winter GSA educational meetings. There is an opportunity to be involved, if you want. Contact Dr. Dozier or Dr. Ford.

# NAC App

The NAC App can be found at https://portal.gaanes.com/. This is our way of communicating all of the happenings at NAC. Take some time and peruse the Categories. View the preferences of the surgeons at your primary and secondary hospitals. Look at the list of Anesthetizing Locations to see location and information for each center. There is a lot of useful info like door codes, # of O.R.'s, etc… Contact Dr. Gary Siegel at gary.siegel@northside.com if you have any questions pertaining to the NAC App or any suggestions for improvements.

# Call Out Group

If you are sick, follow the instructions that are clearly outlined in the daily schedule email, including sending an email to the Call Out Group yourself. Call the 8P on 404-303-3834 to look at the overall deployment for the next day. That doc will send an email to the "Call Out Group". DL_NACCallOutGroup@Northside.com is the email address for the Call Out Group, which coordinates the schedule in this situation. Most importantly, do not try to notify any office staff by phone after working hours. Then leave a message on this phone 678-860-1305 that you are Calling Out. Then contact the physician on call at the location where you are supposed to report the next day. If you are supposed to report to an outpatient center, call the nearest hospital location. Refer to these numbers for the Call phones: NSF 770-844-3738; NSC 770-224-3811; NSA 404-303-3834

*****If you are the night doc and receive a Call Out, you must immediately send an email to Call Out Group. Also, make sure that you notify the 66 doc in the morning. Look in QGenda and at the Next Day Schedule to coordinate a solution to fill the missing slot.**

# Associate Holiday Shift Commitment

The "Commitment" for Holiday shifts for Associates consists of 1 Major and 2 Minor Holiday shifts per each of the 3 Associate years. The Total is therefore 9 shifts. A Major shift is defined as a shift on Thanksgiving, Christmas, or the eve of each. Depending on how many associates there are in a given year, a Major shift might include a weekend shift on a Major weekend. On average, an associate will work 8.5N in Holiday shifts each year. Any N above that should be paid out as SIO. Some associates may not be assigned 8.5N for a year because it depends on many factors, including the number of associates at that time. Any additional holiday shifts you volunteer for or pick up will be paid as SIO. Major Holiday shifts have a higher SIO value.

# NORTHSIDE ATLANTA (NSA)

· There is an order to release staff from the OR's. In general, lowest value shifts go first. For example, the order of release at NSA is : NGF2/NTF2, NGF/NTF1 and so on. Then Tower (TWR), Breast Center (BR), TFL, Swing (SW), APS, GF66, GF77. N's should be released at the latest by 3pm, if possible, granted there are extenuating circumstances. See the document "MD Scheduling Rules" for shift values. This is posted on the App.

· At 5pm the 5OR doc will add to the general OR team and relieve whichever doc is still there, whether it be the SW, APS, GF66, or GF77. Please don't leave your colleague with all your pre-ops and sign outs to do. Leave them with as little to clean up as possible, as they are now likely taking 4 rooms.

· The anesthetist coordinator (3832) supervises anesthetist staffing and breaks during the day and will help the GF66 doc give handoff to the 5OR doc as far as what the current and planned anesthetist staffing is. The 5OR doc will need to manage release times for physicians in the appropriate order. The anesthetist coordinator leaves at 7pm, after which time the 5OR will need to manage the anesthetist staffing and release at NSA, which is usually GFS, OB, GI/Radiology/Cardiology, BCC, TFS, and rarely TWR.

· All anesthetist Call positions terminate at 11pm. If you project a case going beyond that, then you can call in the CallBack anesthetist if the 3 night anesthetists will be busy in OB. There are 3 anesthetists in-house every night. On Monday, 1 anesthetist arrives at 7PM and the other 2 arrive at 9PM. On Friday, 2 of them arrive at 7PM and the 3rd at 9PM. On weekends, they all arrive at 7PM.

· We have an anesthetist coordinator at NSA, NSF and NSC. They will coordinate M-F the breaks for the anesthetists as well as the order of their release. If you are called for add-ons, have the OR staff call the anesthetist coordinator (3832) first to make sure we have staff. The coordinator may call to let you know if the schedule changes or if there are add-ons.

# Backup Call for Docs

Please refer to the document MD Request Rule to see the section on Backup Docs. 5pOR covers NSA Backup on Weekdays. F2P and C2P for NSF and NSC on weekdays. On weekends, it is the SaORL and SuORL for all 3 campuses. IMPORTANT: do not hesitate to call in the Backup Doctor when necessary, no questions should be asked. This is not a sign of weakness. We all need to know when to ask for help. The Backup shifts are compensated accordingly for just this reason. Please let a Board member know if there are any issues with this process. Our priority is patient safety. If you are backed up with multiple epidurals on your list, OR cases to start, and preops waiting to be seen, call in the Backup. Refer to the Guideline for more info:

https://docs.google.com/document/d/1PSKsYozFbJE0LV7AFMchBKuC2CLKu1LC/edit?usp=sharing&ouid=106876248550089076339&rtpof=true&sd=true

## 5pOR Expectations:

5pOR is expected to stay until 10PM at a minimum. In the event that GFS is finished early and OB is not too busy, the 8P may decide to release the 5pOR as early as 10PM. Keep open communication between 5pOR and 8P so that 5pOR can help with OB. Often, there are still a bunch of C/S to be completed in the evening, a perfect opportunity for 5pOR to lend a helping hand. 5pOR is not dedicated to the OR only and can certainly help with labor epidurals or C/S.

# NSA IMPORTANT NUMBERS & INFORMATION

Refer to the NAC Master List for a comprehensive list of phone #'s: https://docs.google.com/document/d/1FVR34AygZM_4ZDhrLYwje7GkvQv4W5zLBSbf00iAf_M/edit?usp=sharing

- To call MD Coordinator/3811 from outside: 404-303-3811
- Hemorrhage hotline: 6960, Blood bank: 8814
- Pharmacy: OR 8990, Main Pharmacy: 8897
- Respiratory Therapy: 5336 (they can come to the OR codes and do stat ABG's with radiometer)
- Ready room phone: 6159
- GFS Front Desk: 8924
- Pain Service: 5322, 5323, 5324, 5531 (Joy)
- Cardiologist Daytime Phone 470-717-1350
- **To call a code, dial 8911 or dial 0.** See the Code Blue Policy in this document for specifics.

*After the code DO NOT SIGN THE CODE BLUE RECORD until you have met with the recorder and you have made sure that all information is correct. They will very often have the wrong rhythm, vitals, time of drug dosages incorrect, etc

*We do not need to enter any of this in the anesthesia record once a code is called. We just need to mark it in the EHR when the code was called and to refer to the code blue record. Do make sure there is a note as to what happened and any outcomes..

- **OR Emergency airway** cart is located in the hall connecting main OR corridor to OR's 14/15/4. If you would like to use a set of airway meds, you can find them in the medication room on GFS across from OR5 under "airway". This includes 4% Lidocaine for aerosolization. You will need to call Respiratory Therapy to set up the aerosol. They will meet you in the ER or in Preop, depending on the situation.
- Fiber optic bronchoscopes, McGraths, Glidescopes and Belmont infuser are located in the Anesthesia Tech work room which is in the back hallway across from OR pharmacy, next to Cysto.

· There should be a hand held scope (attached video screen) in the ready room on the shelves near the door.
· **OB emergency** airway cart and a glide scope and emergency vascular access cart are in the OB Anesthesia work room as well.
· The **Malignant Hyperthermia** cart is located across from the Anesthesia workroom just next to the pharmacy window.
· There are two **emergency blood draw kits** for stat labs such as type & cross, DIC panel etc. They are located in the store room between OR's 7 & 8.
· We have a **massive transfusion protocol**. It is located on the App under protocols under massive transfusion. **Call 6960** to activate massive transfusion protocol.
· Every epidural cart has an emergency drawer with airway supplies. There is also **intra-lipid** in every anesthesia cart.
· Sugammadex is available in the Accudose (both pre-op and PACU and in the anesthesia workstation as well).
· If you need any help or a free hand, there is a coordinator anesthetist usually free during the day or knows who is free to come help. Call 3832 or 7140.
· Block cart code: 1-3-5 then twist dial.

# Call Room

NSA 5th Floor Tower On Call Rooms:
Room #13 Door Code 00415*
Room #11 Door Code: 61001*

NSC 0830* or 2563*
NSF 13579#

# Doubles

Doubles are defined as an N shift followed by a 2P shift. You can set these up in advance so that another MD can have a day off. That can be paid back so that it is revenue neutral, if you choose. If you are scheduled to work a 2P shift, you may be asked to Company Double (CD) if we are short MD's. Say Yes. If you are not willing to work a Double on that day, you should trade out of the 2P shift in advance. A Company Double will be compensated an additional .5N as SIO for your ability to help out when needed. If you work any Double, including a CD or regular Double, then you work straight through both shifts. For example, if your 1st shift is NGF3, you will not leave for a "break" or "rest". You then work a 2P shift. If you are working an OB Company Double, then you should default to stay until 8:00PM, even if you are working 2pOB2. This should make sense, as you are earning an extra .5N on The Company.

## MD Release Order For Doubles

If you are Doubling, regardless of the N shift you are assigned, you will automatically default to the N shift that works until 2:00PM. For example, if you are assigned NGF2, FN2 or 3, or CN1 on a Double day, you will stay until 2:00PM and relieve the other N. Essentially, there is no “break” or “rest”. The 66 should coordinate the order of release, accordingly.

# Anesthetist Evening and Callback Transition Points

## NSA Anesthetist CallBack

(CB = CallBack Anesthetist)
For the NAC MD’s, please refer to the information below when determining which Anesthetist to Call Back to NSA. Weekdays and Weekends are different.

Anesthetist evening transition points:
Weekdays (M-F) @11PM:
Shift and Call Anesthetists leave
Night team continues, +/- CB
(You will need to decide about calling the CB anesthetist in enough time to relieve a Shift anesthetist no later than 11PM, so give the CB ample time to get back to NSA. Consider making this decision by 10:15PM)
Weekends (Sa,Su) @7PM
Shift and Call Anesthetists leave
Night team continues +/- CB (3rd call)

3rd call goes home when no longer needed.
Any OB, day, or OB evening anesthetist can help in transition.
3rd call will need to return @7PM if the 2nd call is still working and then relieve 2nd call.
If the 2nd call and 3rd call are both still working in the late afternoon, 3rd call is allowed to relieve the 2nd call before 7PM if that is their plan. After 7PM, 3rd call is the CB, utilized only when all 3 OB night anesthetists are busy. If CB is coming to “be available”, the CB should check with the MD first and then be available.

## NSF/NSC Anesthetist CallBack

(CB = CallBack Anesthetist)

For the NAC MD's, please refer to the information below when determining which Anesthetist to Call Back to NSF/C. Weekdays and Weekends are different.

Anesthetist evening transition points:
Weekdays (M-F) @11PM:
Call Anesthetists leave
Night team continues, +/- CB
(You will need to decide about calling the CB anesthetist in enough time to relieve an evening anesthetist no later than 11PM, so give the CB ample time to get back to the hospital. Consider making this decision by 10:15PM)
Weekends (Sa,Su) @7PM
Shift and Call Anesthetists leave
Night team continues +/- CB (3rd call)

Any day/evening anesthetist can help in transition.
3rd call will need to return @7PM if the 2nd call is still working and then relieve 2nd call.
If the 2nd call and 3rd call are both still working in the late afternoon, 3rd call is allowed to relieve the 2nd call before 7PM if that is their plan.
After 7PM, 3rd call is the CB, utilized only when the night anesthetist is busy. If CB is coming to "be available", the CB should check with the MD first and then be available.

# OB, NSA Nights, and Pain Rounds

· There are 3 scheduled docs at the Northside Main OB in the AM: OB* who carries the 6226 phone, NOB2 has the 3812, NOB1 the 3811. OB* runs the C-section schedule. The 3811 takes care of labor epidurals, and the 3812 assists both docs when needed and does pain rounds with the pain nurses.
· The OB* arrives at 06:00 to relieve the 8P and to start the C-section schedule, which often has a 06:45 case and aTF C/S, sometimes every 15 minutes. If you are the 3812, please review the schedule and be sure to be there early enough to assist the OB* as there are often 06:45, 07:00, and 07:15 sections.
· NOB1 and NOB2 arrive no later than 6:15AM. This is absolutely necessary so that the OB* can proceed with the elective C/S schedule. NOB1 and NOB2 can take over Labor Epidurals, with NOB2 helping with C/S's.
· The Anesthetists on 3813, 3814, 3815, and 1736 cover the elective C/S schedule. The 1st up for the 6:45AM case is the 3814. This is typically the night anesthetist from the previous night, because the 3814 covers C/S from 3AM-7AM. Somewhere around 6:45AM, the day anesthetist for 3814 will relieve the night person.
· If the schedule permits, it is customary to relieve the OB* in the early afternoon, again, if the schedule permits.

· Pain rounds: There is an active acute pain service, run by our team of NP's and an occasional RN. When the pain nurses are ready, they will call to round. Patients seen by any non-Nurse Practitioner (RN only) must also be seen by a physician. NOB2 will need to co-sign all of the Pain NP notes in Cerner. On weekends, the 77Sa and 77Su co-sign the notes.
· At 2:00, the NOB1 and NOB2 positions are relieved by the 2pOB1 and 2pOB2 doctors respectively (2p-8p shift). If the schedule permits, it is customary for the 2pOB1 doc to send the 2pOB2 doc home prior to 8PM, assuming OB is under control and UNLESS the GF77 doc needs to be relieved from GFS by 7PM. Call the 3834 phone to determine if they need help. Also, it is the 2pOB1 (usually) or 2pOB2 that relieves the BR1967. Be sure to check with 3834 so that the N shifts have been relieved first.
· 2pOB2 does NOT relieve the 2pTFS, except in the rare situation when GF77 has been relieved by 2pTFS prior to 7PM
· During the weekdays, the night doctor takes over OB at 8pm. He or she will eventually take over from the 5OR doc when things are manageable after 10PM. If backup is needed after this point, the 8P doc may call the 5OR doc back in for help. There is a Guideline for Calling in 5pOR for help during the night. Please see the link below: https://docs.google.com/document/d/1PSKsYozFbJE0LV7AFMchBKuC2CLKu1LC/edit?usp=sharing&ouid=106876248550089076339&rtpof=true&sd=true

· There are 3 anesthetists available every night, they hold the 3813, 3814, and 3815 phones. The 3813 is 1st up 11PM-3am, then the 3814 takes over 3-7 am. The 3815 rounds on OB patients every 4 hours and is generally held in reserve unless there are two cases going and we need a 3rd anesthetist for a short time. If it seems like the three anesthetists will be occupied for some time, the Callback anesthetist should be called in. Callback is listed on the daily schedule. Night anesthetists should touch base with the 5OR and/or 8P on arrival to see if a Call anesthetist on GFS needs relief. Because the OR on GFS tends to run late, the 3815 anesthetist may need to relieve one of the Numbers that is in a case on GFS. As 8P, be sure to touch base with the 5OR after you arrive to assess the manpower needs.

# Pain Calls at Night, Chronic Pain Patients

· Pain calls at night: you may be called for acute or chronic pain in-patients or outpatients at night. The pain nurses will leave a binder in the OB anesthesia office with all the in-patients on the service. Make notes if you change anything such as D/C'ing an epidural or regional catheter. If you write PCA orders, then fill out a pain rounding sheet so the NP can follow up with a full consultation the next day. There are bins for the Acute Pain Rounds sheets in the OB anesthesia office behind the door, in the GFS anesthesia office and GFS PACU. There is a Pain Clinic MD On Call daily, as listed on the Daily Schedule that is emailed to you. You can call this Pain MD for problems with acute pain or for calls you may get from the Pain Clinic patients. As a rule, DO NOT CALL IN ANY NARCOTIC PRESCRIPTIONS FOR ANY PATIENT,

EVER. After hours, most Pain Clinic patients will accept if you advise them to call the office after 8AM on the next business day. You will occasionally need to advise a patient to head to the ER, depending on the clinical scenario. Floor nurses will call frequently for epidurals that fall out early, severe postop pain that is uncontrolled by the standard regimen, and oral conversion after epidural or PCA. Be sure to have the RN repeat your orders before you hang up to avoid an immediate repeat call. Also, be sure to tell the nurse your full name. There is a Pain Doctor assigned to Call every day, listed on the Next Day Schedule as On Call. Do not hesitate to contact that physician for help with complicated cases.

# Weekend and Holiday Relief Time:

· The Official Relief Time at all 3 Campuses (NSA, NSF, NSC) on all Weekends and Holidays is 6:30AM. This means that at 6:30AM, the MD On Call should be walking out the door. In order to have a smooth handoff without a departure delay for the MD On Call, please arrive early enough to get report.

# Weekends at NSA:

· There are 3 shifts during the day on Saturday, SaORL, SaORS, 77Sa. At **6:30 AM**, the 77Sa doc relieves the night doc and holds the 3811 while running all of OB for the day. The SaORL will make room assignments and work together with the SaORS to get cases done in the main OR and other non-OR suite procedure sites such as GI. The SaORS usually is available for pain rounds with the pain nurses and is the first to be released, as the schedule allows. Schedule permitting, the SaORL may ask the SaORS to cover OB in the morning and allow the 77Sa doc to arrive by 7AM but be available inside NSA In that case, the SaORS will take the 3811 phone at **6:30AM**. Starting clinical duties late as 77Sa or 77Su is not guaranteed, so check the schedule the night before. SaORL and SuORL decide when 77Sa and 77Su start.

· The SaORL will hand off to the 77Sa when the OR is manageable (usually 1 uncomplicated OR running without cases to start).

· At 7pm there is a 7pSa doc who comes in and covers the whole hospital until the AM. If backup is needed, the SaORL will act as Backup on Saturday, and SuORL is Backup on Sunday.

· There is no anesthetist coordinator on weekends. Refer to the Schedule and staff the anesthetists appropriately. It is most helpful to go to GFS after you arrive, make a list of all of anesthetists and docs for the day, with room and phone #'s, and send a photo of this list to everyone working there that day. SaORL is in charge and will need to coordinate lunch breaks for the anesthetists.

· Sundays, there are only 2 docs at NSA, SuORL, 77Su. These 2 docs will work out the details for the 77Su the day before, after checking the posted schedule for GFS, OB, and GI. 77Su starts at 6:30AM, but if the SuORL and schedule allow, 77Su can arrive at 7AM and be available inside NSA until needed. SuORL can be released once the OR is manageable (usually 1 uncomplicated OR running without cases to start). There are no GFS or GI elective

cases scheduled for Sundays, in theory. There may be scheduled C/S at 9, 10:30, and 12. There are 3 7-7 anesthetists scheduled to work on Sundays. OB will usually run 1 O.R., if possible, for emergencies only. If you need more help for GFS and GI, call in the #2 and #3 anesthetists. Check the schedule. There is always a Callback anesthetist every night.

· NSA GFS OR Desk Phone # is 404-851-8924. You can call this # 24/7 to check the surgery schedule for the next day. Another option is to Login remotely to Cerner and view the Case Selection in Powerchart.

# IT:

· In October 2018, Northside Hospital transitioned from McKesson to Cerner for EMR. NSH will schedule Cerner training during your 1st week of employment. Some old records may still be accessible only through the Onecontent portal on the Northside Hospital system. This is accessible through your N # and a password, using the Internet Explorer icon on any Northside PC. You will need to call the Northside Surgical Services Help Desk at 404-300-2045 to gain access to the old system. Call this number also if you have Cerner questions.

· To reach Northside Surgical Services Help Desk for Cerner Related Issues, call 404-300-2045.

· To reach the Northside Hospital IT Help Desk, call 404-851-8883 (not for Cerner help).

· Cerner Remote Access: If you desire to have this capability to Login from your personal device, contact Cerner IT to set you up with the Duo App on your mobile device. Home access gives you the capability to sign charts or check schedules in advance with the case selection feature in Powerchart.

# Special shifts:

· GF66 (phone 3834), as mentioned above, is the doc coordinator for NSA Ground Floor Surgery GFS. This doc coordinates the physicians during the day, starting with the evening before when OR assignments are made according to shift responsibilities.

· APS (3836) is the Acute Pain Service doc who places blocks and catheters as needed. This doc is required to be ready in pre-op by 6:00 as there are often early start cases with blocks.

· “T” after any shift designates the physician who should be assigned Thoracic cases. There may be multiple thoracic rooms that may require multiple procedures including art lines and epidurals, therefore, it may not be practical to assign all thoracic rooms to the “T” doc.

· OB* (6226) see OB section

· 5OR (3834): Will add to the GF team at 5PM and relieve whichever shift is next to go, be it the SW, APS, GF66, or GF77. The 5OR doc will take the 3834 phone upon handoff. The anesthetist coordinator will give report by 7PM.

· SW (5325) manages the GI lab and may take over Breast Care Center BCC, Tower TWR, or GFS rooms as needed.

# Third Floor Surgery (TFS):

· TFS Anesthetist Coordinator: Carries the phone 3833. When they leave, the TF66 doc may assume management of the anesthetists in coordination with the GF anesthetist coordinator and GF66 doc.
· Notes: Don't write PCA orders for ERU patients

Important info:

· MH cart is located in the Anesthesia work room (across from OR's 8 & 9). Glidescopes are located in TFS Anesthesia workroom.
· Block cart : 1-3-5 then twist dial
· There are 3-4 physicians each day assigned to start on TFS: TF66 (Arrive by **06:00**), TFL, and NTF1 +/- NTF2. Each physician will cover up to 4 rooms in the morning. 2pTFS will relieve the NTF1 or 2 (if they haven't left), and their primary responsibility is to complete the schedule on TFS. When TFS is down to 8 rooms (the hospital grid runs 10 rooms until 5pm), then the TFL can leave. TFL does not relieve BCC. There is no pecking order between SW and TFL. When down to 4 rooms, TF66 can leave, after checking with the GFS66 3834. TF66 does not relieve the GFS 2N shifts. TF66 might have to relieve SW but NOT GF66, GF77 or APS. If TFS finishes unusually early, 2pTFS should check with 5OR and consider relieving GF77 before heading out, but the Official relief for GF77 is the 2pOB2, unless very busy. So, in summary, the official GF77 relief at 7PM, if 5OR has 4 rooms, will be 2pOB2. You can request 2pTFS and Double (schedule permitting). After 8pm, if TFS is still going, 2pTFS will need to sign out to 8P or 5OR. There is no expectation for 2pTFS to stay past 8.

# Northside Forsyth (NSF):

FOB1 and FOB2 cover OB and SCC and may also help with Card and Rad. FOB1 and 2, FSW will cover everything on the 1st floor, including GI, Card, Rad, OB, SCC.

· F66: carries 4-3738. Makes doc room assignments and texts them the night before. Coordinates doc room coverage as needed. Arrive by **06:00** and take over any OR cases from overnight.

· FAP: (4-3739). Manages cases requiring blocks, spinals for the Total Joint Replacement program. Very often there are early starts with spinals and blocks. Arrive by **06:00.**

. FN2 (mini FAP) will help with the Total joint blocks when there are two Total Joint Replacement surgeons working at NSF that day.

· FOB1: (2-3811). Relieves the overnight doc by **06:00** at the latest and assumes management of OB. Performs pain rounds with NP's. When the FOB2 has completed tasks and the workload is not burdensome, consider relieving the FOB2, even if it is before 2PM. Assess the SCC, scheduled C/S, call the OB charge at 22050 and get a report on Labor, and check GI/Card/Rad.

· FOB2: (2-5037) runs the Outpatient Surgery Center, 1 or 2 OR's. May also cover Card/Rad and help with Labor Epidurals

· FSW: (2-2165) covers GI lab and perhaps either cardiology or radiology

· F2P (2-3811)-relieves FOB1, wraps up surgery center, and/or next to go in OR

· F77 Primarily works on the 3rd floor at NSF. In the afternoon, F77 picks up OR's on the 2nd floor too.

· Order of release: FN3, FN2, FN1, FOB2, FSW, FAP, F66, F77. F2P signs out to 8PF.

· Coordinator: carries the phone 2-3814.

· NSF Weekends: covered by F77Sa in the AM and F7pSa in the PM and F77Su/F7pSu Sunday. Relief Time is **6:30AM**, out the door time for the MD On Call. If backup is needed, it will be the SaORL or SuORL. Note: 7PM shift start time rather than 8PM on weekends. There are 2 anesthetists that will automatically show up on the weekends, both Sa and Su. There is a 7-7 and an 8-3. Since the OR usually runs 2 OR's, especially on Saturday, you will likely need to call in the #2 and maybe even #3 anesthetists to help cover OB and GI/Card. #2 is available to come back until 11PM. After 11PM, call the Forsyth Callback anesthetist at night if you have 2 Rooms (OB + OR).

· FTF Anesthesia Workroom Door Code is 0415#.

## NSF Important numbers:

· To call NSF MD Phone 2-3811 from outside: 770-292-3811

· OB Anesthetist: 2-3813

· Anesthetist Coordinator 2-3814

· OB Charge Nurse: 2-2050; Postpartum 2-2955; OB PACU 2-2045; E-Station 2-2035

· OR front desk: 4-3280; Preop: 4-3287; OR Charge Nurse 4-3729; Main OR PACU 4-3283

· OR Phone #'s: OR (X) = 4-374(X); OR 10: 2-3552; OR 11: 2-3553; OR 12: 2-3554; Cysto: 2-3555

· MD Phones:

F66 43738; FAP 43739; FN 43740; FN2 43901; FSW 22165; FOB 23811; FBR 25037

· House Coordinator 678-776-7914

· OR Pharmacy: 4-3737; Main Pharmacy: 4-3290

· Anesthesia Tech Main OR 4-3988/4-3989; Ken Hill 2-2481; Anesthesia Tech SCC/OB: 2-2822

- Cardiology: 4-3479; Cath Lab 678-776-9396; Radiology 4-4010
- GI: 4-3540
- Blood Bank: 4-3320
- ICU Charge 4-3946
- Pain NP1: 2-2080, NP2: 2-2187
- SCC: MDPhone 2-5037; OR1: 2-5034; OR2: 2-5036
- Call Room: Door code: 1-3-5-7-9; Phone 2-2216; Lounge: 12345#
- FTF Anesthesia Workroom Door Code 0415#

## NSF Important Information:

- The **emergency airway cart** is in the Anesthesia workroom, Code 67000, as are Glide scopes, McGraths, and the Belmont.
- The **MH cart** is located between OR 2 & 4 in the sterile core. An airway box is located in the PACU by the sign out computer.
- There is a Belmont and Glidescope down in OB Anesthesia workroom as well. Door Code 67000#

# Northside Cherokee (NSC):

- OR Assignments and coordination by C66. COB will be a 4th doctor assigned to Cherokee as they are expanding to 8 OR rooms. COB will now be the physician responsible for relieving the post-call physician at 0600 - please be prompt so the post call person can get on the road before traffic is too bad. This shift will cover OB, GI, Xray. The 3 OR physicians will then be responsible for the 8 ORs and also available to help with the off site stuff. You can request COB. Weekend and Holiday Relief Time is 6:30AM, out the door time for the MD On Call.

## NSC Important numbers:

- To call NSC MD phone (4-3811) from outside: 770-224-3811
- Anesthetist Coordinator: 4-3814
- OR front desk: 4-1600; Preop: 4-1660; PACU: 4-1650; OR charge nurse 4-5070
- MD Phones: C66: 4-5095; CN1: 4-5098; CN2: 4-5099; COB: 4-3811; CO: 4-5310
- OR Pharmacy: 4-5062; Main Pharmacy: 4-1200
- Anesthesia Tech: 4-5360, 4-5361, 4-5362
- OR Phone #’s: OR (X) = 4-510(X)
- OB Anesthetist: 4-3813
- GI Anesthetists: GI 1: 4-5364; GI 2: 4-5357

- Card/Rad Anesthetist : 4-5359
- OP Anesthetists: OP 1: 4-5311; OP 2: 4-5312; OP 3: 4-5313
- Free Anesthetist: 4-5111
- Blood bank: 49111. (Platelets often unavailable).
- Ready Room code: 3811*; Ready Room Phone #: 8-1007
- OB Desk: 4-1800
- GI Charge: 4-5113
- Cath Charge: 4-5120
- Card Charge: 4-5120
- Rad Charge: 4-5245
- Pain NP: 4-5363
- The main OR **MH cart** is located in the core outside of the equipment storage room # 2. The OB MH cart is located in between the to OB OR's near the hand washing area.
- The emergency airway cart is located in the Anesthesia work room. There should be an airway box in the PACU.
- There are 2 Belmonts, one is in the Anesthesia work room, and one is in OB OR #1
- Block cart code: 1212

Anesthesia Workroom 0415*

Door code for Anesthesiologist Office: 2022*

# Blocks and Neuraxials: Workflow and Documentation

## Workflow:

1. Blocks for Postop Analgesia can be placed in Preop. If the surgeon is not in the facility, you should place the block but only after you have called to verify that the surgeon knows about the case, wants the block, and is on the way. For a To Follow (TF) case, this is not an issue, and you can place the block. The surgeon is not required to mark the patient prior to your placing a block. The patient will not be moved from preop to OR without the surgeon or proxy marking the patient.
2. Neuraxial anesthesia includes SAB, CSE, Epidural as the primary anesthetic. The surgeon MUST be present in the facility prior to initiating a Neuraxial block. For a postop pain epidural, follow the same policy as above (1) to call the surgeon and verify a request for postop epidural.
3. For Total Joints, you may place the blocks before or after the SAB. Follow the policy in (1) above as far as verifying with the surgeon. For a Total or Total Revision under General, also follow the policy in (1).

4. For a To Follow (TF) Total Joint, you may place the SAB and Blocks before the surgeon has marked the patient. This policy has been verified with the hospital admin. The patient will NOT be transported to OR without being marked by the surgeon or proxy. Because of this, we will not delay a To Follow case for marking purposes.

## Documentation:

1. Block Start and Block Stop: Cerner has Macros for you to initiate for your Neuraxials and Blocks. When you initiate the Fast Track Block macro, it will automatically start the Anesthesia Time. You will also notice that icons for Spinal, Block Start, and Lower Extremity Block are present, all at the same beginning time in the record. Depending on whether you do your SAB or Blocks first, you will need to set these times. If you perform the SAB 1st, then you will need to move the Block Start and Lower Extremity Block icons to the appropriate time, after the SAB, at which you perform a block for postop analgesia. This is because it is necessary for the billing team to have a defined Block Start and Block Stop. It is imperative for you to make sure that you place the icons and times for Block Start and Block Stop. Also, place the icons and medication dosages for the Lower Extremity Blocks at the appropriate times. It is extremely helpful when the AN can move the icons and meds for you, while you are doing the blocks with the block RN. It just requires some education for the AN's to do this for you.

# Code Blue Policy:

· We are called for every code blue and we attend them whenever possible. For ATLANTA CAMPUS ONLY we don't have to go to codes in the ICU since there is an Intensivist available 24/7. They will call you if they need help with an airway. The other campuses will need to attend ICU codes. There may be moments where you are dealing with a critical patient in the OR or OB suite which is your priority. Let them know if you cannot come right away and that they may need to call the ER doctor or other physician for airway help. Strongly consider calling in your back up doc if you have a critical patient and cannot attend other responsibilities.
The phone number for Rapid Response is 3937 if you have questions. If they are running a code, they might not be able to answer.
If you perform an intubation for a code, put a note in Cerner. FYI… You also need to document off-site Aline, Epidural Blood Patch, others…

## Intra-operative codes:

· There is a new policy regarding intra-operative codes (as of 7/2019). Either the OR nurse or the Anesthesia representative may call a code. When RRT is requested in the OR, THE ANESTHESIOLOGIST may relegate them to either full assist or only to give support as a

documenter and nursing support. Otherwise, in the event of an intra-op code, a representative from the Rapid Response team will come to give “documenter role support”. They will call out times and ask for rhythm checks at the appropriate moments. At any point, you may turn over direction of the code to the Rapid Response team. Strongly consider this if you doubt you can maintain strict adherence to published ACLS guidelines.

· If you do call a code, it is understood that the code direction will be turned over to the Rapid Response team after you give hand off. Of course, you may both communicate with each other, but one person must be identified as the leader.

PLEASE USE THE TERMINOLOGY “DIRECT CODE ASSISTANCE” or “CALL A RAPID RESPONSE CODE” IN ORDER TO GET RAPID RESPONSE TO COME AND TAKE OVER THE CODE.

## Update to Code Blue Policy as of 1/22/20:

CODE BLUE: There’s been confusion on the terminology. I’m going to simplify it, two situations, each with their specific terminology:

“Anesthesia Stat”: (anesthesia only with OR nurses): call an “anesthesia stat”. This will activate an internal, OR only, emergency pathway. There will be a Rapid Response nurse called only to assist the OR nurses with documentation, and provide cues as to when to check pulses and rhythms etc. They are a great resource if needed, but the anesthesiologist is still directing the code.

“Code Blue”: asking for the nurses to call a “Code Blue” will activate an external code where the code team will come to the OR. When the code team arrives, direction of the code is turned over to the Code Team/Intensivist. Feel free to consult together, but they will take it over, leaving you to concentrate on other priorities like lines, etc. This will also activate the OR pharmacy to come to the OR to assist with medications, and Respiratory to assist with ABG’s. If you need to attach the defibrillators, and or perform CPR other than just circulating atropine for vagal induced bradycardia, strongly consider calling a Code Blue. This helps us stick to national standard of care guidelines and possibly minimizes medico-legal risk.

**IN EITHER CASE: if there is a code in the OR, we are to record the onset of a code in the anesthesia record and a note saying “please see code record” from this point on. We do not need to dual record the meds or vitals as this invariably leads to errors and medico-legal nightmares. Please consult with the code blue recorder, however, to make sure they are recording accurate and timely information from our monitors. Later, the MD needs to go in and write a note about what happened.

FINALLY, there is a mandatory debrief afterwards where the code record is reviewed by the anesthesiologist (at least for their part before turning it over) and MUST be signed. The team must also debrief as to any issues with the process.

The OR knows that a code is time and work intensive for us and we may need to hold the rest of the OR in order to finish up things like briefing the family and documentation. However, you may need to discuss that directly with the surgeon whose case is held. If you need to call in backup, strongly consider it.

# Outpatient Surgery Centers:

· Outpatient policy for stand-alone centers in general prohibits doing cases that involve: pregnant females, children under 3 having tonsillectomy and or adenoidectomy, or children with any type of syndrome. Healthy children under 2 yo may be scheduled with approval of anesthesiologist (BMT's and ophthalmology cases do not need approval). Children under 12 yrs of age will not be admitted overnight to the outpatient ERU. Any patient with a BMI >50 (or any morbidly obese patient with significant concerns such as untreated OSA or very difficult airway) is outside of protocol. For lap banding BMI max 45 with no documented OSA or max BMI 40 with documented OSA. An exception may be made for cataract cases as long as the surgeon will not be needing deep sedation (ie propofol) for an eye block. No patients with history of Malignant Hyperthermia. No renal dialysis patients unless lab capability available. If cautery is to be used, pacemakers must have interrogation within 12 months. If patient will need interrogation after the procedure, the procedure will need to be performed in the hospital. AICD's need to be interrogated within 6 months prior to procedure. If interrogation is recommended after the procedure, then the procedure must be performed at a hospital.

· Full copy of Outpatient Policy is available on the NAC App.

· We do not have attached blood banks to the outpatient surgery centers, therefore, we should not go forward with cases where there is predicted need for blood product transfusion.

· Do consider post-operative disposition of high acuity patients as any post-op admission will need to travel via ambulance to the main hospital. As such, the policy prohibits ASA IV patients from having procedures at outpatient facilities (with the exception of cataract cases not requiring deep sedation). Exceptions to the policy can be made by the anesthesiologist if warranted.

· **With that said, you must contact the coordinating physician of the day before canceling a case. Please call 404-303-3834. Alternatively, you can call Dr. Taylor Plumer. You must also speak directly to the surgeon and the patient.**

· The stand alone surgery centers have MH carts and difficult airway equipment. Familiarize yourself with their location when you first go there. Some of the attached surgery centers have a starter MH kit and the rest can come from pharmacy.

· According to the CMS guidelines, you are allowed to leave the surgery center when your last patient has met the anesthesia discharge criteria and been signed out. You do not need to stay while the patient receives the final nursing education or changes clothing.

· You should leave your cellphone # with the PACU nurse in the event that they have a question for you after you leave.

· **Add-ons and late cases at Surgery Centers**: The general rule is that the patient must be in Preop by 2PM, in the OR by 3PM, and out of the OR by 5PM. Of course, there are always

exceptions to these rules. Occasionally, a case may run past 5PM, and the surgery centers usually have 1 team that will stay to finish the last case. They also have late PACU staff. If you are approached by the OR Supervisor about a late, same-day add-on, then you must follow those guidelines. If you have a question about doing a late case, you should consider contacting 1 of the NAC Board members or Dr. Taylor Plumer, head of NAC outpatient surgery centers. If a case will run past 5, be prepared to send the anesthetist home at 5 and finish the case yourself if the anesthetist requests to leave.

Notes from 3/25 Outpatient Surgery Operations Meeting.

1) In the ongoing effort to amicably coordinate moving/rescheduling late cases of a surgeon who has fallen way behind, Please work with the administration team at the facility and beyond to establish what the options and best plan of action is before simply telling the surgeon his/her case needs to be moved. The administration wants to ensure they can facilitate the best plan of action. Along these lines please be mindful of what is going on in the OR when the matter is broached with the surgeon. A surgeon who has fallen behind and is in the middle of a challenging part of his/her current case often doesn't want to hear about the case that should be moved/rescheduled at that particular moment. Again, let the facility administration help coordinate this process.

2) In an effort to minimize confusion at Meridian Mark all pre-op nerve blocks will be done in the PACU. The pre-op dry erase board should indicate that the patient is located in PACU for all pre-op activities, thus they should not require moving.

3) A new trial initiative is in the works to start soon to address "caffeine withdrawal" headaches at the PD eye center. Pre-op nurses will assess if patient has a history of headaches associated with caffeine withdrawal. If a positive history they will ask us to order PO caffeine tablet, 200mg pre-op. These patients will be tracked to see if any benefit. If positive results we will pursue making this a standing order. If a patient has headache post-op PACU nurses may ask for an order for acetaminophen and/or caffeine tablet.

# FTJO/ATJO (Forsyth/Atlanta Total Joint Outpatient Center):

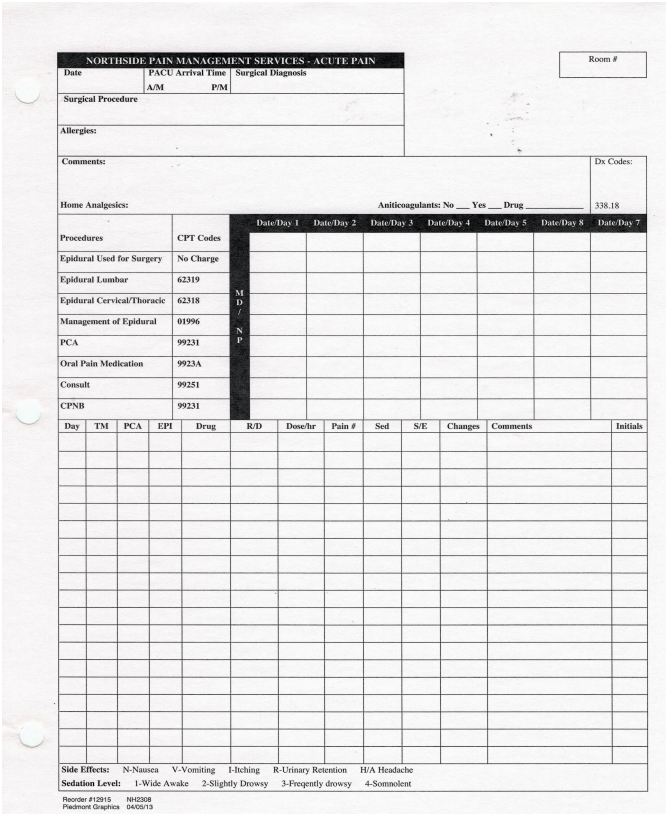
Forsyth ortho center doing outpatient total joints is open, which will be staffed 1 MD and 2-3 AN. There are 2 rooms. It's on the Forsyth campus but not connected to the hospital. You are expected to have the 1st patient in the O.R. as early as 6:20AM for Dr. DeCook. Please plan your arrival time accordingly, as you will need adequate time to place a SAB and possibly 2

blocks.  You have to restock the block carts, spinal trays, gloves, and any other supplies that you have used.  If you do a block, you must save an image using the flash drive on the U/S machine.  There is a billing and compliance requirement to have an image in the patient's medical record.  The RN or secretary will place it in the chart for you.

For manipulations of frozen knees, they request blocks. ACB & IPACK without Exparel is the latest trend.

# Paperwork:

## Pain Rounding Sheet



NORTHSIDE PAIN MANAGEMENT SERVICES - ACUTE PAIN

Room #

Date | PACU Arrival Time A/M P/M | Surgical Diagnosis

Surgical Procedure

Allergies:

Comments:

Dx Codes: 338.18

Home Analgesics: Aniticoagulants: No ___ Yes ___ Drug _____

| Procedures | CPT Codes | MD/NP | Date/Day 1 | Date/Day 2 | Date/Day 3 | Date/Day 4 | Date/Day 5 | Date/Day 6 | Date/Day 7 |
|---|---|---|---|---|---|---|---|---|---|
| Epidural Used for Surgery | No Charge | | | | | | | | |
| Epidural Lumbar | 62319 | | | | | | | | |
| Epidural Cervical/Thoracic | 62318 | | | | | | | | |
| Management of Epidural | 01996 | | | | | | | | |
| PCA | 99231 | | | | | | | | |
| Oral Pain Medication | 9923A | | | | | | | | |
| Consult | 99251 | | | | | | | | |
| CPNB | 99231 | | | | | | | | |

| Day | TM | PCA | EPI | Drug | R/D | Dose/hr | Pain # | Sed | S/E | Changes | Comments | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

Side Effects: N-Nausea V-Vomiting I-Itching R-Urinary Retention H/A Headache

Sedation Level: 1-Wide Awake 2-Slightly Drowsy 3-Freqently drowsy 4-Somnolent

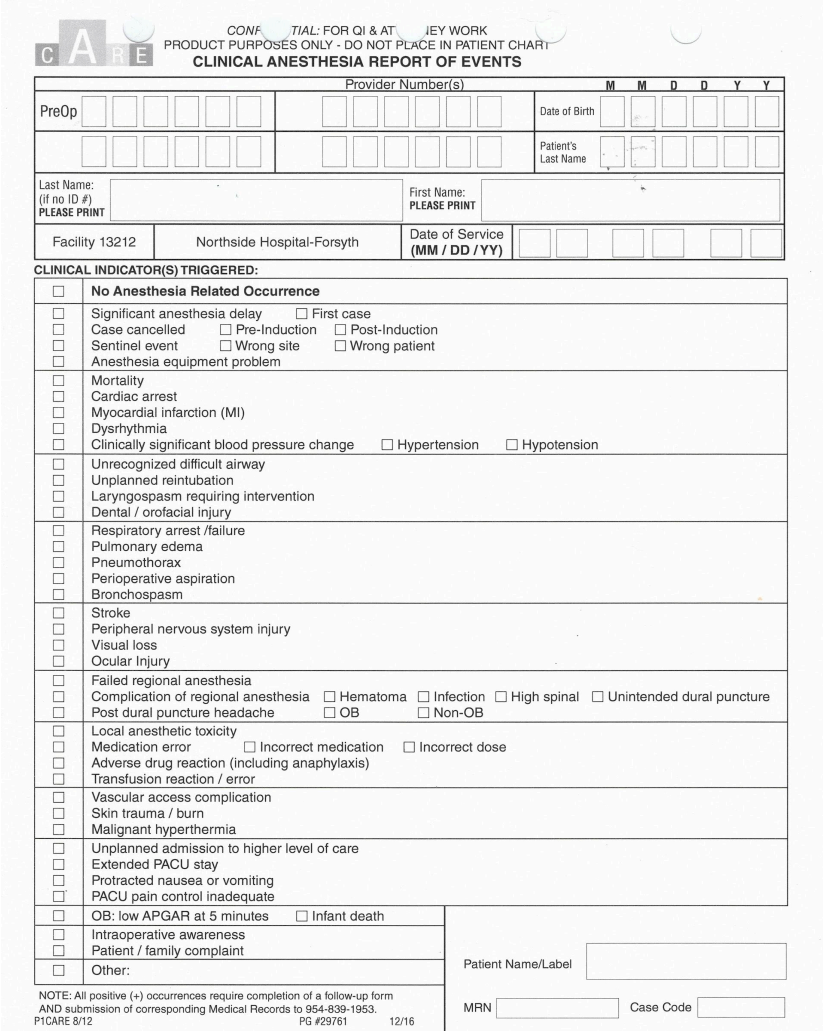
Reorder #12915 NH2308
Piedmont Graphics 04/05/13

This is not comprehensive, just a few points.

· If you perform a block with a catheter or epidural, you must enter orders and fill out a pain rounding sheet. The orders rounding sheet goes to the appropriate tray for the pain nurses to pick up so that they know who to round on. Also, if you are asked to write PCA orders, then please also fill out a pain rounding sheet for the pain nurses to follow up on the patient. Do not fill out PCA orders for patients going to ERU.

# Care Tool Pg.1

Fill this out if you are paper charting.



CONFIDENTIAL: FOR QI & ATTORNEY WORK PRODUCT PURPOSES ONLY - DO NOT PLACE IN PATIENT CHART

**CLINICAL ANESTHESIA REPORT OF EVENTS**

Provider Number(s) | M M D D Y Y

Pre0p | Date of Birth | Patient's Last Name

Last Name: (if no ID #) PLEASE PRINT | First Name: PLEASE PRINT

Facility 13212 | Northside Hospital-Forsyth | Date of Service (MM / DD / YY)

**CLINICAL INDICATOR(S) TRIGGERED:**

| | |
|---|---|
| ☐ | **No Anesthesia Related Occurrence** |
| ☐ | Significant anesthesia delay ☐ First case |
| ☐ | Case cancelled ☐ Pre-Induction ☐ Post-Induction |
| ☐ | Sentinel event ☐ Wrong site ☐ Wrong patient |
| ☐ | Anesthesia equipment problem |
| ☐ | Mortality |
| ☐ | Cardiac arrest |
| ☐ | Myocardial infarction (MI) |
| ☐ | Dysrhythmia |
| ☐ | Clinically significant blood pressure change ☐ Hypertension ☐ Hypotension |
| ☐ | Unrecognized difficult airway |
| ☐ | Unplanned reintubation |
| ☐ | Laryngospasm requiring intervention |
| ☐ | Dental / orofacial injury |
| ☐ | Respiratory arrest /failure |
| ☐ | Pulmonary edema |
| ☐ | Pneumothorax |
| ☐ | Perioperative aspiration |
| ☐ | Bronchospasm |
| ☐ | Stroke |
| ☐ | Peripheral nervous system injury |
| ☐ | Visual loss |
| ☐ | Ocular Injury |
| ☐ | Failed regional anesthesia |
| ☐ | Complication of regional anesthesia ☐ Hematoma ☐ Infection ☐ High spinal ☐ Unintended dural puncture |
| ☐ | Post dural puncture headache ☐ OB ☐ Non-OB |
| ☐ | Local anesthetic toxicity |
| ☐ | Medication error ☐ Incorrect medication ☐ Incorrect dose |
| ☐ | Adverse drug reaction (including anaphylaxis) |
| ☐ | Transfusion reaction / error |
| ☐ | Vascular access complication |
| ☐ | Skin trauma / burn |
| ☐ | Malignant hyperthermia |
| ☐ | Unplanned admission to higher level of care |
| ☐ | Extended PACU stay |
| ☐ | Protracted nausea or vomiting |
| ☐ | PACU pain control inadequate |
| ☐ | OB: low APGAR at 5 minutes ☐ Infant death |
| ☐ | Intraoperative awareness |
| ☐ | Patient / family complaint |
| ☐ | Other: |

Patient Name/Label

MRN | Case Code

NOTE: All positive (+) occurrences require completion of a follow-up form AND submission of corresponding Medical Records to 954-839-1953.

P1CARE 8/12 PG #29761 12/16

## Cerner Automated Care Tool with SA Anesthesia

Our QI monitoring comes in the form of a CARE tool. Every anesthetic gets one, called a “page 1”.  If you provide an anesthetic for a case in Cerner using SA Anesthesia, then an automated version of the CARE Tool is automatically submitted.  Cerner assumes that there were no complications.

### Paper Chart Care Tool

If you provide an anesthetic for a case using paper charting, such as in an off-site procedure room (radiology or cardiology), you must submit a paper copy of the Care Tool Page 1. This is turned in to the home office via one of the boxes or trays, depending on the site.

### Care Tool Page 2

If there was an anesthetic related event, a "Care Tool Page 2" must be filled out and submitted to Dr. Scott Ballard or Jane Markel for review **first**. These can be found in the anesthesia offices at our various facilities. DO NOT submit this form to the boxes. If the case was done in Cerner, you must go back into SA Anesthesia and correct the automated Quality note to reflect what happened.

### Verbal Orders, Signing Off On CRNP Documents

We must sign off on any charts with verbal orders in a timely fashion. This can be done on any Northside computer (not the NAC computers) using Powerchart in Cerner in the Message section. You can call Cerner support and arrange for remote access on your phone, tablet, PC. This will allow you to finalize charts, sign orders and consults, etc... See the IT section of this document.

# Scheduling and Requests:

- QGenda is the software we use for scheduling.
- The schedule is published approximately 3 months in advance. The "request book" will be open for requests up to 180 days in advance. The book will be closed on the 15th of each month so that the office can process requests for the next unpublished month.
- There are several scheduling rules that allow one to request certain shifts up to a maximum limit. It will behoove you to review carefully the pdf document "MD Request Rule". This is located in the NAC App under the Category MD Important Documents.
- Most will be scheduled at one of two hospitals, one being NSA and the other a secondary, either NSF or NSC. In addition you will be assigned a "pod" of outpatient surgery centers as well.
- Swaps can be made via QGenda, granted they meet certain criteria. Ex, for safety, one cannot be 2P at NSA and also be on call 8P, or one cannot be NGF and then F2P, as being late to the F2P is likely. **Also, as an associate, trades cannot be made where the associate**

**trades to a shift with a lower point value. An associate is allowed to trade to a higher point value shift only.** An equivalent trade must be made either in that swap or with multiple swaps. Any extra shift value made by non-N pool docs will be paid via SIO (supplemental income opportunity). It is strongly advised that you keep track of your swaps and trades.

· It is our culture to swap freely within the confines of the schedule rules. We all want to have that flexibility, and we try very hard to accommodate each other.

· N shifts are expected to work from 6:30AM until 3:00PM. They are released in order 3-2-1. Do not schedule a flight or make non-changeable travel plans or appointments under the assumption that you will get out for sure before 3:00PM. Also, each day, the Reviewing MD looks at the deployment and moves MD's around, particularly the N shift MD's.

# MD Request Rule pdf Document:

https://docs.google.com/spreadsheets/d/1kEVy5ZLHCxI7dfKTZzBuX2BEy9Tf3eEj5Pu-gpfJKK4/edit?usp=sharing

The latest version of this document can be found in QGenda on the Home Page. It is also on the NAC App under MD Important Documents.

· Use this as a guide for the Point value of every shift. This document is used in coordination with QGenda for requesting shifts. Be aware that there are Limits so see the section on Limits per quarter on the document. Also, be aware of the Linkage section so that you know how the schedule for multiple days will lay out in QGenda if you make a request such as 5OR. Weekend linkages are also here. Holiday shift values are on this document. Pay attention to the shifts that are requestable, limited request, and no request. You will be assigned NoL (No Late shift) on the Friday prior to a vacation week. Review the section on Backup shifts for NSA, NSF, NSC.

· There are certain shifts that are linked, therefore a request may entail taking the entire linkage. Example: if you request a 5OR, you may be given the 5OR-5OR-2p combo. Make sure that you look at the linkages and understand the days associated with them.

There are limits on the number of times certain shifts can be requested. Monday and Friday N type shifts have limits, as well as 2P, 5OR, WE Off, No Call, and 8P(& F or C) shifts. Be sure to review this.

· Be sure to review the backup MD section, both for weeknights and weekends.

# Jury Duty:

If you receive a summons for jury duty, contact Schedulers via email. Attach a pdf of your summons. There should be enough advance notice to adjust your schedule.

# NAC Master List

Please see the Google Doc for the NAC Master List. This Document has a complete list of all of the important phone numbers for all of the NAC locations, as well as other useful information. You can find the link here:
https://docs.google.com/document/d/1FVR34AygZM_4ZDhrLYwje7GkvQv4W5zLBSbf00iAf_M/edit?usp=sharing

# Vacation Selection:

· Vacation selection for the following year begins in the late Summer. You will receive an email with a link to a survey where you can enter the vacation draft.
  - Associate docs will have anywhere from 6-8 weeks depending on how many years they have been employed (6wks 1st year, 7wks 2nd yr, 8wks 3rd yr). N pool docs will choose 10 weeks.
  - If the employed physician is expected to be offered N pool opportunity, the number of weeks made available for selection will represent a pro-rated balance.

· All doctors submit requests for the first 4 or 5 weeks. Weeks are awarded by seniority based on employment date and in separate pools (N pool, Associate pool). Ie, each pool has its own hierarchy so that Associate docs aren't always competing against senior N pool docs.
· Each request MUST be accompanied by 3 alternatives in case the slots are full. If they have to call you, it REALLY slows down the process. If you can't be reached, we have no choice but to continue down the list which may limit your choices as weeks fill up.
· After round 1 is complete, a survey with the second round will be sent out, and so on. You may have to complete more than 1 draft survey, depending on how many vacation weeks you get. All first tier requests will be made before proceeding to the second tier of requests.

· Priority weeks: Private school spring break, public school spring break, Thanksgiving, Christmas, and New Year's weeks. Note: as a general rule, if you had the week between

Christmas and New Years last year and or Thanksgiving last year, you are ineligible for choosing it in the sequential year for the first two rounds. If it doesn't fill in the first two rounds, it will be available to all regardless if they had it the year before or not.

- Conference Weeks: With the intent of encouraging participation within professional societies, physicians holding office or appointed position may request priority for the week of that society's meeting. This week would represent their eighth request but would be assigned prior to the first round of selections. As an example, a delegate or committee member of the ASA may request the ASA week as a priority. NAC sends multiple physicians at no cost to the annual ASA Legislative Conference in Washington, D.C. You must rank this as your last week in the draft and also send an email to Natasha with your intent.

**Vacation selection strategic points**. Choose your most desirable weeks first and in the first round if they are highly desirable or priority weeks. This is when the most weeks are still available and you have the best chance of getting it. If you know you won't get it, choose something else very desirable for the whole group and you may just be able to trade weeks.

- ★ The order of the most popular weeks that fill up fast are: the week between Christmas and New Years, spring break and summer (it varies every year, but June & July fill fast).
- ★ For sequential weeks: if it is really important that you get these two weeks in a row, you want to request them in the earlier rounds rather than later because one of the two weeks might fill. Always note when you want two weeks in sequence.
- ★ ALWAYS submit (viable) alternate weeks for your selections. If not, then we have to pause the whole process to call you. If we don't hear back within a few minutes, we continue on with the selection process which essentially pushes you further down the line while availability drops as we continue down the list of docs.
- ★ When choosing a week, note the number listed in parentheses next to that week. That is the number of available slots for that week. For example if the number is 2 and if you are the most senior doc on the roster, you have a great chance of getting that week. If you just got into the N pool and you are doctor #34, then the chances aren't as high. You may still choose that as your week, but really put some thought into alternate weeks.
- ★ If you didn't get your week or something came up after the selection, you can always approach the other docs who have the week you want and trade.
- ★ You may also give away vacation to someone willing to take the pay cut and make loads of money for yourself by working your vacation week instead.

# Secret Codes:

- Propofol lock box in cart in OB OR: 9110, then twist lever.
- Code to GFS office 1-2-7-4-1* (Pearl Harbor Day)

- NS L&D office 4-1-5
- NS OB supply room (for pillows etc) 0-6-7-3-3*
- NS OB paper supply room (orders, forms, etc...) 0-3-7-3-0*
- NSF OB office: 0-4-1-5
- NSF work room 6-7-0-0-0
- NSF call room 1-3-5-7-9#
- TFS work room 0-3-8-1-1*
- ALL OB carts 3-8-1-1 (Cherokee 3-8-1-1 then ENTER)
- Block carts main and forsyth 1-3-5, Cherokee 1-2-1-2
- PDSC doors 1,3-5 (1&3 together, then 5), PDSC doc lounge 2-1-3
- ALPHA Doc lounge 4,5-1; 4&5 simultaneous then 1. Anesthesia workroom door code 1-3, 5
- CGIO Door code 1225*, 1 O.R.
- Meridian Mark anesthesia office: 1-8-0-2 then twist the dial. MM workroom 0-4-1-5-#. MH Cart is in hall across from OR 2. MM Block Cart has a combo lock, code is 1-3-5.
- **Cerner Support: 404-300-2045**
- One Path IT support: 770-980-9283 for problems with NAC logins or NAC computers

# Shift Key:

## Northside Atlanta (NSA):

- N=Normal shift at NSA: NGF= Normal Ground Floor Surgery
- NTF1 or NTF2 =Normal shift Third Floor Surgery (Floating or supervising)
- NIR or TFIR =Normal shift In Room
- 2pOB1/2pOB2: 2PM-8PM at NSA
- OB*: 0600 Arrival, covers elective C/S schedule
- GF66: Ground floor Coordinating MD
- GF77: 7AM-7PM Ground Floor
- APS: Ground Floor Surgery acute pain specialist.
- SW: Swing shift (GI lab)
- BR: Breast Center
- 5OR: 5PM main hospital OR.
- 7p or 8p :overnight call. Ex 8p=night call main hospital
- SaORL: Saturday OR Long MD coordinator, Saturday daytime and Backup Doctor for NSA overnight; SuORL: Sunday OR Long MD coordinator
- SaORS: Saturday OR Short day shift. No SuORS exists
- 77Sa: Saturday OB MD; 77Su: Sunday OB MD
- 7pSa: Saturday Overnight OB MD; 7pSu: Sunday Overnight OB MD
- TF66: MD Coordinator Third Floor surgery
- TFL: Third Floor late shift until down to 8 rooms and other early shifts have gone
- 2pTFS: Afternoon coverage on TFS.

## Northside Forsyth (NSF)

- FN1 or FN2 or FN3 = Normal shift Forsyth
- F66: coordinating MD Forsyth. Ready to work at 6AM
- FAP: Forsyth block specialist. Ready to work at 6AM
- FOB: Forsyth OB MD. Relieve night MD by 6AM
- FSW: Forsyth GI lab
- FBR: Forsyth Outpatient Surgery Center
- 2FOR: 2-8PM Forsyth OR
- F2p:  Forsyth 2-8PM, assume care for SCC and OB coverage
- F77Sa and F77Su: 7AM-7PM Forsyth weekend
- F7pSa: 7PM-7AM, Saturday, F7pSu: 7PM-6AM, Sunday
- 8Fp: Forsyth weekday Overnight MD

## Northside Cherokee (NSC)

- CN1/CN2= Normal Shift Cherokee
- C66: Coordinating MD weekdays
- C2p: 2PM-8PM
- C77: 7AM-7PM
- C7pSa: 7PM-7AM, Saturday
- C7pSu: 7PM-6AM, Sunday
- CO: Cherokee Outpatient MD
- CGIO: Cherokee GI Outpatient
- COB: Cherokee OB
- CTLO: Cherokee Long
- 8pC: 8PM-6AM Cherokee weekday Overnight MD
- C77Sa and C77Su: 7AM-7PM Cherokee weekend

## Outpatient Centers:

- **DUSCO**=Decatur Urology Surgery Center
- **ASCPO**= Advanced Surgery Center Perimeter
- **AUSCO**=Atlanta Urology Surgery Center
- **GINSRO**=Roswell GI Lab (aka AGA-Atl Gastroenterology Assoc)
- **MLO**=Meridian Mark Long shift, **MSO**= MM short shift
- **ALPHO**=Alpharetta Outpatient Surgery Center

- **PDLO**= Peachtree Dunwoody Surgery Center (Eye Center) Long shift, **PDSO**= short shift
- **ENTO**=ENT Surgery Center of Atlanta
- **SSO**=Sandy Springs Outpatient (aka Aesthetica)
- **TWRO**=Tower Outpatient
- **FTJO**=Forsyth Total Joint Outpatient
- **FO**=Forsyth Outpatient Surgery Center

## Pain Shifts:

- PN= Pain shift at Sandy Springs
- PAF= Pain shift at Forsyth
- PAC= Pain shift at Cherokee
- PALPHA= MD only pain shift in Alpharetta
- ON CALL= Pain doc on call, can be reached at anytime during the week for questions concerning pain patients (inpatient and outpatient)

# Georgia Composite Medical Board Continuing Education and Other Required Training for Physicians

https://medicalboard.georgia.gov/professional-resources/continuing-education-and-other-required-training-physicians

# Opioid Prescribing CME, Georgia Composite Medical Board requirement:

If you have an active DEA number and write prescriptions for opiates, then you are required to have CME of at least 3 hours on this topic prior to your next GA Medical license renewal.

# Georgia Composite Medical Board Required 2 Hours of Training on Professional Boundaries and Physician Sexual Misconduct

All physicians shall be required to receive at least two hours of education and training regarding professional boundaries and physician sexual misconduct. Such education and training shall include subject matter relating to how to proceed with basic as well as sensitive or intimate examinations and the communication with patients that is required as a component of such examinations. Completion of this requirement may count as two hours toward the CME requirement for license renewal and only needs to be completed once during a physician's career.

This is easily completed using HealthStream on the Northside Intranet website. Login and then do a search for "sexual".

# CME Requirement for Georgia License Renewal

The Board requires you to complete 40 AMA Category 1 CME credits every 2 years for license renewal. You have a CME allowance which will be reimbursed by NSH via Concur, which is available through the My Northside HR website. You can submit your receipts for meeting registration and travel. Ask for help with this, if needed. NAC members obtain CME through various means, including Americanseminar.com, Audio Digest, online, and by attending meetings. NSH will **NOT** reimburse your **travel** expenses if you use online CME or Americanseminar.com. They will reimburse for the course registration fee.

# T&E (Travel & Expense) Form

If you plan on using your CME money for an in-person meeting that is out of town, then you must submit a T&E form for approval **BEFORE** you book travel arrangements. The T&E form is an estimate of the cost of the meeting, including travel plans and registration fees. See the link below for the T&E form.
https://docs.google.com/spreadsheets/d/11cqspgaVN8FIHCcZB-r2Sp0Isz0nVh1I/edit?usp=sharing&ouid=106876248550089076339&rtpof=true&sd=true

# DEA Requirement for 8 Hours of Opioid CME, MATE Act

There is also a new, one-time eight-hour training requirement issued by the Drug Enforcement Administration (DEA) to meet the conditions of the MATE Act for all registered practitioners on treating and managing patients with opioid or other substance use disorders. The Consolidated Appropriations Act of 2023 enacted a new one-time requirement which goes into effect as of June, 27, 2023 for any Drug Enforcement Administration (DEA)-registered practitioner (except for veterinarians) to complete eight hours of training "on the treatment and management of patients with opioid or other substance use disorders.

You can get this CME FREE at the AMA EdHub website: https://edhub.ama-assn.org/pages/keep-current?utm_campaign=alwayson-google-paid_ad-edhub_brand&gad=1&gclid=CjwKCAjwxr2iBhBJEiwAdXECw0L1vOjbEWIefGvZ5ydsyMgQdYw0upXWMYE4dkshXPbXDHpPfqELYhoCVMsQAvD_BwE&appId=schub

**It is our understanding that ASA also offers courses that meet the requirements for DEA and GA.**

# SELF-PAY QUESTIONS

Call the NAC billing office, Jamie Griffith. They will route you to the correct personnel at NSH.

# Compliance

Dr. Scott Ballard is the NAC Compliance officer. Direct any compliance-related questions to him. Dr. Gary Siegel can also assist with Compliance related questions. We take a firm stance on being Compliant with CMS rules for Anesthesiologists, including medical direction, proper paperwork, concurrency, PACU signouts.

## Preop Anesthesia Evaluation

Every patient for every anesthetic must have a preop anesthesia evaluation completed within 48 hours prior to the procedure. A preop evaluation is valid for 30 days but must be updated within 48 hours prior to surgery. For example, if a patient is scheduled to undergo a repeat I&D procedure 3 days after the initial surgery, the original preop can be used, as long as an Update statement is included as an addendum. This might say “Health History reviewed, status unchanged, ASA 3 for GETA. New anesthesia consent obtained.”.

You may endorse a preop evaluation completed by a mid-level. Include an addendum with a statement such as this: Agree with plan above for GETA, ASA3. Health history reviewed, patient reevaluated prior to anesthetic. Anesthesia Consent obtained.

## PACU Signouts

Per CMS Guidelines, every GA, MAC, or Regional case needs one. Be sure to complete a PACU signout even for cases that may bypass the PACU, like ICU postop vent cases or D&C cases that return to the LDR.
CMS policy is this: A postanesthesia evaluation must be completed and documented no later than 48 hours after surgery or a procedure requiring anesthesia services. The evaluation is required any time general, regional, or monitored anesthesia has been administered to the patient.

All of the following required elements are addressed in our Post-anesthesia Discharge Note:
• Respiratory function, including respiratory rate, airway patency, and oxygen saturation;
• Cardiovascular function, including pulse rate and blood pressure;
• Mental status;
• Temperature;
• Pain;
• Nausea and vomiting; and
• Postoperative hydration.

Pre-signing a PACU signout note (ex. paper chart) is strictly prohibited.

# Time Out

Time Out is required prior to placing a neuraxial block (spinal or epidural) or postop pain management block. It is your responsibility as the anesthesiologist performing the block to make sure that a Time Out is performed. You must verify the patient identifiers including name

and date of birth, procedure to be performed, allergies, and blood thinner status. For sided procedures (Right or Left), you must verify that you have viewed the marking near the site of the block. Verify the correct side with the surgical consent. Verify with the awake patient if possible. Take all possible measures to make sure that the correct side is blocked. Wrong-sided blocks continue to occur in the U.S., even with Time Out.

# Anesthetizing and Pain Clinic Locations:

**Peachtree Dunwoody Surgery Center (PDLO & PDSO)**
**5505 Peachtree Dunwoody Rd. Ste 150 Atlanta, GA 30342**
**404-843-8529**

**ENT Surgery Center of Atlanta (ENT)**
**5673 Peachtree Dunwoody Rd, Ste 945 Atlanta, GA 30342**
**404-297-1134**

**Northside Hospital Main (all NSA shifts)**
**1000 Johnson Ferry Rd. Atlanta, GA 30342**
**404-851-8000**

**Northside Hospital Forsyth (all NSF shifts)**
**1200 Northside Forsyth Dr. Cumming, GA 30041**
**770-844-3200**

**Northside Hospital at Meridian Mark (MLO & MSO, MM)**
**5445 Meridian Mark Rd Atlanta, GA 30342**
**404-459-1750**

**Northside Midtown Surgery Center (MTSC)**
**1110 West Peachtree St., NW**
**Suite 1200**
**Atlanta, GA 30309**
**404-572-1800**

**Northside Hospital Pain and Spine (PN)**
***5670 Peachtree Dunwoody Rd, Suite 900 Atlanta, GA 30342 (Hospital owned Pain Clinic)**
**404-459-1809**

**Northside Hospital Medical Tower (TWRO)**

**5670 Peachtree Dunwoody Rd., Suite 835 Atlanta, GA 30342**

**Northside Hospital Sandy Springs - Aesthetica (SSO)**
**975 Johnson Ferry Rd, Atlanta, GA 30342**
**404-303-7542**

**Northside Forsyth Outpatient Surgery Center (FO)**
**1055 Haw Creek Parkway Cumming, GA 30041**
**770-205-2050**

**Northside Roswell GI Lab (AGA, GINSRO)**
**1340 Upper Hembree Rd., Ste A Roswell, GA 30076-0927**
**678-624-1721**

**Northside Hospital Alpharetta (ALPHO)**
**3400 A Old Milton Pkwy, Suite 240 Alpharetta, GA 30005**
**770-667-4465**

**Urology Surgical Partners (AUSCO)**
**5673 Peachtree Dunwoody Rd., Ste 900 Atlanta GA 30342**
**404-593-2851**

**Northside Canton GI Lab (CGIO)**
**320 Hospital Road, Suite B, Canton GA 30114**
**770-479-5535**

**Northside Decatur Urology Center (DUSCO)**
**2685 Milscott Dr., Decatur GA 30033**

**Northside Hospital Pain and Spine Alpharetta (PALPHA)**
***11975 Morris Road Suite 125, Alpharetta GA 30005 (Hospital owned Pain Clinic)**
**404-459-1809**

**Northside Cherokee Pain and Spine (PAC)**
**470 Northside Cherokee Blvd, Ste. 250, Canton GA 30115 (Hospital owned Pain Clinic)**
**404-459-1809**

**Advanced Surgery Center Perimeter (ASCPO)**
**1100 Johnson Ferry Rd, Center Pointe 1, Suite 300**
**Atlanta, GA 30342**
**404-843-3478**

**Northside Forsyth Pain and Spine (PAF)**

***1100 Northside Forsyth Drive Suite 400, Cumming GA 30041 (Hospital owned Pain Clinic)**
**770-844-3200**

**Northside Hospital Forsyth Surgery Center (FBR)**
**1800 Northside Forsyth Drive, Cumming GA 30041**

**Northside Hospital Cherokee (all NSC shifts)**
**450 Northside Cherokee Blvd, Canton GA 30115**
**770-224-1000**

**Northside Hospital Cherokee Surgical Services, Cherokee Place (CO)**
**460 Northside Cherokee Blvd, Suite 200 Canton GA 30115**

**Advanced Center for Joint Surgery (FTJO)**
**2000 Howard Farm Drive Ste T100 Cumming GA 30041**

**Northside Towne Lake Outpatient Surgery Center (CTLO)**
**900 Towne Lake Pkwy Ste 204  Woodstock GA 30189**
**770-852-7800**

**Advanced Center for Joint Replacement Atlanta (ATJO)**

**1150 Hammond Drive, Suite 600, Atlanta, GA  30328**

**404-549-5188**

***Pain and Spine Locations**

# OR Maps

## NSA

NSA GFS:

https://drive.google.com/file/d/1DByQLzHoqWcRO2Ro6vE2Y0yYtWXpN_Sr/view?usp=sharing

NSA TFS:
https://drive.google.com/file/d/1_9vRXN1V2HUAScTyZfdJtXSJ8feYMZ9v/view?usp=sharing

NSA BCC:
https://drive.google.com/file/d/1HvCa98ue2Qx5kDs36pJaNpNNGQihEMG4/view?usp=sharing

# NSC

NSC OR:
https://drive.google.com/file/d/1Ip-CfP38LebPFi6vwPjdus1wqMzUgqI7/view?usp=sharing

# NSF

NSF Campus Map:
https://drive.google.com/file/d/13qU7AiYCao1o-dTlAt5AzyIdRjEKrPoj/view?usp=sharing

NSF 2nd Floor OR:
https://drive.google.com/file/d/1e9H1q4ILQYBUFLmhiEi99woyWDja6LZS/view?usp=sharing

NSF 3rd Floor OR:
https://drive.google.com/file/d/1UURpYppR7hU-DlkWwoJgVz-USbKDgIBu/view?usp=sharing

NSF L&D OR:
https://drive.google.com/file/d/1WrNJO_I2E_hI9Xxoq_IkOF5faQtMSgus/view?usp=sharing

NSF SCC OR:
https://drive.google.com/file/d/1e-0oK6QbO4vit0Y0fo5mrKsN32yAUOoB/view?usp=sharing