MGH DACCPM Scheduling for Pregnant Providers

Problem: Pregnant anesthesia providers request accommodations to avoid certain work-related environmental hazards. Daily scheduling process at MGH is complex. All groups are impacted (Attending, CRNA, Resident).

Goal: (1) To propose a uniform scheduling process to enhance communication between pregnant providers and scheduling teams. (2) To provide transparency about scheduling processes for pregnant providers to allow for self-advocacy of assignments. (3) To decrease day-of assignment switches which can be disruptive to patient care. (4) To allow providers to maintain some degree of privacy at the beginning of pregnancy.

Service specific info and who to notify:

- **General Surgery -** X-ray, bone cement, chemo agents, HIPEC, OR 20/cyto, IORT, hot burns, brachytherapy
  - Rene Gaudet - keeps private list of pregnant providers, avoids assigning the above rooms. Schedule is confirmed by attending via mghanesgsscheduler@partners.org. Please feel free to email scheduling attending at this email as well.
- **Lunder 3 -** Ortho trauma (OR 69 & 70) and total joints are unfavorable assignments given exposure to fluoro and bone cement
  - Linda Castellano - keeps private list of pregnant providers, requests that pregnant providers e-mail 2-3 appropriate room assignments by 10AM the day before scheduled on Lunder 3. If you do not choose a room, a room will be selected with assistance of the floorwalker
- **Lunder 4 -** ORs 81-84 unfavorable for pregnant provider
  - **Neuro -** Michelle Szabo, Bob Peterfreund, Greg Ginsburg, Anna Ward, Jim Rhee
  - **Vascular -** Taylor Lloyd, Hovig Chitilian
  - **CRNAs -** Molly Campbell will help facilitate assignments
- **Thoracic** - OR 44 unfavorable d/t fluoro, add ons with fluoro
  - Schedule done by residents
- **Endoscopy** - Roger White does schedule and Endo rooms 8/9 are preferred

Expectations for Schedulers

- In general, the following rooms are unfavorable for pregnant providers: OR 81-84, EP, IR, Endo 5+6, OR 20 - cysto, IORT, cath lab, structural heart cases (OR 49)
- Please avoid floating pregnant provider to another service or keep unassigned whenever possible as this often results in scheduling issues

Expectations for Pregnant Provider

- Alert scheduler that you are pregnant the day before working, use above guide to determine who to contact, they will keep this confidential and do their best to facilitate an assignment you are comfortable with.
- It is helpful to remind schedulers of your needs and offer room suggestions. For example, Linda prefers that you choose 2-3 rooms by 10AM the day before assigned on Lunder 3.
- Different providers have different preferences on assignments, despite these guidelines, so you will still need to advocate for what you deem appropriate
- Establish a way to look up your assignment from home on your day off. Address assignment issues the day before by reaching out to the scheduler early.
- **It is not your responsibility to find your own switch**. If you need a switch the day before OR after the day starts (i.e. change in surgical plan, floated to new assignment), please resolve with the floor walker on your service prior to getting staff administrator involved. If a switch cannot be facilitated within the service, then escalate to the staff administrator who will find an appropriate assignment.
- You *may* find a switch on your own but please switch the night before and alert the Gray Desk before the shift starts - please keep in mind that switches after 7AM are more disruptive for all parties.
- For on-call providers and late shift CRNAs, please page R1 at 1600 to ensure an appropriate evening assignment.

Expectations for Staff Administrators

- Facilitate reassignment for the pregnant provider if unexpectedly floated, reassigned, or assigned to unfavorable assignment.
- Advocate for the pregnant provider if meeting resistance with local changes at the floor walker level.

Scheduling Work in Progress:

- **Pregnancy Designation online:** Voluntary opt-in designation for the pregnant provider which will be published on daily team sheets. This will be public information and only shared once the pregnant provider is comfortable having this voluntary designation. Dpt will be changing from OT to Qgenda in coming months, pregnancy designation will be considered then, this is not technically possible on OT as it is.
- **Scheduler transparency:** Establish a clear method for who will be making the schedule. Working with L4 and Thoracic to determine better transparency about who is the next-day scheduler. Goal is to eventually have the schedulers published on the roadmap or elsewhere.

Attending/Resident Call Requirement Update:

- Pregnant providers will not be expected to take Main OR 1st call or 24 hour Main OR 2nd call after 32 weeks of pregnancy

- From 32-36 weeks, pregnant provider can continue to take Main OR 2nd call that starts at 5pm and Main OR 3rd call, with additional Main OR 3rd calls assigned to maintain appropriate call commitment
- After 36 weeks, the pregnant provider is not expected to take any additional calls
- Providers who take call outside the main OR (ICU, pain, PEDs, cardiac etc.) should discuss call requirements with the division chief . It is advisable to have these conversations earlier in pregnancy to improve communication and prevent late changes to the schedule.
- Any provider who needs additional accommodations as it pertains to call schedules secondary to health reasons/concerns for high risk pregnancy should discuss this with their OB/GYN and present appropriate documentation as needed to the department.