The Neonatal-Perinatal Medicine Fellowship Program
Medical College of Wisconsin
Children’s Hospital of Wisconsin

NEONATAL TRANSPORT PHYSICIAN

REQUIREMENTS AND EXPECTATIONS

PURPOSE: To define the requirements and responsibilities of the Transport Team Neonatal-Perinatal Medicine Physician at Children’s Hospital of Wisconsin (CHW).

DISCLAIMER: Participation in neonatal transport calls when not on service in the CHW NICU (i.e. during non-regular business hours, 4pm-7am) is completely voluntary and not required for successful completion of the Neonatal-Perinatal Medicine Fellowship Program. Please remember that participation in after-hours transport calls is a privilege, not a professional right. Duties and obligations to the fellowship program including clinical, research and educational responsibilities are paramount and take precedence over all moonlighting opportunities.

GENERAL REQUIREMENTS:

1. Current Wisconsin medical license
2. Appropriate DEA licensure (institutional or individual)
3. Certifications
   a. Current Neonatal Resuscitation Program (NRP) certification
4. Unanimous approval from the Neonatal-Perinatal Medicine faculty members
5. Program director approval
6. Transport medical director approval
7. Satisfactory clinical performance in all required rotations
8. Satisfactory performance and progress with research activities
9. Satisfactory performance on the annual Neonatal-Perinatal Medicine In-Service Exam
10. Strict adherence to the ACGME work week rules (i.e. 80/30/10 work week)
   a. Individual providers are responsible for requesting shift coverage that does not conflict with clinical requirements.
   b. Failure to adhere to ACGME requirements will result in loss of Transport coverage opportunity.
   c. See Scheduling section for guidelines/requirements.
11. Physician capabilities/requirements
   a. Transport team leadership and partnership in mission completion
b. Communication between team, referring facility and medical control physician

c. Clinical assessment/management requirements (with medical control assistance, not a complete diagnostic list)
   i. Airway/ventilation
   ii. Hemodynamic assessment
   iii. Cardiopulmonary resuscitation
   iv. Neurological assessment
   v. Complex electrolyte/endocrinology
   vi. Intoxication/poisoning

d. NRP procedural support
   i. Airway support and management
   ii. Vascular access

ELIGIBLE PHYSICIANS:

1. NEONATAL-PERINATAL MEDICINE FELLOWS
   a. Transport coverage may be provided by on-service Neonatal-Perinatal Medicine attendings and/or fellows during regular business hours from 7am – 4pm.
   b. After hours transport coverage (from 4pm – 7am) may be provided by Neonatal-Perinatal Medicine 2nd and 3rd year fellows and/or attending.
      i. If a Neonatal-Perinatal Fellow is not schedule for transport call and a physician is needed to participate in the transport of a critically ill neonate, the fellow on call in NICU (either CHW or St. Joseph’s Hospital) will be given the option to join the transport team. This decision will be made by the Neonatology Faculty member acting as Medical Control. If the CHW NICU fellow is sent on transport, the on-call NICU faculty will assume the additional responsibilities of the fellow that was dispatched on transport.
   c. Consideration for earlier coverage will be given to 1st year fellows who have met the pre-requisite requirements (please see above) and have demonstrated airway and/or neonatal resuscitation skills in the NICU and/or the delivery room pending approval from the program director and Neonatology Division faculty members.
   d. Medical Control and Transport will not solicit additional fellow coverage outside of the established call schedule as outlined above.
   e. Contact the Program Director for additional information or with coverage questions.

2. NEONATAL-PERINATAL MEDICINE FACULTY
   a. Must fulfill General Requirements #1-3, 10, 11.
b. Must participate in Neonatal simulation-based resuscitation or team leadership scenarios with demonstration of airway management (i.e. participate as an instructor in NRP certification and/or recertification courses.)

**SCHEDULING:**

1. Transport coverage is an additional duty (“moonlighting”) and scheduling requests should occur following determination of clinical coverage. Catering of the clinical call schedule to accommodate moonlighting hours is strictly prohibited.

2. Strict compliance with the ACMGE work week requirements is mandatory and the responsibility of the physician requesting transport coverage. Violation of the ACMGE duty hours may result in the loss of moonlighting privileges.

3. **GUIDELINES:**
   a. Neonatology Chief Fellow
      i. Responsible for designing monthly transport call schedule.
      ii. Solicits and organizes Transport call requests.
      iii. Completed Transport call schedule sent to Neonatology administrative assistant for posting of a hard copy in the CHW NICU, electronic call schedule to be distributed to the Neonatology faculty including program directors and available in the shared drive. The use of the Transport call schedule will be determined by the Medical Control and will not be distributed to the Transport department.

b. Scheduling requests
   i. Transport call request form will be sent to interested/qualified physicians AFTER the service call schedule has been determined.
   ii. Requesting physicians will **clearly** indicate shifts requested and total hours requested if multiple shifts requested.
   iii. Available shifts
      1. Weekdays
         a. 4 PM – 7 AM (Overnight)
      2. Weekend/Holiday
         a. 3 PM – 7AM (Overnight)
      3. On-call availability begins 30 minutes prior to scheduled start time.
   iv. Scheduling conflicts
      1. Individuals are responsible for finding coverage for assigned shifts if personal conflicts arise.
         a. Notify the Program Director for approval BEFORE changes are made
         b. Notify the Chief Fellow and Neonatology administrative assistant of approved changes.
2. If conflict involves ACGME work week restrictions or clinical responsibilities.
   a. Notify the Program Director, Chief Fellow and Neonatology administrative assistant of clinical conflict PRIOR to it’s occurrence
   b. Attempt to find coverage.
   c. Shift will remain open if necessary in order to avoid a potential ACGME work rule violation.
   d. Repeated violations may restrict your ability to provide future coverage. Your program directors will be notified of violations or excessive transport coverage requests

c. Scheduling priorities
   i. CHW NICU Fellows on service will be given priority to attend transports that occur during the hours of 7am-4pm.
   ii. CHW NICU Supervising Fellows on call with a 1st year fellow will be given priority to attend transports that occur during the hours of 4pm-7am of their call.
   iii. NICU fellows on call at St. Joseph’s Hospital will be given priority to attend CHW transports that occur during the hours of 4pm-7am if there is no Supervising Fellow on call at CHW (which would occur from the months of October – June)

iv. Open shifts
   1. Will be filled on a first-come, first-served basis and at the discretion of the Program Directors.
   2. If a shift remains open, medical control may decide to utilize the NICU or PICU fellow on-call as needed.

d. ACMGE adherence
   i. In-training physicians must adhere to the ACGME duty hour restrictions (80/30/10 rule).
   ii. The majority of on-call coverage is from home and technically does not count in the work week restrictions, but all time spent activated for transport does count. Transport is unpredictable; thus, physicians should assume that the entire requested/scheduled shift could be spent activated for transport and those hours will count towards the duty hour restrictions.
   iii. When activated for a transport, ACGME duty hours are logged beginning at CHW arrival and completed upon completion of transport medical documentation and departure from CHW.
   iv. If transport call is taken during a scheduled vacation, hours spent on an actual transport ARE INCLUDED in that fellow’s total duty hours.
e. Mandatory requesting/scheduling requirements
   i. Expected response time from notification to arrival at transport meeting site is 20 minutes. (Please note, this means you must be ready to board the transport vehicle at 20 minutes, not just arriving on campus.)
   ii. Monday-Friday 7AM – 4 PM coverage is specifically in-house (unless this is a MCW/CHW holiday).
   iii. Maximum continuous shift coverage is 24 hours.
   iv. There must be 10 hours off between end of transport responsibilities and clinical responsibilities.
   v. Minimize use of “reverse 24-hour” shift coverage (i.e. overnight shift followed by a day shift).
   vi. Examples (Neonatal-Perinatal Medicine Fellows):
       1. No weekday overnight transport coverage when on-service (NICU CHW, NICU St. Joe’s, NBN, Anesthesia, CICU)
       2. The on-service fellow may request to be on transport call for a Friday overnight (4pm-7am) or Saturday overnight call (3pm-7am) only if (s)he remains in compliance with the ACGME 80/30/10 duty hours including one 24 hour period off duty/week (does not include post-call days). Approval of the request will be determined by the program directors.
       3. No transport overnight coverage prior to start of on-service week

4. Compensation
   a. $25/hour for on call coverage with an additional $25/hour when performing transport duties.
      i. Transport duty reimbursement begins when the team departs CHW.
      ii. Transport duty reimbursement ends 30 minutes after transfer of patient care completed.
      iii. Transport Physician documentation must be completed for appropriate reimbursement.
   b. Services reimbursed by CHW to the Medical College of Wisconsin (MCW) payroll system.
   c. Physician coverage hours will be tracked by the Transport Department and the Neonatology administrative assistant and then submitted to MCW.

**TRANSPORT PHYSICIAN RESPONSIBILITIES:**

1. Duty Coverage
   a. Weekday day coverage (7 AM – 4 PM), physician coverage is expected to be available in-house and will be provided by the CHW NICU on-service fellow(s).
   b. Overnight and weekend coverage is from home call.
c. Response time is 20 minutes from time of initial notification.
   i. Specific departure times may fall outside of the 20 minute criteria for scheduled transports or fixed wing transports (for example).
   ii. Physician response time is specifically tracked. Recurrent failures to meet this requirement will result in the loss of transport coverage.

2. Activation
   a. Medical Control orders Full Team utilization
      i. Medical control determines team configuration, mode of transport and initial orders.
      ii. Transport team may request utilization of full team, decision needs medical control approval prior to team mobilization
      iii. Medical control can elect to utilize a non-transport call physician
         1. NICU Fellow currently in-house during regular business hours (7am-4pm) providing clinical duties.
            a. Attending physicians will provide in-house coverage until fellow returns.
         2. Fellows in-house not currently with clinical responsibilities will not be called unless in extreme situations.
         3. After hours and during weekends, the fellow on transport call will be utilized.
            a. Medical control will not call fellows in from home who are not on-call.
   b. Team physician will be activated by the Transport Call Center by pager.
   c. Physician will return call to Transport Call Center (266-2470 or 266-2471)
      i. Brief clinical history
      ii. Anticipated time of arrival
      iii. Confirm Medical Control’s awareness of full team activation
      iv. Location to meet team
   d. If after 4 PM or a weekend call, the responding physician can park in the physician parking lot underneath the Skywalk Café area. (If CHW ID does not allow access, please contact the Program Director or Neonatology administrative assistant to adjust security access.)
   e. Meet team at designated location. If the team is not present, contact the Transport Call Center.

3. Clothing
   a. Transport physicians should dress professionally.
   b. Flight suits
      i. Flight suits and boots are mandatory for rotor wing transports.
1. Laundered flight suits and boots are available in the hanger.
2. Physician can purchase individual flight suits through the transport department supervisors.
   ii. Flight suits may be worn for fixed wing and ground transports.
4. Transport duty
   a. Prior to arrival at referring facility, discuss with team anticipated care plan and define team roles (Crew Resource Management---CRM).
   b. Focused/complete patient assessment in conjunction with Transport Nurse Clinician (TNC) and Respiratory Therapist (TRCP).
   c. Analysis of available clinical, laboratory, and radiographic data.
   d. Collaboration with TNC and TRCP for interventions/procedures required.
   e. Team leadership and determination of priority for ongoing resuscitation/intervention.
   f. Contact Medical Control (MC) through the Transport Call Center (266-2471) with patient report or with questions.
      i. Prior to calling MC, discuss with TNC/TRCP findings, team concerns, and anticipated care plans/interventions.
      ii. Obtain team orders/recommendations for ongoing care.
      iii. Relay MC-directed interventions to transport team members.
      iv. Transport team may contact MC independently after discussion with Transport physician.
   g. Collegial interaction with referral facility and complete transfer of patient care (“Hand-off”).
   h. Participate in patient transfer and equipment loading.
   i. The Transport physician must contact the admitting physician for patient report (ie. the Medical Control physician for the NICU).
   j. Contact Medical Control with any questions or concerns.
   k. Participate in the transfer of patient care at CHW.
5. Documentation
   a. A Transport Physician note must be completed for each transport.
      i. Physicians with SoftMed access may dictate.
      ii. Documentation can be done by standard written progress note.
   b. Transport Physician Note format
      i. If dictating, utilize billing code 996 preprogrammed into hand-held and clearly state that the dictation is a Transport Physician Note.
      ii. Identify the patient name and medical record number.
      iii. Identify the Medical Control (MC) physician.
      iv. Indication for Transport: Chief Complaint
      v. Mode of Transport: Ground, Rotor, or Fixed
vi. Summarized Present Medical History  
vii. Physical Examination/Vital Signs  
viii. Laboratory/Radiographic Data  
ix. Transport Interventions  
   1. Specifically document that the Transport physician was in direct contact with the MC  
   2. List MC recommendations for care  
   3. Report therapies/interventions performed by Transport Team  
   4. Patient assessment  
x. Patient Care Time (Arrival at patient bedside to hand-off at CHW)  

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Any further questions can be directed to the Program Directors and/or Chief Fellow.