

THE ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI, NEW YORK

STANDARD: POLICY AND PROCEDURE

DEPARTMENT: Internal Medicine Residency Program

SUBJECT: ADS MEDICINE MOONLIGHTER POLICY MANUAL

### **Requirements**

#### **RESIDENT (PGY2/3) – for coverage of the ADS while under the supervision of an attending physician**

- An unrestricted NYS license to practice medicine is required
- Residents must NOT be working on a VISA
- Written approval from the PD is required
- Successful completion of at least 1 month ICU rotation is required
- Must comply with all GME regulations, including NYS and ACGME work-duty hour restrictions, as specified in House Staff Manual.
- All work hours from extra shifts must be entered into New Innovations as “moonlighting”
- Residents will fall under GME regulations should any conduct issues arise.
- Malpractice is covered through their standard coverage as a member of the house staff
- Residents must receive, at a minimum, the same level of attending supervision that they receive in the analogous role covering the Teaching Service.
- When covering the ADS overnight, residents admit patients (i.e., complete an H&P and enter admission orders) and cross-cover other ADS patients .
- During their shift, residents will discuss all patients admitted to the ADS with a nocturnist attending who is responsible for supervising the resident.
  - Residents are able and expected to contact a nocturnist attending covering the ADS when they have clinical questions.
- Residents covering ADS as an additional shift overnight will attend the biweekly educational sessions if they fall on the day worked by the resident. These are 30 minute sessions and are led by a nocturnist attending.
- If no attending on, all admitted pts should be discussed with POMA/Consult attending at 8am the following day.

#### **FELLOWS – For independent privileges to serve as a Hospitalist**

- An unrestricted NYS license to practice medicine is required
- May not be working on a VISA
- Requires a medical staff appointment as a “Staff Fellow” and, therefore, must meet all of the requirements to receive that appointment, which includes formal credentialing and privileging through the Medical Staff Office
- Requires a DEA
- Written approval from the PD is required

- Must comply with all GME regulations, including NYS and ACGME work-duty hour restrictions
- While functioning as a Staff Fellow, must comply with all of the provisions of the Medical Staff Bylaws and be subject to them.
- All work hours on extra shifts must be entered into New Innovations as “moonlighting.”
- Staff Fellow malpractice is covered through their department as a member of the faculty

**For both Residents and Fellows:**

- Signature on this manual that you have read and understand the responsibilities and requirements
- Signature on the “Moonlighting Approval and Attestation” form. This will be forwarded to your Residency/Fellowship Program Director’s Office for their approval and signature.
- Signature on “Moonlighting and Personnel Policy Issues of Work Hours” form

**Services Covered**

- The night/weekend physician is responsible for covering ADS (Attending Directed Service).

**Responsibilities**

- Admission of patients via the ED
- Direct admission of patients to the wards
- Cross-coverage of patients admitted to ADS.
- Determining when patients require transfer to the teaching service or MICU
- Provide timely support for voluntary and full-time faculty attendings who have patients admitted to ADS. Attendings may contact the night/weekend physician for follow-up of labs or other tests, to evaluate patients they feel need a second visit (e.g., severe asthma), for medication adjustment (e.g., warfarin), or any other coverage task. These tasks need to be completed in a professional and timely manner, including following up with the attending when the task is completed.
- It is expected that they physicians working on a shift will work as diligently as possible to ensure that as few admissions and as little cross-coverage tasks as possible are remaining for the following shift.
- If no attending on, pre-operative clearances.

**Cross-coverage**

- The night NPs and PA cover BMT/Onc, RCU and all ADS patients.
- A night physician will cover all patients admitted that night.

**Documentation**

- An admission note needs to be written for all admitted patients. This is to include all relevant aspects of the history, physical exam, lab and other tests, your assessment, and plan.
- All admission notes must be placed into the electronic medical record (EPIC).
- A chart note needs to be written for all substantial cross-coverage evaluation and

management episodes (e.g., chest pain, fever, SOB).

### **Night Attendings**

- The moonlighter will usually be working with a full-time faculty hospitalist attending. These attendings are intimately involved with development of policies and are in frequent contact with ADS leadership.
- At night the full-time attendings are considered to be resources of current policies and should be contacted when there is any question or problem.

### **Nurse Practitioners and PA's**

- The night physicians provide all back-up for any questions or concerns by the night NP. The NP and MDs are expected to work collaboratively, rather than independently. It is essential that the NP feel that their MD colleagues are approachable and enthusiastic about assisting them with cross-coverage questions.

### **Notification**

- The moonlighter must notify the admitting attending and/or service of all admissions. If this has already been accomplished by the ED MD and this communication has been clearly documented and there are no clinical updates, the night MD would not need to re-contact the attending.
- All admissions are placed onto the Admission Sheet, and all fields on the sheet are to be completed.

### **Sign-Out**

#### ***Day-to-Night***

- At 6pm, the incoming night physician will contact the outgoing ADS PA carrying the 3989 beeper and determine if there are any admissions or cross-coverage responsibilities that are waiting to be performed. These cross-cover issues are written on the ADS cross-coverage form. The outgoing daytime PA/NP or hospitalists may contact the night physician to inform them of pending coverage responsibilities.

#### ***Night-to-Day***

- At 6:00am the outgoing night physician will sign-out any pending work to the other night physician (whose shift ends at 8:30am). These cross cover issues are written on the ADS cross-coverage form. The night physician whose shift ends at 8:30am meets with the incoming daytime NPs at 7:45am to sign-out all admissions that were performed overnight and any pending admissions and coverage responsibilities using the cross-coverage sheet.

Also at 7:00am on Sat and Sun, the outgoing night NP will sign-out and handoff the 2154 beeper to the night physician.

### ***Computer Sign-Out System***

- The Electronic Sign-Out system is utilized for THS/ADS patients. Moonlighters are required to ensure that all new admissions are placed into the sign-out system when the system becomes available.

### ***ADS Admission Log***

- Moonlighters are required to write legibly all patients admitted onto the ADS admission sheet. This includes all inter-hospital transfers and intra-hospital transfers, including patients transferred from the housestaff service (e.g. MICU, etc) to ADS.
- Required information on the admission sheet includes patient name, MRN, location, time of admission, attending name, and admitting diagnosis. Attending name can default to SERVICE if patient has no known private attending or is known to IMA.

### **Transfer to the Housestaff Service**

- The moonlighter is to page the TR for all possible transfers either to the MICU or the teaching service.
- Patients who should be considered for transfer to the teaching service include those who:
- Might require transfer to the MICU
- Require frequent MD evaluations, such as DKA or severe GI bleed.

### **Managing Problems Nights/Weekends**

- Patient care and processes runs smoothly the vast majority of the time. When disagreements are complex issues arise, it is expected that these will be resolved through professional communication among the providers.

### **Should resolution be difficult, contact either:**

- Dr. Andrew Dunn, Director of ADS Medicine and the Hospitalist Service, pager 917-641-4575, cell 347-835-9637.
- Dr. Dennis Chang, Associate Director of the Hospitalist Service, pager 212-241-1300-7565, cell 310-872-8117.
- Dr. Neil Desai, Director of Nocturnist Program, pager 4551, cell 832-656-6784 (first person to contact)

### **Work Duty Hours Regulations**

All moonlighting residents and fellows must remain in compliance with federal and state regulations on work duty hours. Specifically:

- Limited to work 24 consecutive hours + 3 hours for transitioning of care (27 hours total)
- Must not exceed 80 hours/week
- Must have at least 24 consecutive hours off/week
- Must include moonlighting hours on any relevant work hour log (e.g, New Innovations work hour log)
- Moonlighters who violate this requirement will no longer be allowed to moonlight on ADS.

**Compensation**

- The standard reimbursement rate is \$75/hour.
- The rate increases if the shift remains unfilled close to the time of the shift.
- Rates greater than \$75/hour need to be recorded onto the sign-up sheet with a notation containing the initials of the MD who approved the higher rate.
- All moonlighters are required to work at least 1 standard-rate shift every 3 months to be eligible for higher rates. The first moonlighting shift for any resident/fellow is always at the standard rate. If due to emergency a moonlighter who has not complied is given a maximum-rate shift, their next shift must be at \$75/hour or they could not moonlight any longer.
- The maximum rate is \$100/hour.
- The sheet is tallied monthly and sent to payroll. The payment will appear in a subsequent paycheck.

Icahn School of Medicine at Mount Sinai  
Consortium for Graduate Medical Education  
Moonlighting Request Form

I am requesting permission to moonlight, and understand that permission to moonlight is subject to the following conditions:

1. My moonlighting activities must not interfere with responsibilities related to my residency program. At no time can moonlighting occur while I am assigned to resident duties.
2. I must accurately report my moonlighting hours in all work hour surveys.
3. My total work hours must be in accordance with the New York State Hospital Code Section 405 (not applicable in New Jersey programs) and ACGME standards:
  - a. I must not work more than 80 hours per week, averaged over a four-week period.
  - b. I must not work more than 24 consecutive hours (plus up to 3 hours of time to allow transfer of care in New York-based programs and 6 hours for New Jersey-based programs).
  - c. I must have at least one calendar day free from clinical duties per week, averaged over a four-week period.
4. I must inform my training director of all moonlighting shifts and schedules.
5. I understand that professional liability insurance ("malpractice insurance") has been provided for duties within the scope of my residency or fellowship training. This insurance DOES NOT cover moonlighting activities at other facilities. I understand that I will be required to submit proof of separate and appropriate professional liability coverage that covers the requested moonlighting activity.
6. I must possess and maintain a current, unrestricted medical license.
7. I will not report any cases seen during moonlighting activities in procedure logs maintained by my residency program.
8. I understand that approval to moonlight is granted through the end of the academic year in which it is approved, and must be renewed each subsequent academic year.
9. My performance in the residency program will be monitored for the effects of moonlighting, and permission may be withdrawn if adverse effects are observed.
10. Permission to moonlight may be withdrawn if academic advisement or disciplinary action is issued to me by the residency/fellowship program.
11. Failure to comply with any of the above items may result in withdrawal of permission to moonlight and/or disciplinary action.

Residents Name: \_\_\_\_\_ Date: \_\_\_\_\_

Residents Signature: \_\_\_\_\_

Icahn SOM at Mount Sinai  
Consortium for Graduate Medical Education  
Moonlighting Request Form

Date of Request: \_\_\_\_\_

Resident/Fellow Name: \_\_\_\_\_

Residency/Fellowship Program: Internal Medicine Residency Program

Moonlighting Employer: Icahn SOM at Mount Sinai

Name of Supervisor at Moonlighting Location: Andrew Dunn, M.D.

Phone # of Supervisor at Moonlighting Location: 212.241.2920

Description of Moonlighting Duties: Admitting and taking care of patients on the Attending-Directed Service (ADS) of the Mount Sinai Hospital. This may never occur simultaneously with any clinical responsibilities as a resident.

Requested Dates of Moonlighting Activity Start: \_\_\_\_\_ End: \_\_\_\_\_

Resident/Fellow Will Bill for Professional Services (Yes/No): No

Professional Liability Carrier: \_\_\_\_\_

Professional Liability Policy Number: \_\_\_\_\_

Unlimited Medical License Number (specify State): \_\_\_\_\_

Resident/Fellow Signature: \_\_\_\_\_

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I have reviewed the above request for moonlighting activity and determined that the resident has demonstrated eligibility to moonlight. The resident is not required to engage in moonlighting. The resident's performance in the residency program will be monitored for the effect of moonlighting. Permission to moonlight may be withdrawn if adverse effects are observed. This statement of permission will be retained in the resident's educational file.

\_\_\_\_\_  
Residency Program Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Name (Print)



Icahn  
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Medicine at  
Mount  
Sinai



The Mount Sinai Medical Center  
Moonlighting and Personnel Policy Issues of Work Hours

*The Compliance Department will be tracking the hours “residents” and “fellows” work annually to ensure that each Department is compliant with the regulations set forth under “Moonlighting” and the Bell Commission.*

*EVERY department of the Mount Sinai School of Medicine is expected to have a mechanism or time keeper that is tracking work hours. Strict adherence of the rules must be enforced and maintained by the Department.*

*Effective in 2007, each Department on the third Monday of January of each new year, is to provide a spreadsheet identifying; the “resident” or “fellows” by name, start date, dictation number, life number, within their department. The spreadsheet should be a summary by month representing the total hours each individual worked for the previous year. This annual summary can be e-mailed to the Director of Core Compliance, James Giordano or mailed interoffice to Box 1619. The purpose of this summary is to demonstrate compliance with both the rules and regulations associated with “Moonlighting” and the Bell Commission.*

*Attached please find The Mount Sinai Medical Center Moonlighting approval and attestation document, which is to be used to request, grant and confirm that one understands the rules before embarking on “Moonlighting” activities. A copy of any signed moonlighting approval must accompany the annual summary submitted to the Director of Core Compliance.*

I have read and understand the requirements

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Print Name	Department	Life #/Dictation Code
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Signature	Date
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MOONLIGHTING APPROVAL & ATTESTATION

Contract for Moonlighting services with Dr (s) \_\_\_\_\_

Department of \_\_\_\_\_

Date of Moonlighting engagement/activity \_\_\_\_\_

*The following MUST be answered prior to approval:*

Professional services will be billed \_\_\_\_\_ (YES/NO) PLEASE NOTE: If a resident or fellow is covering for an attending, professional service CANNOT BE BILLED by either provider.

I have not approved \_\_\_\_\_ Reason: \_\_\_\_\_

I have approved \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_  
Signature of Director/Division Chief

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

ATTESTATION STATEMENT:

I certify that I received, read and understand these rules as they apply to my request to moonlight during my residency or fellowship at The Mount Sinai Medical Center.

\_\_\_\_\_  
Signature of resident/intern or fellow

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

