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Trauma Surgeon Call Panel Process

Purpose: To delineate the requirements for trauma surgeons participating on the trauma call panel

Guidelines:

- A. Each day, the trauma panel has 2 physicians who are on call for trauma
 - a. Acute care surgeon (also known as primary call surgeon)
 - i. Call rotation begins each Monday at 0700
 - 1. That surgeon is the primary trauma surgeon Monday through Thursday from 0700 – 1800
 - 2. The same primary surgeon is on call Friday from 0700 until Saturday at 0700
 - 3. The same surgeon picks up call again on Sunday from 0700 until Monday at 0700
 - ii. Primary trauma surgeon call for nights and Saturday from 0700 – Sunday at 0700 is assigned to another member of the trauma call panel
 - iii. This surgeon also sees other surgical emergencies in Deaconess Midtown Emergency Department and throughout Midtown Hospital
 - iv. If primary surgeon becomes detained or occupied by a surgical emergency, the back-up surgeon is alerted and becomes the first call surgeon until the acute care surgeon is no longer encumbered and can reassume the responsibilities of the acute care surgeon
 - v. Daily trauma rounds are made by the acute care surgeon in conjunction with their mid-level provider
 - vi. An acute care surgeon and back-up surgeon 24/7 call schedule is published for Hospital staff
 - b. Back-up surgeon
 - i. Assume duties of the acute care surgeon upon notification that the acute care surgeon is encumbered
 - ii. Perform acute care surgeon duties until such time as the primary surgeon is available to resume acute care surgeon duties
- B. The Trauma Medical Director will perform an annual review or more often if needed to assess ability to remain on call panel for continuing privileges for each surgeon on the trauma call panel, including quality metrics using an OPPE form

- C. Attendance on the Trauma Call Schedule is a privilege extended to qualified physicians by the Medical Director of Trauma Services
- D. Services for which the Trauma Surgeons are responsible include, but are not limited to
 - a. Participating in the published acute care and back-up surgeon call schedules as developed by the Trauma Medical Director
 - i. The acute care rounding surgeon is required to lead interdisciplinary trauma rounds in the absence of the Trauma Medical Director
 - b. Directing the care and treatment of appropriate patients of the Trauma Center
 - c. Determining whether to assign a trauma patient of the Trauma Center to an appropriate admission physician specialist and unit
 - d. Responding to Category I trauma activations in the Emergency Department within 15 minutes notification via activation pager or cell phone message
 - e. Responding to Category II trauma activations and consultations/evaluations within 6 hours of notification via activation pager or cell phone message
 - i. The ED physician is required to make contact with the Trauma Surgeon via telephone consultation for patient report
 - ii. At any time if the ED physician believes the patient needs to be evaluated prior to the 6 hour requirement, the ED physician will communicate this to the Trauma Surgeon
 - f. Contacting the ED via telephone within 3 minutes of activation for all levels of trauma activation
 - i. If the Trauma Surgeon does not respond within 3 minutes, a second page will be issued
 - g. Maintaining a minimum attendance of 50% during any rolling 12-month period at the Trauma Mortality and Morbidity (“Trauma Peer Review”) committee
 - h. Participating in the PIPS program as required by the Trauma Medical Director
 - i. Being designated only to Deaconess Midtown, and not any other hospital, when on call for Deaconess Midtown
 - j. Supplying a signed History and Physical on each activated trauma patient
- E. Documentation of the Trauma Surgeon’s arrival time to the ED for Category I activations will be noted on the trauma flowsheet which is completed by ED staff
 - a. The documented arrival time on all activations must meet the specified response times established by the Trauma Mortality and Morbidity Committee based on verification/designation requirements of the American College of Surgeons (ACS) and the State of Illinois
- F. See Trauma Team Attending Credentials and delineation form guideline for specific requirements to participate on the Trauma Surgeon Call Panel
- G. A complete list of designated trauma surgeons who meet trauma requirements for a trauma call panel is available upon request via delineation form

References:

- Resource for Optimal Care of the Injured Patient, 2022