**PRACTICE GUIDELINE**

Effective Date: **10-6-05** Manual Reference: **Deaconess Trauma Services**

**TITLE: TRAUMA SURGEON CALL PANEL PROCESS**

**PURPOSE:** To delineate the requirements for trauma surgeons participating on the trauma call panel.

**POLICY:** The following requirements must be met by trauma surgeons participating on the trauma call panel.

**GUIDELINES:**

A. Each day the trauma panel has two physicians that are on call for trauma; the acute care surgeon and back up surgeon. An acute care surgeon and back up surgeon 24/7 call schedule is published for hospital staff.

1. The acute care surgeon (primary call surgeon) call rotation/schedule begins each Monday at 7 am and that surgeon is the primary trauma surgeon each day Monday through Thursday 7am-6pm. Then, the same primary surgeon is on call Friday 7am-Saturday 7a. The same surgeon picks up call again on Sunday from 7a-Monday 7a. Primary trauma surgeon call for nights and Saturday7a-Sunday 7a is assigned to another member of the trauma call panel. This surgeon also sees other surgical emergencies in the hospital and the Emergency Department. If he/she becomes detained or occupied by one of these other surgical emergencies, the backup surgeon is alerted and becomes the first call surgeon until the acute care surgeon is no longer tied up and can reassume that responsibility.
2. The acute care surgeon is the first surgeon called for all trauma activations and evaluations. This surgeon also sees other emergent surgical problems in the Emergency Department and the hospital. If he/she is occupied with one of these surgical problems, the backup surgeon is then alerted or made aware that the acute care surgeon is obligated. At that point, the backup surgeon becomes primarily responsible for any additional trauma activations and evaluations that may arise.
3. Daily trauma rounds are made by the acute care surgeon in conjunction with their mid-level provider. The Trauma Performance Improvement RN is available to assist the Trauma Surgeon when needed and conducts concurrent chart rounds on patients daily as well as independently rounding on patients to answer questions, provide support, and/or communicate with families.

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 shall include, but shall not be limited to, the following:

1. Participation in the published acute care and backup call schedules as developed by the Medical Director of the Trauma Center. The acute care rounding surgeon is required to lead interdisciplinary trauma rounds in the absence of the Trauma Medical Director.
2. Directing the care and treatment of appropriate patients of the Trauma Center.
3. Determining whether to assign a trauma patient of the Trauma Center to an appropriate admission physician specialist and unit.
4. Responding to Category I trauma activations in the Emergency Department (ED) within 15 minutes of notification via activation pager.
5. Responding to Category II trauma activations and consultations/evaluations within 6 hours of notification via activation pager. The ED physician is required to make contact with the trauma surgeon via telephone consultation for patient report. At any time the ED physician the patient needs to be evaluated prior to the 6 hour requirement, he/she will communicate this to the trauma surgeon.
6. ED physician to Trauma Surgeon consultation via telephone is required for all levels of activation within three minutes of notification.
7. Participating in chart review, peer review activities, and PIPS program as required by the Trauma Medical Director.
8. Being designated only to Deaconess, and not any other hospital, when on call for Deaconess.
9. Supplying a signed History and Physical on each activated trauma patient.
10. Documenting arrival time to the Deaconess Emergency Department on the trauma flow sheet. The documented arrival time on all activations and consults must meet the specified response times established by the Trauma Peer Review Committee based on verification/designation requirements of the American College of Surgeons (ACS) and the State of Illinois.
11. The admitting Trauma Surgeon is required to review the radiographic films/reports during the admission process and document their initial impression of radiographic results and plan of care in the History and Physical or documented in an addendum. If films/reports are resulted during transition to the next call surgeon, a verbal hand off with the oncoming surgeon that the films/reports are pending must occur.
12. See Trauma Team Attending Credentials and delineation form guideline for specific requirements to participate on the Trauma Surgeon Call Panel.

E. A complete list of designated trauma surgeons that meet trauma requirements for a trauma call panel is available upon request via delineation form.

**REFERENCES:**

- Resource for Optimal Care of the Injured Patient: 2014

| REVIEWED DATE | REVISED DATE |
|---|---|
| JAN 2006 | JAN 2008 |
| JAN 2007 | JUL 2016 |
| OCT 2011 | JUL 2017 |
| AUG 2014 | JUN 2020 |
| JUL 2016 | |
| JAN 2017 | |
| JAN 2018 | |
| JAN 2019 | |
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