

PRACTICE GUIDELINE

Effective Date: **4-16-04**

Manual Reference: **Deaconess Trauma Services**

TITLE: ORTHOPAEDIC SURGEON TRAUMA CALL PANEL PROCESS

PURPOSE: To delineate the requirements for Orthopaedic surgeons participating on the Trauma Call Panel.

POLICY: The following requirements must be met by Orthopaedic surgeons participating on the Trauma Call Panel.

GUIDELINES:

- A. Daily, including weekends, from 7 am to 7 am the Orthopaedic trauma call panel has a primary surgeon on call dedicated to Deaconess Hospital. If at any time an Orthopaedic surgeon is not available exclusive to the Deaconess Hospital System, a backup Orthopaedic surgeon will be available. A backup Orthopaedic trauma call schedule is also published.
- B. From 7 am to 7 am each day, including weekends, the Orthopaedic surgeon on call will perform all services necessary to provide the patients of the Trauma Center with the level of on-call orthopaedic surgical services that should reasonably be provided by a Level II Trauma Center according to the guidelines of the American College of Surgeons. The Orthopaedic Trauma Medical Director will be available for consultation when needed.
- C. Services for which the Orthopaedic surgeons are responsible shall include, but shall not be limited to, the following:
 1. Determining whether to assign a trauma patient of the Trauma Center to an appropriate admission physician specialist and unit.
 2. Responding to a consultation in the Emergency Department within 30 minutes of notification by the Emergency Department physician or Trauma Surgeon for orthopedic emergencies (see Management of Musculoskeletal Fractures).
 3. Admitting isolated orthopaedic injuries to Trauma program, consulting Trauma Surgeon if needed.
 4. Participating in chart review and peer review activities as requested by the Trauma Program Manager &/or Trauma Medical Director.
 5. Being designated only to Deaconess, and not any other hospital, when on call for Deaconess Hospital.
 6. Supplying a signed History and Physical or Consultation dictation on Trauma Service's patients.
- D. Refer to the "Trauma Team Attending Credentials" guideline for requirements for participation on the Orthopedic Trauma Call Panel.

- E. A complete list of designated Orthopedic that meet trauma requirements for a trauma call panel is available upon request. Attendance on the Trauma Call Schedule is a privilege extended to qualified physicians by the Medical Director of Trauma Services.
- F. A traumatologist is available to care for severe pelvic and acetabular fractures. In the event the traumatologist is unavailable in a reasonable time frame, the patient will be transferred to a higher level of care. If an orthopedic injury is deemed too complex by the traumatologist (i.e. pediatric supracondylar humeral fracture, spino-pelvic injuries), the patient will be transferred to a higher level of care.
- G. For trauma patients requiring care from a hand/microvascular surgeon, coverage is available. In the event that the hand/microvascular surgeon is unavailable, or the hand injury is complex or requiring replantation, the patient will be transferred to a higher level of care.
- H. If a traumatologist or a hand/microvascular surgeon is unavailable or a complex case is requiring transfer to a higher level of care:
 - The Trauma Surgeon will provide initial evaluation and stabilization of the trauma patient.
 - Transfer agreements are in place with similar or higher-verified trauma centers.
 - The Trauma Surgeon will have direct contact with the accepting facility to arrange for expeditious transfer or ongoing monitoring support.
 - Monitoring of the efficacy of the transfer process will be monitored by the PIPS program.

REFERENCES:

- Resource for Optimal Care of the Injured Patient: 2014

REVIEWED DATE	REVISED DATE
JAN 2005	JAN 08
JAN 2006	AUG 16
JAN 2007	OCT 16
OCT 2011	SEPT 17
AUG 2014	OCT 20
JAN 2018	MAR 21
JAN 2019	
AUG 2020	