

Physician **MEMO**

To | Cardiology Staff taking ER Call

From | Bruce D. Walley, MD, Senior Vice President – Medical Staff Services

Date | December 27, 2011

Re | **Emergency Room Unattached Call Coverage**

On November 16, 2012 I sent out a memo regarding unattached call schedules for the Emergency Department. I believe the most fair way to distribute call evenly is to rotate the call among physicians rather than among practices. There are significantly different numbers of physicians in the two practices. This has led to an uneven distribution of emergency room coverage that creates an undue burden on some physicians. Our office has tried to accommodate the wishes of both practices in the past, but as the number of physicians has changed, this has become increasingly difficult.

Enclosed is a copy of the memo cited above. You will notice in the last paragraph that I invited comments and other alternative plans. I received none other than from Dr. Givens. Cardiology call is the only large section that currently does not rotate by alphabetical order or some variation that allows equal distribution of call for physicians of different groups. The upcoming New Year's holiday has created a situation where one physician is on Friday and Sunday night which is the holiday. Our office should not be responsible for adjudicating disagreements about call responsibilities. Our office should not have to rearrange call schedules once they have been created.

Starting in July of 2012 the assignment of Emergency Department call for unattached patients will be on a rotational basis of either 13 or 15 days. It was proposed in the previous memo to be 13 days, but could be a 15 day rotation with each of the physicians that have "aged out" of the responsibility splitting the day with another physician that has "aged out". This last detail can be worked out by the section of cardiology, but the current method of creating the call schedule has become unworkable for our office.

Physician **MEMO**

To | Cardiology Staff taking ER Call

From | Bruce D. Walley, MD, Senior Vice President – Medical Staff Services

Date | November 16, 2011

Re | **Proposal for Emergency Room Unattached Call Coverage**

It is understood that the burden of unattached call in cardiology has been at times overwhelming. Due to the disparity in numbers of practitioners in the two groups providing call, there have been times when one group has call days that are close together. This makes the burden of call even more challenging.

There are 14 members of the section that still have call responsibility as outlined in the medical staff bylaws. Since a multiple of 14 would make someone have the same day of the week every two weeks, it has been proposed that the call be rotated among 13 physicians. This means that one physician gets a “bye” for the rotation. Forsyth Cardiology has agreed to allow the “bye” to go to Winston-Salem Cardiology/Heart & Vascular.

Using a rotational system would guarantee that:

1. Every physician would get the same number of days
2. Every physician would get the same number of EACH day, i.e. all would get the same number of Fridays, Saturdays, Sundays, etc.
3. Each physician’s unattached call obligation would be spread out by a sufficient number of days between call nights to allow for reasonable recovery. It would also help prevent a large census that may occur from closely paired call days.

It has been proposed that Forsyth Cardiology do the 1st, 4th, 7th, and 11th days in the rotation and Winston-Salem Cardiology/Heart & Vascular do the other 9 days in the rotation.

Each practice manager would provide to Medical Staff Services the name of the physician on call and their back-up interventionalist if needed. As you are aware, a physician’s name must appear on the call list in the Emergency Department.

It has been proposed that this new schedule would begin on July 1st, 2012. This would allow new Fellows or new physicians joining a practice to be incorporated into the call schedule On July 1st. This system is fair and allows for the administration of both practices to arrange their physician’s schedules according to their vacations, remote work responsibilities, and continuing education opportunities.

Starting this process in July 2012 will allow everyone to be prepared for the change. It also relieves the Medical Staff Services office of the responsibility of finding coverage for the Emergency Department which has occurred more frequently over the past several months.

Please feel free to comment on this change by e-mail to me directly (bwalley@novanthealth.org). Other alternative plans will be entertained. It is not the intent of Medical Staff Services to force this upon the cardiology section, but this system is fair, reproducible, and solves a problem which has been recurring over the past several years.