

Physician **MEMO**

To | Orthopedic Surgeons, Plastic Surgeons

From | Bruce D. Walley, MD

Date | July 26, 2011

Re | **Hand Call**

Over the past year it has become more difficult to cover hand injuries in the emergency department at our hospital. On several occasions the specialist “on call” has refused to evaluate a patient and has asked that the patient be sent to North Carolina Baptist Hospital (NCBH).

On a recent occasion NCBH did not want to accept a patient with a hand injury since we had a “hand call list.” This left the emergency physician with a patient who needed a hand surgeon but had no one willing to manage his injury. The patient was eventually seen here and received treatment, but his care was delayed several hours. The Credentials Committee is aware from previous reports to the committee that very few physicians in the orthopedic section have interest in managing these injuries. None of the plastic surgeons polled wanted to take patients with hand injuries either.

The Credentials Committee met on June 14, 2011 to discuss this issue. The committee has proposed to eliminate separate hand call. Patients with minor hand injuries that can be managed as an outpatient could be referred to the office of the orthopedic surgeon on call in follow up. The patients with severe hand injuries requiring emergency surgery could be referred to NCBH after evaluation by the orthopedic surgeon on call. This specialist to specialist transfer for a “higher level of care” would only be required in a small number of cases.

The Credentials Committee would like the orthopedic section to consider this approach to hand injuries seen in the emergency department at FMC. The committee feels that the expertise of an orthopedic surgeon is important in evaluation of these injuries and is listed in their core privileges. If these changes are acceptable, the “hand call” designation will be eliminated. If these changes are not acceptable we need to come up with a workable plan for how the emergency department is to manage this group of patients. Any changes will need to be approved by the Medical Executive Committee which meets again on August 8, 2011.