University of Kentucky / UK HealthCare Policy and Procedure	Policy PH09.03.020
Title/Description: On-Call Responsibilities – Pharmacy Residents	
Purpose: To define purpose and responsibilities of residents while on-call.	

Related Policies:

PH09.03.025 On-Call Documentation – Pharmacy Residents
PH09.03.045 Code Blue

1. Purpose of On-Call Program
    a. To provide comprehensive, high quality, 24-hour, in-house clinical pharmacy services 7 days a week.
    b. Enhance the educational experience of the residents and develop skills in all practice areas.
    c. Increase the sense of camaraderie among medical house staff.

2. Guiding principles of the UK on-call program:
    a. The resident will have an autonomous clinical experience in a variety of patient care settings (ICU, ED, acute care, out-patient) and patient populations (neonatal, pediatrics, geriatrics, adult; specialty therapeutic populations such as oncology, infectious disease, and critical care)
    b. The resident will communicate pertinent patient information to multi-disciplinary providers based on the nature of their consultations and the results of interventions performed
    c. The resident will learn valuable critical thinking skills (and efficiency in employing those skills) in the course of responding to the wide variety of consultations
    d. The department benefits from the resident on-call providing continuous clinical pharmacy coverage, particularly for patient care issues where clinical judgment and bedside assessment is necessary (eg. response to cardiac arrest, stroke alert, etc).
    e. The minimum experience for the on-call experience is similar to other longitudinal experiences in residency
    f. All activities formally addressed by the PharmD on-call (PDOC) should be summarized via written record in the form of an On-Call report. Refer to Policy # PH09.03.025 for details regarding On-Call Documentation for Pharmacy Residents.

3. Procedure for adding, removing and evaluating Pharm.D. on-call responsibilities
    a. Addition of Pharm.D. on-call responsibilities involves the following:
        i. Create a proposal and the sponsor will send to the Chief Resident to present at the monthly Residency Program Director Committee (RPDC) meeting, allowing all Residency Program Directors (RPDs) to be informed and provide input. The proposal must include a detailed description of what the responsibility is, resident performance expectations when responding, estimated number of calls per shift with time requirements, methods for educating residents on new responsibilities and recommendations for how and when to evaluate the progress following a trial period.
        ii. If approved by the RPDC, the approved proposal should be brought to a resident meeting. This would be an opportunity to explain the proposal and give residents an opportunity to ask questions and understand the expectations.

iii. Complete education session(s) with residents at resident meeting (examples include PowerPoint, cases, etc.) and send out any necessary educational materials.
iv. The Chief Resident or sponsor will send an email communication to all staff of the new responsibility and expectations.
v. Evaluation following designated pilot period. Results of the evaluation should be presented to RPDC.

b. Removal of Pharm.D. on-call responsibilities involves the following:
   i. Identify a responsibility that is deemed to not significantly contribute to patient care AND resident education. Collateral damage of the Pharm.D. on-call not responding should be addressed and discussed.
   ii. Send proposal to remove to responsibility to Chief Resident to be presented at RPDC meeting.
   iii. The Chief Resident or sponsor will inform the residents of the change in expectations via email or at a resident meeting, as well as email communication to other parties involved that may need to be aware of the changes.

c. Evaluating Pharm.D. on-call responsibilities involves the following:
   i. Newly added responsibilities should be evaluated after a designated pilot period, as outlined in the initial proposal.
   ii. All Pharm.D. on-call responsibilities (except TDM and Drug information questions) should be evaluated at minimum on a triennial basis by an RPDC representative or appointee. This evaluation will ensure each responsibility is significantly contributing to patient care, resident education and has reasonable time contributions.
   iii. Areas that do not meet the aforementioned criteria should be addressed for removal as previously described in item 5b.

4. The Pharm.D. resident on-call is responsible for covering clinical pharmacy services for a specific period of time each day. At the beginning of the shift the resident is to obtain the on-call pager which covers the on-call, pediatric code, and stroke or chest pain alerts, as well as the code blue pager from the resident previously on-call.
   On-call shifts are:
   a. Day call: 7am-7pm [weekdays only]
   b. Night call: 7pm-7am [weekdays only]
   c. Weekend call: 7am-7am [may also use this model for holiday coverage]

5. Throughout the on-call shift, the resident is responsible for handling any calls to the on-call pager. Calls between 0800 and 1600 that concern patients who are on pharmacist covered services should be referred to that pharmacist to address. Any clinical decisions concerning patients on covered services are to be communicated to the resident (or pharmacist) on that service the next day. This communication is accomplished via the online software for on-call activity documentation, but may also require verbal hand-off. The on-call resident must ensure that all documentation is in accordance to the On-Call Documentation Policy and Procedure (PH-20-03).

6. In addition, the resident should send an e-mail summary of all on-call activities no later than 2 hours after the shift ends. The broadcast e-mail may contain patient names or initials. This summary should have sufficient information to be informative and warrant feedback from preceptors.

7. A preceptor contact list (with phone tree) is available indicating therapeutic categories of expertise as a reference to the on-call resident. Preceptors are available 24 hours a day for calls requiring consultation.

8. on-call responsibilities include:
    a. Pharmacokinetic consults . This may include supratherapeutic levels called to the resident from toxicology lab or questions concerning pharmacokinetics.
    b. Pediatric code team member. The Pharm.D. resident on-call pager will be activated with a Pediatric Code text message and the on-call resident shall respond to any pediatric codes.
    c. Adult code team member. The Pharm.D. resident on-call pager will be activated with an Adult Code text message. On-call residents respond to all adult codes. One member of central pharmacy will replace Code Blue cart with a new cart and remove the used Code Blue cart.
    d. Stroke or chest pain alert team. The Pharm.D. resident on-call pager will be activated for stroke or chest pain alerts with a text message.
        i. House staff will contact the resident to assist in evaluation for administration of alteplase in a stroke or chest pain patient.
            1. Tissue plasminogen activator (Alteplase) for acute myocardial infarction evaluation. House staff may contact the Pharm.D. resident on-call to determine if a patient meets criteria for the administration of tissue plasminogen activator. This is an infrequent event (incidence <1 case per year).
    e. Crofab evaluation. House staff may contact the Pharm.D. resident on-call to determine if a patient meets the criteria for the administration of Crofab.
    f. Reversal agents. House staff may contact the Pharm.D. resident on-call to determine if a patient meets criteria for the administration of Factor VIIa, PCC, or other reversal agents. All requests from 0800 to 1600 should be communicated with the Primary Pharmacist.
    g. Toxicology evaluation. This may include supratherapeutic levels called to the resident from lab or house staff may contact the Pharm.D. resident on-call.
    h. Medication history requests. When pharmacy receives an order for a medication history consult, the pharmacist covering the service will perform the consult between 0700-1600. Between 1600-2100, evening pharmacists and technicians will cover these requests depending on availability and the location of the patient.. Medication histories are not routinely performed during the hours of 2100-0700. The PDOC will evaluate the urgency of a medication history request after 2100 and discuss with requesting physician.
    i. Drug information calls directed to the resident that require immediate attention (note Poison Center related calls should be directed to the Poison Center).
    j. The Pharm.D. resident on-call will be paged to accompany and assess the use of targeted medications dispensed that are high cost, low utilization biologics and antidotes. The current list includes: Crofab (snake anti-venom), Factor VIIa, tissue plasminogen activator (tPA), and Digibind.
    k. Sepsis bundle. Pharm.D. resident on-call will respond to evaluate the patient to start/escalate antibiotic coverage in a patient. The expectation is to hand deliver medications to patient's bedside and to administer within 30 minutes of the alert. Pharm.D. resident on-call will assist in other areas of sepsis resuscitation (pressor management).
    l. Status epilepticus bundle (Pharm.D. resident on-call shall respond to the patient's bedside for evaluation and ensure timely administration of several different AEDs is accomplished.
    m. Nanosphere results). Pharm.D. resident on-call will be paged by microbiology lab on all positive nanosphere results from 1900-0700 on weeknights and 24 hours per day on weekends/holidays. Document evaluation of each patient and the time spent on each case in the on-call report.
    n. DTI
    o. Pulmonary Embolism Response Team (PERT) – *pilot*
    p. New Start TPN (weekend/holiday coverage)

9. Call Schedule
    a. The scheduling chairand chief resident are responsible for scheduling all on-call assignments for that year. Residents shall not be initially scheduled on-call more than one holiday each year. Residents will be assigned to cover the entire year and will cover on-call in a method determined to be equitable (Fridays, Saturdays and Sundays should be relatively equal, i.e. +/- 1). The on-call resident will be identified in the departmental scheduling system. Residents may switch on-call shifts as long as the standard on-call switch form is completed and priority consideration remains with the rotation goals and adherence to resident duty hour limitations. Consultation with the rotation preceptor is required. The Scheduling Chair is then responsible for making final changes to the hospital on-call schedule.
    b. The approximate distribution of day, night, and weekend on-call shifts can be seen below. Each program may individualize the number and distribution of on-call shifts as appropriate in concert with the other program so as to ensure a reasonable distribution of shifts across the program and to ensure that the minimum experience for the on-call experience is similar to other longitudinal experiences in residency. Weekend and weeknight calls shifts are counted towards total number of shifts per year. Residents should be not scheduled for more than 47 shifts (combined total of night and weekend on-call shifts plus staffing shifts).

Resident	Day	Weekend call	Week Night	Total
PGY1	10	5	11	26
PGY1 Admin	24	0	0	24
PGY2 Admin	12	0	3	15
PGY2 CAR	11	4	10	25
PGY2 CC	4	4	17	25
PGY2 ID	*5*	*3*	*5*	*13*
PGY2 MUS	17	4	3	24
PGY2 PED	11	4	10	25
PGY2 ONC	11	4	10	25
PGY2 TXP	11	5	10	26
PGY2 MED	10	5	11	26
PGY2 ED	10	5	12	27

Persons and Sites Affected

☐ Enterprise ☐ Chandler ☐ Good Samaritan ☐ Kentucky Children's ☐ Ambulatory ☒ Department

Policies Replaced

☐ Chandler ☐ Good Samaritan ☐ Kentucky Children's CH ☐ Ambulatory KC ☐ Other

Effective Date: 5/25/17 | **Review/Revision Dates**: 1/03, 9/13, 5/15, 06/27/16, 5/25/17

Approval by:

Sarah Cotner, PharmD, BCPS
UKHC Pharmacy Chief Resident

Dina Ali, PharmD
UKHC Pharmacy Chief Resident

Gary Johnson PharmD, MHA
Enterprise Pharmacy Director