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 PharmD on-call responsibilities
    a. Addition of PharmD 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. Educational materials are located in a centralized digital location for convenient access.
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 PharmD 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 PharmD 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 PharmD 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 PharmD 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 PharmD 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 individual previously holding the pagers.
   On-call shifts are:
   a. Emergency response pharmacist: 0730-1600 [weekdays only]
   b. Night call: 1600-0730 [weekdays only]
   c. Weekend + Holiday Coverage: 0730-0730

5. Throughout the on-call shift, the resident is responsible for handling any calls to the on-call pager. Calls between 0730 and 1600 that concern patients who are on pharmacist covered services, as well as calls received for services covered by an evening shift pharmacist, should be referred to that pharmacist to address.

6. 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 EHR reporting function for PharmD On-Call type documentation, but may also require verbal hand-off.

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 PharmD 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 PharmD resident on-call pager will be activated with an Adult Code text message. On-call residents respond to all adult codes. On-call resident will return used code blue trays to central pharmacy for restocking.
    d. Stroke or chest pain alert team.
        i. The PharmD resident on-call pager will be activated for all stroke alerts with potential for administration of tissue plasminogen activator (Alteplase), including Stroke Alert Red (Emergency Department) and inpatient stroke alerts. Upon receiving a page, the on-call resident will respond to the patient's bedside or location indicated in text message.
        ii. For acute myocardial infarction, house staff may contact the PharmD resident on-call to determine if a patient meets criteria for the administration of a fibrinolytic. Tenecteplase (CMC) or Reteplase (GSH) are institutional fibrinolytics of choice for acute myocardial infarction (see protocol). This is an infrequent event (incidence <1 case per year).
    e. Crofab evaluation. House staff may contact the PharmD resident on-call to determine if a patient meets the criteria for the administration of Crofab.
    f. Anticoagulation reversal agents/life threatening bleeding situations. House staff may contact the PharmD resident on-call to determine if a patient meets criteria for the administration of Factor VIIa, PCC, or other reversal agents. All requests from 0730 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 PharmD 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 0730-1600. 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 2100-0730. 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 PharmD resident on-call will be paged to accompany and assess the appropriate 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), Digibind, Rasburicase, Tocilizumab.
    k. Status epilepticus bundle. PharmD resident on-call shall respond to the patient's bedside for evaluation and ensure timely administration of several different AEDs is accomplished.
    l. Microbiology results. PharmD resident on-call will be paged by microbiology lab on all positive rapid diagnostics results from 1600-0730 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.

m. Direct thrombin inhibitors (argatroban and bivalirudin). The PharmD resident on-call will assume responsibility of pharmacist-managed DTI titrations between 2100 and 0730, as needed. Between 0730-2100, primary team and evening pharmacists will manage titrations.
n. Pulmonary Embolism Response Team (PERT). The PharmD resident on-call will respond to the patient's bedside for evaluation of PE and timely administration of anticoagulation or fibrinolytic.
o. New Start TPN (weekend/holiday coverage). The PharmD resident on-call will be paged by central pharmacy when a new *Pharmacist To Dose: TPN* is ordered. The on-call resident will assess the appropriateness of TPN for the patient and, if indicated, order TPN prescription based on calculated needs before 1400. They will communicate with the central IV room pharmacist upon entering prescription and the TPN pharmacist to provide TPN handoff.

9. Call Schedule
    a. The scheduling chair and 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. All residents work a total of 45-47 shifts throughout the residency year. Of those shifts, the on-call experience constitutes approximately 15 (±1) on-call shifts. The distribution of night and weekend on-call shifts can be seen below and is approximately 4-5 weekend shifts and 10 weeknight shifts for residents who take call. Residency programs that do not take part in the on-call experience will meet total shift requirements through weekend clinical and central staffing shifts. Residents should be not scheduled for more than 47 shifts (combined total of night and weekend on-call shifts plus staffing shifts). These numbers are subject to change as residency programs change and/or expand.

Resident	Weekend call	Week Night	Total
PGY1	4	11	15
PGY1 Admin	4	11	15
PGY1 SPAL	4	11	15
PGY2 Admin	1	2	3
PGY2 SPAL	0	2	2
PGY2 CAR	4	11	15
PGY2 CC	4	11	15
PGY2 ID	4	11	15
PGY2 MUSP	0	0	0
PGY2 PED	4	11	15
PGY2 ONC	4	11	15
PGY2 TXP	4	11	15
PGY2 MED	4	11	15
PGY2 ED	4	11	15
PGY2 Am care	0	0	0

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	
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