Pharmacy Residency Program
On-Call Responsibilities Policy & Procedures

Background

The implementation of a Pharmacy Practice Resident On-Call program has enabled the Division of Pharmacotherapy to provide critical services to the hospital on a 24-hour basis. It is imperative that these services are clearly outlined to provide the resident with a guideline of their responsibilities while on-call.

Policy

These policies and procedures are applicable to all pharmacy practice residents during on-call periods.

A. Schedule
   1. "Long Call"
      a. Each pharmacy practice resident is expected to be on-call for a 24-hour period generally every sixth night and will not exceed every third night, averaged over any four-week period year round
         i. Entries into the Electronic Intervention Database should be completed prior to sign out

   2. "Short Call" or "Clinical Consult Service"
      a. PGY1: Intended to meet staffing requirement; refer to staffing policy
      b. PGY2: All responsibilities outlined under Part C are expected during the time frame assigned

   3. The schedule for on-call coverage is published by the Residency Program Directors and may be revised periodically by the Director, or Chief Resident, as necessary to ensure continuous coverage.

   4. The Preceptor-on-call schedule is published with the on-call coverage schedule.

   5. Changes to the schedule may be made by mutual agreement and the approval of the Residency Program Director. A form is available for this purpose and must be completed and signed by all involved parties prior to approval.

6. Emergency changes to the schedule due to illness are possible. Refer to the Attendance Policy for instructions and rules regarding this type of change in scheduling.

B. Sign-out

1. The primary objective of a "Sign out" is to provide accurate information about a patient's care. This includes treatments, current condition, and any recent or anticipated changes. The information communicated during sign out must be accurate in order to ensure patient safety goals.

2. It is the responsibility of both residents; the resident signing-out and the resident signing- in to ensure continuity of patient care through our pharmacotherapy services.

3. The preceptor on-call shall be notified of all pending and significant issues at the time of sign-out and will be up-dated throughout the call period as necessary.

4. Verbal interaction between the resident on-call and preceptor on-call is preferred.

5. Opportunities to ask and respond to questions will occur during sign out.

C. On Call Responsibilities

1. Code Blue, Rapid Response Team, Stroke Alert, and Trauma Code Response
   a. The resident should respond to all codes in the hospital. Duties on codes include, but are not limited to:
      i. Providing drug information
      ii. Serving as a resource for appropriate use of medications within the ACLS algorithms
      iii. Preparation of medication for immediate administration to patients
      iv. Calculation of dosing and "drip" rates for all medications
      v. Review of "code sheets" for completeness and quality assurance
      vi. All codes attended during the on-call period will be entered into the Electronic Intervention Database by the designated resident.

vii. A Rapid Response Medication Kit shall be carried at all times during the "long call" shift

2. Continuity of Care Program
   a. Ambulatory care patients treated in any of the pharmacy based outpatient clinic environments may contact the resident on-call if urgent or emergency care is needed.
   b. The on-call resident will provide instructions via telephone consistent with instructions given in the clinic environment.
   c. Should a patient require emergency treatment, referral to the Emergency Department will be provided
   d. The preceptor on-call will be notified of the situation
   e. The resident on-call will meet the patient in the Emergency Department to assess the patient and provide appropriate information to the Emergency Department staff.
   ~~f.~~ Ambulatory care patients may require telephonic follow-up from their clinic visit. Preceptors or co-residents will sign out all follow-up to the on-call resident with instructions for action, consistent with Section B, above.

3. Drug Information Requests
   a. The resident on-call is the primary source of drug information for the hospital.
      i. Electronic databases and the Internet are available for research related to processing and responding to drug information consultations. Usernames and passwords for all available electronic resources are provided to each resident during program orientation.
      ii. Allscripts Gateway as well as Epic provide access to all patient information including laboratory values, physicians note, and patient medication profiles
      iii. PACS provides access to radiology reports
      iv. PubMed may be used to conduct primary literature searches. Full-text articles may be available through Long Island University, Touro College of pharmacy, and Mount Sinai subscriptions.
      v. LexiComp (CRLonline), Micromedex, Clinical Pharmacology and/or AHFS/Epocrates may be

used for secondary research.

vi. MUSE provides access to ECG reports

b. All drug information requests hospital-wide must be properly documented and entered into the Electronic Intervention Database in a prompt manner. The resident may keep copies for their own records.

c. The Intervention Database may be consulted to determine if a similar question has been researched in the past.

4. Requests for clinical intervention
   a. Such requests may include, but are not limited to, the following:
      i. Medication dosing
      ii. Pharmacokinetic Consult
         1. Refer to Pharmacokinetic service policy
      iii. Recommendations for alternative formulary products
      iv. Drug interaction evaluation
      v. Nutrition Consult Service
         1. Refer to Nutritional Team/Service policy
      vi. IV dosing and preparation
      vii. Inpatient Anticoagulation
      viii. Antimicrobial Stewardship Program
      ix. Identification of outside medications
      x. Non formulary order approval

   b. When the response to such requests results in a change of therapy, the resident physician responsible for the patient shall be notified.
      i. Recommendations shall be reviewed with the physician.
      ii. A progress note shall be recorded in the medical record.
      iii. The preceptor on-call will review and co-sign the progress note.
      iv. If a verbal/telephone order is utilized to expedite patient care, the order should be placed under the requesting physician's name.

5. All clinical recommendations will be discussed with a Clinical Pharmacotherapy Specialist, either the specialist for the practice area in question, or the Preceptor-On-Call prior to implementation.
   a. As the resident progresses with increased level of training and competence (and obtains New York State license), the preceptor(s) will determine when the resident may implement his/her recommendations without prior preceptor approval, when the resident is comfortable making these recommendations. Preceptors will continue to be available for guidance as needed.