Pharmacy Residency Program
On-Call Responsibilities Policy & Procedures

Background

The Division of Pharmacotherapy provides critical services to the hospital on a 24-hour basis. This is accomplished through the utilization of ED/ clinical overnight coverage and the Pharmacy Residency On-Call program (Appendix 1.) 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 residents during on-call periods.

A. Schedule
   1. "Long Call"
      a. Each PGY-1pharmacy resident is expected to be on-call for a 12 to 24-hour period generally once a week, but not to exceed every third night, averaged over any four-week period year round (excluding orientation). In addition, the resident will be on call for at least one designated holiday for a 24 hour period. The specific holiday to be covered will be determined in advance and may not coincide with the "observed" holiday schedule. Note that residents are exempt from the hospital's observed holidays and are expected to perform their assigned duties, as scheduled. The statement above refers only to the on-call program.
      b. Each PGY2 emergency medicine and infectious diseases pharmacy resident is expected to be on-call for a 12 to 24-hour period generally once every other week, but not to exceed every third night, averaged over any four-week period year round (excluding orientation). In addition, the resident will be on call for at least one designated holiday for a 24 hour period. The specific holiday to be covered will be determined in advance and may not coincide with the "observed" holiday schedule. Note that residents are exempt from the hospital's observed holidays and are expected to perform their assigned duties, as scheduled. The statement above refers only to the on-call program.

2. “Short Call/ staffing”
   a. 12 hour shift divided into on-call support (Responsibilities as outlined in Section C below) from 0800 to 1200 AND ED satellite staffing 1200 to 2000 (Resident Staffing Policy R-006).
      i. PGY1: Two, 12 hour shifts (one weekend) every five weeks once licensed on/ or about October 1st and at least one designated holiday in this capacity. The specific holiday to be covered will be determined in advance and may not coincide with the “observed” holiday schedule. Note that residents are exempt from the hospital’s observed holidays and are expected to perform their assigned duties, as scheduled. The statement above refers only to the on-call program.
      ii. PGY2: All responsibilities outlined under Section C are expected during the time frame assigned. The resident will work at least one designated holiday in this capacity. The specific holiday to be covered will be determined in advance and may not coincide with the “observed” holiday schedule. Note that residents are exempt from the hospital’s observed holidays and are expected to perform their assigned duties, as scheduled. The statement above refers only to the on-call program.

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 completedand signed by all involved parties prior to approval.

6. Emergency changes to the schedule due to illness are possible. Refer to the Resident Attendance Policy (R-002) for instructions and rules regarding this type of change in scheduling.

B. Sign-out

1. The primary objective of a "Sign out" is to communicate accurate information about each patient's care to ensure patient safety goals.. This includes treatments, current condition, and any recent or anticipated changes.

2. It is the responsibility of both scheduled residents (the resident signing-out and the resident signing-in) and the overnight ED pharmacist 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 updated 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.

6. Entries into the Electronic Intervention Database should be completed prior to evening handoff/ AM signout

C. On Call Responsibilities

1. Code Blue, Rapid Response Team, Stroke Alert, STEMI Alert and Trauma Code Response
   a. The resident should respond to all codes in the hospital. Duties on codes include, butare not limited to:
      i. Providing drug information
      ii. Serving as a resource for appropriate use of medications within the ACLS or PALS 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. Once licensed and credentialed, a Rapid Response Medication Kit shall be carried at all times during the "long call" shift

2. Continuity of Care Program
    a. PGY-2 ambulatory care residents facilitate continuity of care as needed for admitted/discharged patients at sign out who are or will be treated in any of the pharmacy-based outpatient clinic environments.
3. Specialty Pharmacy Patient Emergencies
    a. Patients receiving specialty medications are prone to significant adverse events.
    b. After regular business hours, patients who call the specialty pharmacy for assistance are directed to call 911 for emergencies and to leave a message for a member of the Specialty Pharmacy Team for non-emergent matters.
    c. Should a patient have a clinical urgency, after regular business hours, their call will be directed to the on-call phone.
    d. On-call pharmacists will respond to these calls and further direct the patient, as appropriate:
        1. To call 911 for life threatening emergencies and request transportation to the TBHC ED where the on-call pharmacist will meet the patient and facilitate appropriate care.
        2. For events that require evaluation, but are not life-threatening, to report to the TBHC ED where the on-call pharmacist will meet the patient and facilitate appropriate care.
        3. For other concerns, the pharmacist on-call will provide counseling and refer the patient to speak with the Specialty Team during regular business hours.
    ii. All calls from patients of the Specialty Pharmacy will be logged into the Electronic Intervention Database with an assignment to the Specialty Pharmacy Director.

4. 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. MUSE provides access to ECG reports
v. 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.
vi. LexiComp (CRLonline), Micromedex, Clinical Pharmacology and/or AHFS/Epocrates may be used for secondary research.

b. All drug information requests hospital-wide must be properly documented and entered into the Electronic Intervention Database before the completion of the shift. 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.

5. 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 Policy (R-007)
      iii. Recommendations for alternative formulary products
      iv. Drug interaction evaluation
      v. Nutrition Consult Service
         1. Refer to Administration of Adult Parenteral Nutrition, C-502
      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.

6. All clinical recommendations will be discussed with a 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 licensure), the preceptor(s) will determine when the resident may implement his/her recommendations without prior preceptor approval in situations where the resident is comfortable making these recommendations. Preceptors will continue to be available for guidance as needed.