

**OLIVE VIEW-UCLA MEDICAL CENTER
NEUROLOGY DEPARTMENT
POLICY & PROCEDURE**

**NUMBER: 2157
VERSION: 2**

SUBJECT/TITLE: ON-CALL POLICY

POLICY:

Neurology call is shared among three neurology residents: the senior and junior residents on rotation at Olive View, and the resident on rotation at Sepulveda VA. Residents take call from home. They are supervised by the attending in charge of the Neurology team, who is on call 24/7 during the duration of his/her attending block. When called about a neurological question or consult request outside of regular work hours, the resident gathers as much relevant information as possible about the case and decides on that basis whether phone advice would be sufficient or it is necessary to come in and see the patient.

- 1) As a general rule, the resident on call should come into the hospital for any consultation requested. The following are guidelines for residents in their initial triage of consult requests:
 - a. Assess the expertise of the caller and be sure you understand what they are describing and that they have adequately assessed the patient. If not, go in to see the patient.
 - b. If you have trouble going back to sleep after the call because you are worried, go in to see the patient.
 - c. General management questions can often be handled by phone, in contrast to patient-specific issues.
 - d. If the patient has a problem that would warrant being seen within 48 hours, go in to see the patient.
 - e. If the patient has a problem that warrants being seen in 3-5 days, then the team can probably see the patient the next day (as long as the back-up resident or attending concur).
 - f. For junior residents, the decision not to see a patient should always be presented to the attending on service. Senior residents have the experience to make some of these decisions on their own, but if they have a question whether to go in to see a patient, they should discuss it with the attending.
 - g. If the requesting physician states that the patient could be seen the next day, the Neurology chief resident or attending will decide whether the on-call resident or the day team should see the patient. Deferring consults to the day team should be the exception and not the norm.
 - h. Overbooking patients into the clinic in lieu of seeing them is prohibited. The attending on service must approve overbooking on a

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case-by-case basis. Approved cases should then be scheduled by the Patient Care Coordinator.

- 2) Discuss all consults with the attending on call, and do not discharge a patient from the ER until that discussion has taken place.
- 3) Consults seen during the night should be signed out to the senior resident by 8:00 AM.
- 4) An attending neurologist is on call at all times to supervise the residents.
- 5) All consultations must be documented within ORCHID, for review and signature by the attending physician.

PURPOSE: To define the coverage of neurological issues outside of regular work hours

DEPARTMENTS: All

DEFINITIONS:

PROCEDURE:

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| References: | |
| Approved by: Shannon Thyne (Chief Medical Officer) | Date: 05/09/2017 |
| Review Date: 05/09/2020 | Revision Date: |
| Distribution: Neurology | |
| Original Date: 05/09/2017 | |