



## **Resident Home Call Expectations**

This policy applies to all residents and fellows (hereafter “trainees”) enrolled in a GME sponsored by NCH or rotating at Nationwide Children’s Hospital (NCH).

1. Trainees are expected to complete their assigned patient care responsibilities, including orders, communication with team members and patients/families, anticipatory guidance for staff, and requisite documentation while on duty at NCH. Phone orders can only be placed if the resident/fellow is not in house on NCH main campus and if he/she does not have ready access to the computer-order entry system. Phone orders must be signed in the patient’s chart during the next scheduled shift.
2. Only members of the NCH medical staff (attendings) may admit patients. The attending assumes ultimate responsibility for the care of patients admitted by him/her. Attendings must be notified of all admissions (see GME Policy on Resident Supervision). All new admissions should be seen by the attending physician, or a trainee he/she is supervising, in a timely manner.
3. Trainees on home call duty must be within a 30 minute drive to NCH and must be able to arrive within that time period if requested. Trainees must be reachable by phone or pager at all times.
4. Trainees who come in from home call **MUST** report all time spent in-house in their trainee duty hours.
5. Trainees must answer all pages within 15 minutes. If the trainee is in the OR or otherwise engaged in patient care from which he/she cannot be disrupted, the trainee should request another person respond to the page, identify the nature of the concern, and convey when the trainee would be available. If this timeframe is not satisfactory to the person paging the trainee, the trainee must provide a mutually agreeable alternative which may include contacting the trainee’s supervising attending.
6. Trainees must be fit to provide patient care at all times during call. Alcohol consumption or use of substances which impair function is not permitted while on home call. If a trainee is unexpectedly impaired, he/she should notify the supervising attending physician as soon as possible.
7. Trainees should contact their supervising attending or Program Director if the number of calls is excessive and inhibits their ability to provide safe, effective patient care. Program Directors should monitor the frequency with which trainees on home call are required to

return to the hospital to determine if changes in the schedule, e.g., conversion from home to in-house call, are required.

8. If an attending physician who has examined a patient requests that a home-call trainee come into NCH to see a patient, the resident must arrive at NCH within the timeframe requested by the in-house attending. Only the trainee's supervising attending can override this requirement, after consulting with the requesting attending. This override should be noted and dated in the patient's chart.
9. If nursing staff or other members of the clinical team request that the home-call trainee come into NCH to see a patient, the trainee must arrive at NCH within the timeframe requested. If the trainee does not believe that he/she needs to come in, he/she should explain the reasons to the staff and outline an appropriate treatment strategy until the patient can be seen by a physician. If the staff remains concerned, the staff member should contact the inpatient attending. The Assessment Consultation Team (ACT) should be activated by a staff member with serious concerns regarding patient deterioration.

Approved by GME Committee: 3/18/1998; 3/17/2000; 12/16/2004; 7/14/2008; 8/15/2012