



Policy /Procedure Document	
Manual:	N/A
Origination Date:	06/26/2013
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Policy Owner:	Medical Staff
Required Approvals:	
Committee:	Medical Executive Committee
Leadership/Board:	Board of Trustees

TITLE:	Hand Call Policy
SCOPE:	This policy is intended for specialists within the realm of Hand Surgery who are Members of the Medical Staff and Privilege Holders.
DOCUMENT TYPE:	N/A
PURPOSE:	To clarify which surgeon(s) are best qualified to treat patients with injuries and pathology that fall within the Hand Surgery sub-classification.
PHILOSOPHY:	N/A
DEFINITIONS:	N/A
PROCEDURE:	

Purpose:

The Medical Staff of Memorial Hospital of South Bend has multiple specialists within the realm of Hand Surgery. As Hand Surgery has become highly specialized as witnessed by the implementation of the Hand Certificate of Added Qualifications (CAQ), and there has been NO prior requirement for Medical Staff hand call responsibilities, the following definition and policy are designed to clarify which surgeon(s) are best qualified to treat those patients with injuries and pathology that fall within the Hand Surgery sub-classification. Most, if not all discrepancies can usually be resolved with direct physician-to-physician communication.

Policy:

1. ER / Acute care patients identified to have isolated injuries or pathology including or distal to the carpus, not meeting trauma activation criteria, should be referred to the Hand Surgeon designated by the primary care physician as the Hand Surgeon of choice. Unassigned cases will be referred to the Hand Surgeon on-call.
2. Injuries and pathology involving isolated nerve and/or tendon lacerations, that require specialty or microsurgical repair/ reconstruction, without trauma activation, distal to the supracondylar region of the elbow, should be directed or referred to the Hand Surgeon on-call.
3. Fractures proximal to the carpus, not requiring specialty or microsurgical repair/ reconstruction of associated nerve or tendon structures, not meeting trauma activation, should be referred to the orthopedist designated by the primary care physician as the orthopedist of choice. Unassigned cases will be referred to the Ortho Staff Call Surgeon.
4. Trauma Activation Patients (911,912,913) and all patients transferred from outlying facilities with orthopaedic injuries/ pathology, including Hand patients, should be directed to the Ortho Trauma Call Surgeon. If the orthopaedic injuries are isolated to the Hand, as defined in #1 and #2 above, OR the injuries require specialty/ microsurgical intervention, the Ortho Trauma Surgeon may elect to consult the Hand Surgeon on-call by physician –to-physician communication. Ortho Trauma Surgeons should

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ideally evaluate the patient to determine the presence of any other orthopaedic injuries prior to consultation of Hand Surgeon.

5. Memorial Hospital of South Bend is NOT a replant center. Patients pre-identified as needing isolated replantation of a limb or digit should not be auto-accepted for transfer to MHSB. Invariably there will be some local patients that arrive in our ER with isolated need for replantation and should be initially directed to the Hand Surgeon on-call who may then decide the patient needs transfer to a replant center. Patients meeting trauma activation criteria but also require replantation will be initially stabilized by the Trauma Team protocol, with Hand Care provided as outlined in #4 above.
6. As these outlines cannot anticipate and predict ALL situations that require a Hand Surgeon, the underlying imperative is that the patient's best interest remains the priority, regardless of "who should be called". This can best be determined by hands-on evaluation by the physicians and resources present and available, as well as by direct physician-to-physician communication.
7. The Hand Call schedule assignments are to be overseen by the Chief of the Department of Orthopaedic Surgery but may be, at the Chief's discretion, delegated to another surgeon on staff at Memorial Hospital of South Bend.

Reviewed Date:	Reviewed/Revised By	Summary of Changes:
06/26/2013		Original Document
04/06/2015	Michael Blakesley, MD	Capitalization
04/2018	Michael Blakesley, MD	Reviewed