

The Great Debate: On-Call Acute Care Surgery Options



Maintaining quality surgical call coverage can be a juggling act. Promising the community a commitment of 24/7 emergency surgical coverage is an admirable yet daunting task. Finding the balance between exceptional call coverage and controlling cost of care and getting a return on that investment can seem impossible.

The On-Call Surgeon

Historically considered a rite of passage, on-call surgeons took their allotted call days each month, juggling their other personal and professional responsibilities. Call days stack up, overlapping clinic days, elective surgical cases, and OR block time. Instantly, personal time disappears. Time with family and friends is scarce. Sleep is scarce. Clinic wait times extend. Stress levels peak. Work suffers – professionalism is strained. The compensation? Call pay.

You could argue that lack of personal time, exhaustion, and high-stress levels are all a “given” when it comes to choosing a surgical career, and this is, or maybe was, true. Over time, even for the toughest old-school surgeons, the toll weighs heavy and workarounds are quickly adopted. As for younger surgeons, they did not train in a time of the “all work and no play” mentality – they have a very different expectation of work/life balance.

In order to keep some protected personal time, call days are often stacked with OR block days, or office days. As consults come in, the conflict arises – see the ED consult quickly and risk irritating all the patients waiting in the office or make the ED wait. Unfortunately, the latter is what usually occurs. Taking it a step further, attempting to “cool down” the gallbladder in the ED and schedule a follow-up in office visit the next week. The surgeon’s schedule becomes a balancing act, packing as much into the workdays as possible to protect those few personal days off. However, we all know the amount of time in a day is fixed and as responsibilities pile up, something has to give.

The Hospital

The commitment to be ready for all emergencies 24/7, 365 days a year while exceeding the standards for quality and safety measures can be an uphill battle for some hospitals. In order to maintain surgical coverage a call stipend is often required, however, as mentioned above, the revenue outlay does not ensure the hospital, gets what it is paying for. Keeping surgeons happy and their elective practices thriving while setting patient and hospital-centric expectations of call duties can often be opposing ideas.

Coverage of acute care surgeries often requires choosing from an existing surgeon pool, which can be limited, at capacity, or contain non-ideal options. Hiring surgeons can further dilute the elective surgery volume without solving the call coverage issues and in desperation, locum tenens can provide a warm body, but often, not much more.

Regardless of the choice, these standard on-call options can leave hospitals short-handed. Community surgeons taking call put the needs of their practice over the needs of the hospital. Call pay supplements their salary but does not guarantee a level of service focused on the hospital and its patients. This leads to slow ED throughput, poor OR utilization, delays in care, and unsatisfied patients. Putting locum tenens in place comes at a high cost for part-time surgeons who may not be aligned with the initiatives of the hospital, upsetting team members and patient satisfaction along the way.

An Alternative Solution: Surgicalists

It seems there are upsides and downsides any way you look at the traditional coverage options. A Surgicalist service is an option many hospitals are putting in place to solve numerous hospital issues including call coverage. Surgicalists are aligned with the hospital’s initiatives to improve qualitative measures, efficiencies, case capture, and safety metrics. They are available 24/7, without the distraction of the elective practice, and therefore, are non-threatening to the current community surgeons. The uninterrupted coverage provided by the Surgicalist improves case capture, ED throughput and patient satisfaction.

***Explore adding the surgicalist model to your hospital.
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