



Hospital Call Coverage Models- Summary

Contact: Oregon Office of Rural Health
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Summary: Hospital call coverage is a challenge in many rural hospitals due to low patient volume and provider shortages. Many rural hospitals, including Critical Access Hospitals (CAHs) use a traditional model, where Internal Medicine and Family Physicians share hospital coverage and call while maintaining full clinic practices. However, models using traditional call coverage have become a barrier to recruitment, as many physicians prefer positions that do not require extensive call coverage in addition to their clinical hours. To assist Oregon rural hospitals with this challenge, below is a summary of some coverage models being used in other states.

Contact	State	Coverage Model Info
<p>Stacy Kusler Workforce Specialist stacy.kusler@med.und.edu (701) 777-3300 Center for Rural Health The University of North Dakota</p>	ND	<p>Rural hospitals in North Dakota vary but the majority of use a traditional model (covering call plus having a full clinic schedule).</p> <p>During the day, physicians might be on call, but many rural CAHs have implemented NP's/PA's into their "First Call" schedule, meaning if an overnight emergency comes in, an NP or PA takes the initial call and handles the case unless a physician's assistance is needed. In that case, the physician would be called in. Otherwise, the physician does not need to see the patient until the following morning. This has taken burden off of the physicians. They still have to technically be "on call", but they don't get called nearly as often.</p> <p>Hospitals have also supplemented with locums coverage to reduce risk of burning out their NPs/PAs.</p>
<p>Kimberly Armstrong SORH Coordinator Kimberly.Armstrong@arkansas.gov (501) 661-2494 Arkansas Department of Rural Health and Primary Care</p>	AR	<p>Some hospitals in Arkansas contract with a service company to provide emergency department (ED) physician coverage. Other hospitals have in-house physician coverage from Friday night to Monday morning and on-call coverage during the week. These two scenarios are the most common but a couple of rural hospitals cover their ED with a hospitalist. Arkansas law allows for a Qualified Medical Professional (QMP) or physician to be on-call for ED coverage, providing that when a patient presents to the ED, the patient receives a medical screening from the RN. The RN then contacts the covering physician or QMP, who determines if the patient is emergent or urgent. Depending on the information relayed, the physician or QMP may or</p>

		may not come to the hospital to see the patient.
Roger D. Wells Physician Assistant rogerdwells@gmail.com (308)754.4421 Howard County Medical Center; St. Paul, NE	NE	At the Howard County Medical Center, as with many other local CAH facilities, PAs are used for the weekday night call and providers are rotated on the weekends. Some MDs do not want any call and back up the PAs, while some enjoy the opportunity to be on call and are willing to take a weekend every few weeks. Whomever takes the weekend call takes off the following Monday without costing any vacation time. Both the MD and PA receive compensation and the back-up MD for a PA will get a small compensatory rate also.
Marty Fattig CEO mfattig@nchnet.org (402) 274-4366 Nemaha County Hospital; Auburn, NE	NE	Nemaha County Hospital in Nebraska uses a team of PAs for ER and hospital coverage.
Carrie Galbraith Director of Recruitment cgalbraith@icahn.org (217) 925-5968 Illinois Critical Access Hospital Network	IL	All of the CAHs in Illinois are very low census and cannot justify the salary of a full time hospitalist. As a result, they are implementing hospitalist programs through an ER hybrid. The ER group is given permission to admit patients and round on inpatients. For hospitals that have low ER volume, using an NP to cover the ER while the physician is rounding is being considered. A recent hospitalist study in Illinois: http://www.icahn.org/files/Hospitalist_Study/ICAHN_Hospitalist_Report.pdf Other models considered include: creating a hospitalist group out of the PCP's. For example: with 5 PCP's, each physician takes call for inpatients 1:5 weeks and is the hospitalist of the week.
Tracie Ingram State Rural Health Officer Tracie.Ingram@la.gov (225) 342-1889 Louisiana Office of Rural Health	LA	CHRISTUS Coushatta Health Care Center has enlisted their Rural Health Clinic (RHC) to provide ER coverage along with call. The RHC provides the in-patient care. Most rural hospitals in Louisiana that offer hospitalist coverage contract with the ER physician service to coverage both services.
Rebekah S. Fincher Manager Physician Relations and Alignment	AR	Conway Regional Health System has grown to 8 physicians. Previously, with 6 physicians the schedule was that the physicians worked 14-17 shifts a month. On weekdays, two

<p>rfincher@conwayregional.org (501) 932-3303 Conway Regional Health System</p>	<p>doctors split the call: 7am-12pm and 12pm-6pm. A rounder came in and rounded on 10 assigned patients (that worked as the off week) and didn't take call/admits. The nightshift worked 6pm-7am so potentially four doctors per week with the night shift, rounder and two physicians taking call. Then the physicians were rotated the next week.</p>
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