

CROSS COVERAGE IN RURAL HOSPITALS

BACKGROUND

It is considered unacceptable by The College of Physicians and Surgeons of Manitoba for a physician to be on call "all the time" or otherwise so frequently that there is a risk that chronic fatigue may impair the judgment, decision or procedural skills of the physician. To help deal with this, many smaller rural institutions are organizing into physician call groups (PCGs) in order to maintain essential services within a defined region.

Cross coverage for purposes of this guideline is defined as the provision of 24 hour on-call services to more than one acute care hospital within a region by one or a group of physicians. The purpose of this guideline is to outline the parameters of this regional coverage to ensure that considerations of patient and public safety are being met.

RECOMMENDATIONS

- The maximum response time by the on-call physician in the case of an emergency should be 30 minutes (or within a 50 km distance). This represents the time/distance allowable between the furthest-apart hospitals within a PCG. The distances and time refer to road distance/times.
- During inclement weather and/or road conditions, consideration of patient safety will require that appropriate and reasonable adjustments be made, on short notice, to the time and distance limits described in this guideline, and to the number and availability of physicians within the PCG.
- The emergency department of the "non-host" facility should be closed and patients and ambulances directed to the "host" hospital. It is recommended that strong consideration be given to designating one main host hospital to provide emergency services on a consistent basis in order to avoid confusion of the public and to enhance service provision in one site.
- Ambulance services in the communities involved in cross coverage should be coordinated in such a manner so as to ensure that patients are brought to the host hospital where medical care is provided.
- The institutions involved must adequately notify the public of where the medical services within the community may be accessed. This public education should include not only which institution(s) is/are open at any given time, but also to educate the public not to misuse the available emergency services for non-urgent problems.
- Hospitalized patients who are unstable or assessed with the potential to become unstable should be transferred to the base hospital of the on-call physician. Each hospital should establish a clearly identifiable process which classifies patients according to their transfer applicability status. Convalescent or chronic care patients may remain at the other hospital(s).

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- The facilities involved should have realistic goals of medical coverage, taking into account physicians' mental health, fatigue, vacations, and need for continuing medical education leave. Regional and hospital administrations need to work closely together to achieve the best arrangements for institutional medical cross coverage. Ideally, therefore, at least four physicians should participate in a PCG. This would ensure an on-call frequency of not more than one-in-three, even in the event one member is away.
- Communication between physicians in a cross coverage situation is essential to ensure success and patient safety. Communication should include, but not be limited to, appropriate patient information and other physician availability. Backup availability by another physician may be necessary for expected situations such as labour and delivery, particularly where not all the physicians in a PCG may provide obstetrical services. Knowledge about other physician availability is valuable for unexpected situations such as patients with multiple injuries. Where only one physician is available, there should be a contingency plan for dealing with unexpected situations.
- The RNs who act as initial responders to an unexpected emergency in institutions participating in cross coverage should be adequately trained in patient triage and cardiorespiratory support. In non-urgent situations, the hospital should have appropriate policies and procedures in place to re-direct the patient to the hosting hospital, or otherwise make suitable arrangements for any recommended physician follow up.

RELATED STATEMENTS/GUIDELINES

- College of Physicians and Surgeons Guideline "Emergency Medical Services - Recommended Hospital and Physician Requirements", #1621, p. 16-G13.
- College of Physicians and Surgeons Statement "Volume of Services by Physicians", #162, p. 1-S47.

REFERENCES

1. Report of Ad Hoc Committee "Cross Coverage in Rural Hospitals", Central Standards Committee of College of Physicians and Surgeons, January 1996.

First Print STNDS/04-96
Revision STNDS/03-98

A guideline is practice generally recommended.