

Where do you draw the line? Caveats for after-hours call coverage

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Handling patient emergencies is one of the most challenging parts of clinical care. Not only does the provider have to consider the best care for the patient, he (she) must think through medicolegal considerations, as well as what systems are sustainable in a practice, and then develop a plan that addresses all those interests. Being on-call for emergencies in a solo private practice can be especially complex, because the provider is always, and solely, responsible for handling or redirecting these calls, which is one reason some physicians choose to be part of a group practice or be an employee.

First, let's define a few different types of "emergencies" that you might encounter:

- **A genuine life or death situation.** A patient calls during planning, or after attempting, suicide.

- **An urgent matter.** A patient has run out of medication or she (he) is having discontinuation symptoms or adverse effects. Although there is no imminent danger, the patient may be experiencing significant discomfort.

- **A matter of high anxiety.** The patient is experiencing situations that provoke high affect, and she needs attention at that moment to lessen the burden.

Of course, you might not know the true extent of the emergency until you talk to the patient, but being able to delineate different procedures for patients based on the types of emergency situations could streamline your workflow.

With this foundation in place, let's discuss the most common practice policies for dealing with these emergencies.

Instructing patients to call 911 or go to the emergency room (ER)

The pros.

- Meets minimum standards without any additional work.
- Reinforces work-life boundaries.
- Makes private practice tolerable.

The cons.

- Patients might not feel properly cared for.
- The patient might not want to call 911 in some situations (eg, suicidality).
- You might not know if your patient went to the ER unless hospital staff or the patient contacts you afterwards.

Using an answering service

The pros.

- Patients feel reassured that they can get your attention after hours and get a call back from you.
- Patients are familiar with this practice because it is widely used in the medical field.
- Operators are trained to screen for emergencies and can be given a script of questions to ask, and given clear guide-

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Disclosure

Dr. Braslow is the founder of Luminello.com.

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Giving your personal number might make patients feel at ease, but can blur the lines of work-life boundaries

lines so they know whether to contact you immediately.

- Establishes a healthy boundary between work and personal life.

The cons.

- Cost.
- Patients still might be frustrated if they can't directly connect with you.
- Requires training and trusting the answering service staff.

Giving your home or cell number to patients

The pros.

- Patients might feel cared for and reassured that they can reach you directly at any time, which may, itself, be calming and reduce their need to contact you.
- Providers can maintain complete control over their practice at all times.
- Providers can market the practice as a "concierge" service.

- You can give your personal phone number to certain patients at certain times, rather than making it a practice-wide policy.

The cons.

- Providers may feel like they are working all the time. What if you go out of the country, or find yourself in a cell phone dead zone? You'll need to have a colleague cover for you or refer patients to 911 or the ER.
- Some patients could abuse the privilege.
- Boundaries between work and personal life can crumble.
- Being available 24/7 over a 30-year career could feel onerous.

Be sure to discuss your policies with your patient at the first visit. Choosing the best policies for your practice involves providing good patient care, meeting or exceeding the standard of care, and finding the right fit for you.



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