

Call Structure and Pay: A Survey of Level I Trauma Centers

ME Silverman, J Baker, LA De Leon Castro, JV Sakran, SR Todd
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Background

Trauma surgeons face some of the highest burnout rates among physicians

Previous studies correlate increased risk of burnout with the number of work hours and nights on call

Little is known about the nuances of trauma call structures nationally

Background

Modifiable Factors to Improve Work-Life

Current Trauma Reports (2023) 9:28–39

<https://doi.org/10.1007/s40719-023-01249-x>

WELLNESS OF THE TRAUMA SURGEON (PHARTWELL AND ANAND, SECTION EDITORS)



In the trauma surgery population, only 43% were satisfied with their work-life balance and 61% reported symptoms of burnout.

Addressing Surgeon Burnout Through a Multi-level Approach: A National Call to Action

Kimberly B. Golisch¹  · Jes M. Sanders¹  · Anna Rzhetsky² · Leah C. Tatebe¹ 

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Looking past the nuances of each of these studies, the bottom line is that (1) rates of burnout are on the rise and (2) it is a systemic issue that should be remedied.



Objective

The study objective was to examine pre-call expectations, call coverage specifics, call pay specifics, post-call expectations, and back-up call expectations for trauma surgeons in the United States.

Methods

A 32-item questionnaire was developed with expert input from a national panel of trauma surgeons to assess call structure and pay

The questionnaire was distributed to the trauma medical directors of all American College of Surgeons Verified Level I Trauma Centers in the United States

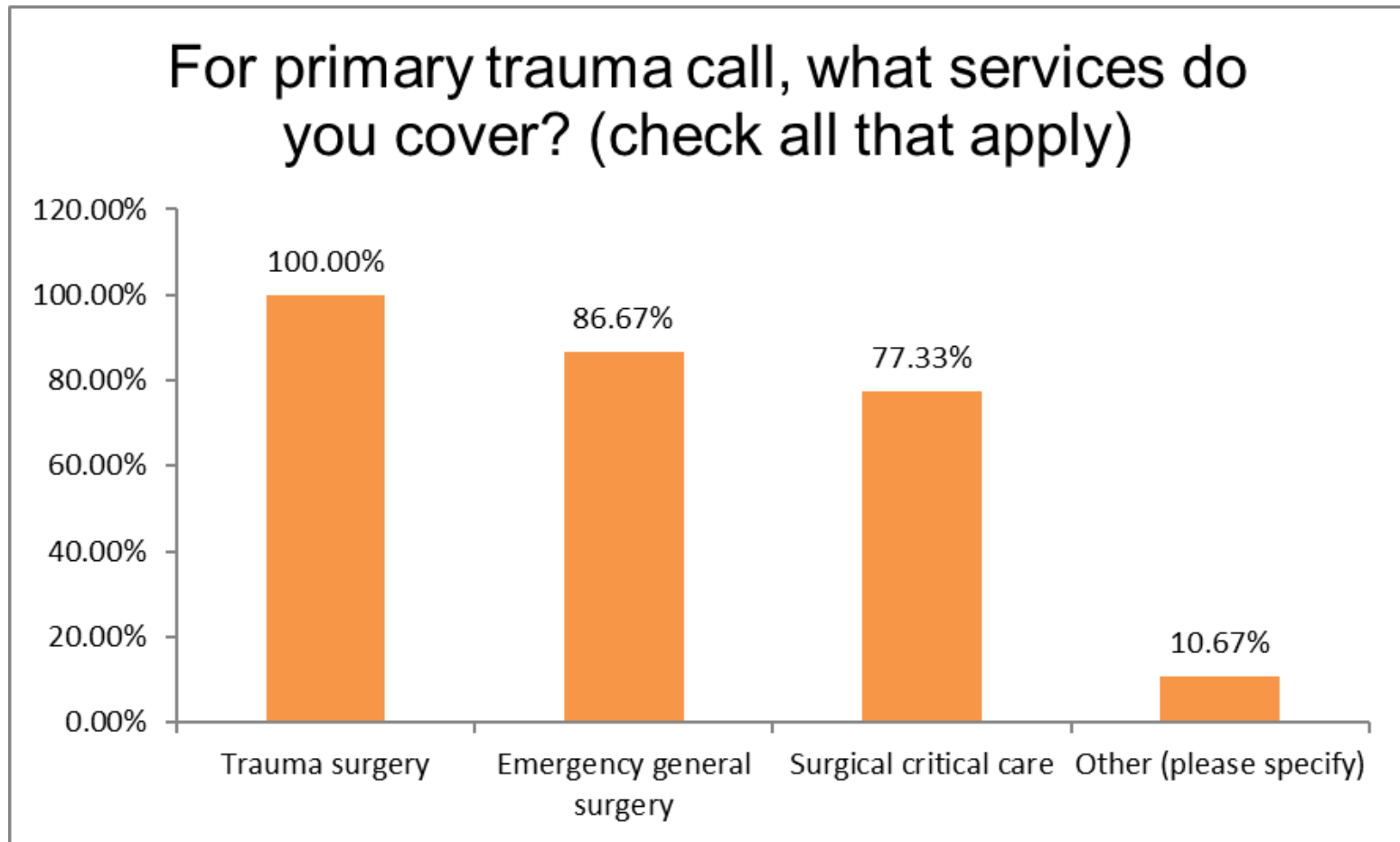
An initial invitation was sent followed by a repeat two weeks later with the survey remaining open for one-month

Results

There were 75 responses out of 171 surveys for a 44% response rate

80% of respondents worked at an academic medical center with a median of 2,200 (1,375-3,050) trauma activations

Results

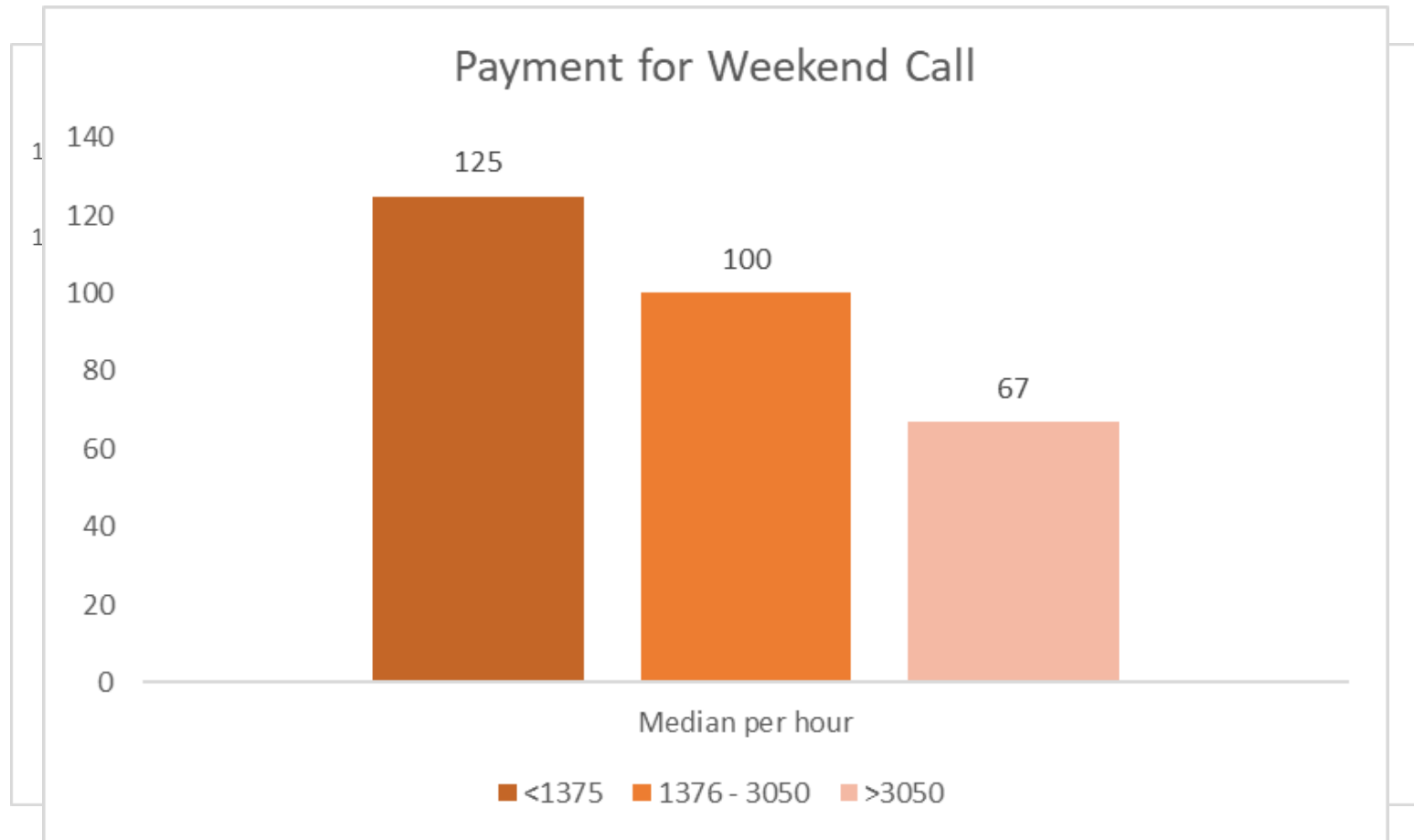


Results

The median number of trauma call shifts per month was 5 (4-6) with an additional 5 (4 – 6.5) back-up calls

The median call pay per hour was \$95.83 (\$62 – \$115)

Results



Results

74% were expected to work pre-call a median of 10 (8 – 10) hours covering clinical duties (89%), administrative duties (98%), educational duties (94%), and research duties (87%)

Similarly, 53% were expected to work post-call a median of 8 (6 – 5.8) hours covering clinical duties (93%), administrative duties (95%), educational duties (88%), and research duties (73%)

Discussion

FEATURE STORY

Jen Johnson

paying for call coverage **what you should know**

If your physicians expect payment for being on call to provide emergency services, do you know how to ensure they receive a fair market value rate for their services?

JULY 2009 **healthcare financial management**

Discussion

When structuring on-call pay arrangements, there are a number of regulatory issues that must be considered, including the Stark Law and the Antikickback Statute

Each of these requires that physician compensation arrangements fall within fair market value (FMV)

In addition to FMV, organizations should review the commercial reasonableness of the on-call pay arrangement

Discussion

FEATURE ARTICLE | 

<https://journals.healio.com/>

Survey Analysis of Orthopedic Call Compensation

Douglass W. Tucker, BS, John J. Carney, MD, Milton T. M. Little, MD, Edward R. Westrick, MD, and Geoffrey S. Marecek, MD

Orthopedics, 2022;45(5):293–296

Published Online: May 17, 2022 · <https://doi.org/10.3928/01477447-20220511-01>

Discussion

Original Contribution

September 7, 2005

Neurobehavioral Performance of Residents After Heavy Night Call vs After Alcohol In- gestion

J. Todd Arnedt, PhD; Judith Owens, MD, MPH; Megan Crouch, BA; [et al](#)

» [Author Affiliations](#) | [Article Information](#)

JAMA. 2005;294(9):1025-1033. doi:10.1001/jama.294.9.1025

Discussion

Compared with light call, heavy call reaction times were 7% slower (242.5 vs 225.9 milliseconds, $P<.001$)

Commission errors were 40% higher (38.2% vs 27.2%, $P<.001$); and lane variability (7.0 vs 5.5 ft, $P<.001$) and speed variability (4.1 vs 2.4 mph, $P<.001$) on the driving simulator were 27% and 71% greater, respectively

Conclusion

This study demonstrates extreme variability in trauma on-call compensation

Additionally, many trauma surgeons are expected to work pre- and post-call to include clinical obligations

This is critical given the current data on trauma surgeon burnout, post-call performance decline, and the increase in post-COVID call pay / overtime compensation of other specialties



Grady