

# OPHTHALMIC HOSPITALIST INTEREST GROUP

## NEWSLETTER

Donna Kim, MD | Jen Yu, MD

### Announcements

#### Join the Community!

Have a question or topic about inpatient/ER consults? Share on the [AAO/OHIG community](#)! Log in with your AAO username

#### OHIG Topic Wishlist

Have a case you would like to feature in an OHIG newsletter? We welcome your ideas and expertise. Email [ohig@ohig.org](mailto:ohig@ohig.org).

#### Spring OHIG Zoom

Save the date for our next OHIG zoom meeting on **Wed 5/6 @ 5:00pm PST/8:00pm EST**. Feel free to bring consult ideas/issues for the group!

[Zoom Link](#)

#### OHIG Website Resource Center

Check out prior newsletters, job postings, and consult resources on the [OHIG website](#).



*Join our Zoom! May 6 @ 5pm PST/8pm EST*

#### In This Issue:

- *Interview with Chris Rapuano*
- *OHIG Society Update*
- *AAO Mid-Year Forum Hearings*
- *OHIG Council Advisory Recommendations (CAR)*
- *New AAO On-Call Confidence Toolkit*

### Articles

#### [AAO President Statement: Covering the ER Can Be Rewarding, 2026](#)

A statement from AAO's new president Dr. Chris Rapuano who shares his perspectives on ophthalmology call coverage for the hospital/ED.

#### [Why I Take Call: Weighing Rewards and Responsibilities](#)

On-call perspectives from private practice and academia.

#### [Perspectives from an Ophthalmic Hospitalist: Changing How We View Hospital-Based Consults, JAO, 2023](#)

An editorial by Dr. Donna Kim who shares her perspectives on being an ophthalmic hospitalist for the past 16 years.

## PEARLS



### AAO Video: Just in Time for Taking Call: Essential Ophthalmic Procedures in the ED



Haven't taken call for while? Need a refresher on lid lac repairs, open globe closures, lateral canthotomy/cantholysis? Check out this video tutorial sponsored by the AAO, ASOT, and AUPO.

[Click To View](#)

### AAO Webinar: Ophthalmology Call Confidence: Strategies for Navigating Legal and Ethical Obligations



A video recording link for those who might have missed this fantastic webinar with Drs. Chris Rapuano, Ron Pelton, and Craig Czyn.

[Click To View](#)

## CONSULT ROUNDS



This month's consult rounds features an interview Q&A with the **AAO President Dr. Chris Rapuano** who shares AAO initiatives that address on-call ophthalmology coverage for hospital and ED consults.



Chris Rapuano, MD  
Academy President, 2026  
Professor of Ophthalmology  
Cornea Division Chief  
Wills Eye Hospital  
Philadelphia, PA

**Q:** You recently commented on the topic of “Covering the ER Can Be Rewarding” in your AAO Presidential statement in January 2026. Could you share why you felt compelled to highlight this particular topic?

**Rapuano:** Soon after I came back to Wills in the early 1990's after my cornea fellowship, I was put in charge of the call schedule, which included anterior segment trauma (retina took care of posterior segment trauma). The relatively small Cornea Service did all the anterior segment RG repairs. That worked fine for a while, but then the volume of RG repairs increased significantly over several years and it became excessively burdensome for the small number of cornea docs to do all that work. (There are certainly many reasons for that increase, but an

important one is that during that time period, many ophthalmologists transitioned out of hospitals to ASCs and no longer needed to be on hospital staffs and therefore were no longer required to take call for the hospital.) Even at my academic center, it was a very tough sell to have doctors at Wills now take call when they hadn't for years. When I spoke with colleagues in academics and in private practice around the country, they were having the same problem. Eventually, we were able to encourage enough other anterior segment surgeons at Wills to share the on-call burden, but it wasn't easy and continues to be an ongoing struggle around the country (and world, when I speak with international colleagues). The reason I said covering the ER can be rewarding is that you are really helping folks in need. An ocular emergency, especially ocular trauma, may be life-changing event in their life. Being there to help them during this time can be very gratifying. Additionally, each RG is unique and you need to approach each case differently and often need to improvise to get the job done. Lastly, if you're at an academic center, training residents and fellows to think on their feet is a lot of fun.

**Q2: What are current challenges when it comes to ophthalmology on-call coverage for hospital/ED related patient care? How can we best address this important, growing need?**

**Rapuano:** As ophthalmologists drop off hospital staffs, it significantly increases the on-call burden for those who are left. The key will be to get more ophthalmologist to take ER/hospital call. Easier said than done! There are many reasons ophthalmologists don't want to take call. Some include lack of clinical competence. The AAO has abundant material on the ONE Network including surgical videos, lectures, webinars and courses to help. Others reasons include insufficient or no reimbursement to be on call and also inadequate equipment and staffing in the ER and OR, plus lack of OR time to take appropriate care of patients. There are webinars and EyeNet articles with tips on how to approach hospital administrators to deal with these concerns

**Q3: What are ways that the AAO can help support ophthalmologists who provide on-call coverage? Are there particular resources available?**

**Rapuano:** The AAO has had many educational resources available to members, but they were not always easy to find. The AAO Education Division is in the process of organizing material that would be helpful for on-call ophthalmologists so it is easily accessible, including surgical videos. A new Ophthalmology Call Confidence Education Center has been developed on the ONE Network to gather the vast amount of material in one place. The AAO has also beefed up its Ocular Trauma section in EyeWiki, and now has 82 separate topics. The AAO Education app (which you should check out if you haven't already) has links to the ONE network, EyeWiki, and the Wills Eye Manual (sorry, shameless plug, although I make no money from it). The AAO is hosting several webinars this year focused on different aspects of being on call (partly sponsored by OMIC). There is also a session at MidYear Forum discussing a variety of on-call issues.

**Q4: How could a role such as an ophthalmic hospitalist fit in with the current on-call coverage needs in ophthalmology?**

**Rapuano:** As you all know, the role of the “ophthalmic hospitalist” varies by institution, including some performing surgery. Having said that, I believe all ophthalmic hospitalists could play a key role in filling some of the ER/hospital on-call need in the US. Given that hospitalists are physically in the hospital, they are often able evaluate consults from the ER or in-patients much more efficiently than waiting for an on-call ophthalmologist to arrive. They would be able to triage patients to determine whether the on-call doctor needed to come to the hospital or could see the patient in the office. The hospitalist could also refer patients directly to the appropriate subspecialist as needed. Ophthalmic hospitalists would certainly decrease the burden of being on call so hopefully more ophthalmologists would be willing to take on that responsibility.

*We wish to sincerely thank Dr. Chris Rapuano for taking the time to share his invaluable perspectives on this important topic of ophthalmology on-call coverage for hospitals and ED's.*

## **OHIG Society Update**

Given overall strong interest, we are exploring options to become a more formal Ophthalmic Hospitalist Society (OHS). We are in the process of gathering tax and legal information for incorporating as a non-profit in addition to options for OHIG representation on the AAO Council. Stay tuned for details!

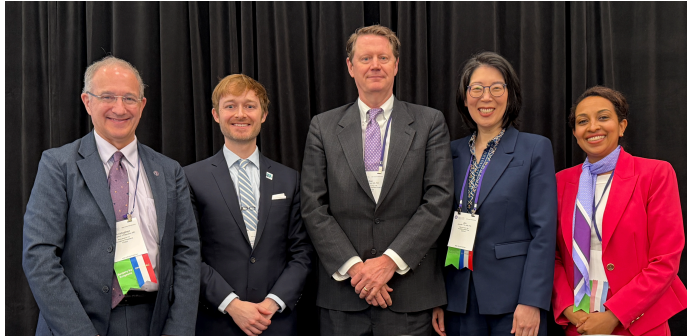
## **Ophthalmology and Trauma Surgery Collaboration**

Dr. Avery Nathens is a trauma surgeon and has been in talks with AAO leadership about the on-call coverage issues. He's also the Medical Director of Trauma Quality Programs at the American College of Surgeons. He is looking for examples of collaboration between trauma surgeons and ophthalmologists at a systems level, to present at the annual meeting of the American College of Surgeons QI program.

The annual meeting of the American College of Surgeons Trauma Quality Improvement Program (TQIP) is the weekend of Nov 13, 2026 in Anaheim. This conference typically has over 2000 attendees with representation from over 900 trauma centers. There is a lot of focus on meeting ACS Trauma Center Verification Standards and improving the quality of care. The focus this year is on collaboration and more specifically, how disparate teams might come together to serve the needs of patients. The program committee has reached out to ASOT to try to identify an ophthalmologist at a trauma center that might present at the conference with their trauma surgeon on how they work together with the trauma surgery team doing what they can do for ocular trauma, appropriately engaging ophthalmology at the right time and for the right patients. We want to demonstrate the advantages to patients, the trauma team, and to ophthalmologists if we can work together.

Please contact Dr. Jen Yu ([jenyu@uw.edu](mailto:jenyu@uw.edu)) if know of a place where this works well.

## AAO Mid-Year Forum: Call Coverage Hearing



Protecting Sight. Empowering Lives.™

### Ophthalmology on Call in Crisis: Debunking the Myths

Christopher J. Rapuano, MD  
President, American Academy of Ophthalmology

On-Call Coverage was a hot topic at the AAO Mid-Year Forum! AAO President **Dr. Chris Rapuano** led a session with multiple high yield topics with multiple OHIG members.

#### Session Presentations:

- 1) Myths and Responsibilities - Ron Pelton MD, PhD
- 2) I Have No Leverage and I Won't Get Paid: National Hospital Advocacy for On-Call Trauma, Negotiating with Hospitals, Telemedicine - Grayson Armstrong, MD, MPH
- 3) "But Ophthalmologists Only Work in the Outpatient Clinic and the OR": Ophthalmic Hospitalists - Jen Yu, MD, PhD
- 4) "I Don't Remember How! Where's the Resident?": Clinical Resources Available for On-Call Preparation - Fasika Woreta, MD, MPH

The session also featured a new **Call Confidence Toolkit** from the AAO, American Society of Ophthalmic Trauma (ASOT), and OMIC and offers helpful guidance on negotiating with hospital administration, equipment checklists, clinical decision aids, and an OMIC informed consent template.

[Link To View AAO On Call Confidence Toolkit](#)



## AAO Council Advisory Recommendations (CAR)



Two Council Advisory Recommendations (CAR's) relevant to ophthalmic hospitalists were discussed at the AAO Mid Year Forum:

- CAR 26-08: **Expanding Resources for Ophthalmic Hospitalists**
- CAR 26-10: **Crisis in Emergency Department Consultant Coverage**

[Link To View CAR Submissions](#)

**Dr. Jen Yu** presented the OHIG CAR (08) to the AAO Council and **Dr. Theresa Long** made an impassioned speech in support of it (see below). **88-90% of the AAO councilors voted** to give both consult-relevant CAR's high priority which will now go to the AAO Board of Trustees in June for further consideration.

*“Hello, my name is Jen Yu and I’m a member of the American Society of Ophthalmic Trauma (ASOT). I will be presenting CAR 26-08, Expand Resources for Ophthalmic Hospitalists, which was submitted by ASOT. I am not the councilor but I am chair of the policy committee.*

*As Dr. Rapuano mentioned in his address yesterday, ophthalmic hospitalists are ophthalmologists who focus their practice on the inpatient and ED setting.*

*Currently there is an ophthalmic hospitalist interest group (OHIG), but we feel there would be many benefits from expanded recognition and more centralized resources for ophthalmic hospitalists. I'd like to emphasize that there is natural overlap between ophthalmic trauma and ophthalmic hospitalists but there are also many areas of inpatient and ED based care that are not trauma-related.*

*These can encompass a wide array of conditions and across all subspecialties, ranging from necrotizing fasciitis to SJS to autoimmune optic neuritis to endogenous endophthalmitis. The resources and educational materials for these issues are often organized along subspecialties, making them hard to access. And there are very few standardized guidelines and protocols, with each ophthalmologist re-inventing the wheel when they are tasked with hospital consultations. We have identified a resource gap that is not covered by the extensive work of ASOT. The top 5 asks are:*

1. *Adding hospital and emergency ophthalmology for subject classification at the annual meeting (or additional tagging or search functionality)*
2. *Adding a hospital ophthalmology symposium at the annual meeting, sponsored by OHIG*
3. *Provide ophthalmic hospitalist resources on the Academy website*
4. *Develop recommendations for necessary ophthalmic resources, including equipment, medications, etc*
5. *Develop standardized consult criteria and protocols*

*There are also several secondary recommendations, but I'll leave you to read about them in the booklet, in the interest of time."*

- Jen Yu, MD  
Ophthalmic Hospitalist  
Co-Director, Ophthalmic Hospitalist Interest Group (OHIG)  
Policy Chair, American Society of Ophthalmic Trauma (ASOT)  
Department of Ophthalmology, University of Washington (UW)

*"As we got better and better at surgery, built our own ASCs, our subspecialty has slowly left the hospital.*

*During COVID there were ophthalmologists seeing patients in the hospital, that were not just residents.*

*In 2020, Donna Kim from OHSU and Maggie Hymowitz from Northwell found each other and realized there was someone else that was small, but mighty with a big dream for inpatient and emergency ophthalmic care and OHIG was founded.*

*Ophthalmic hospitalists are STILL in the hospital - sweating in the burn unit examining patients with SJS and bent over the bed of a patient intubated and sedated in the ICU trying to get a view of the peripheral retina through a hazy cornea.*

*Ophthalmology belongs in the hospital.*

*If that statement makes you feel uncomfortable - you NEED to vote for this CAR.*

*We are members of the house of medicine - that's why we are not optometrists!*

*Our PATIENTS deserve better -*

*- they deserve the same quality of care as an outpatient clinic while they are intubated/sedated in the ICU*

*- the same fundus imaging and technology as in your clinics - non-mydratric fundus cameras in the general ED's and handheld portable models used on inpatient floors, virtual visual fields to monitor vision threatening papilledema*

*- you wouldn't imagine seeing a patient in your clinic without advanced testing and imaging*

*OUR RESIDENTS deserve better -*

*- for too long we have relegated our resident to trudge over to the hospital to see the inpatients and ED consults - some of the most medically complex, vulnerable, high acuity, and undifferentiated patients in the hospital system - ALONE - because that's the way it was for us when we were residents*

*- they deserve direct supervision, which is an ACGME requirement*

*- our residents deserve to have attending physicians, checking their exams, providing direct formative feedback, role modeling excellent Inpatient and emergency care so they know what it looks like when they graduate our residency programs and can join us taking call*

*Though we tend to be centered in academic medical institutions, there is also room for us in private practice/large community hospitals.*

*We are a small but mighty group - the "little engine that could" - that is ready to help pull this train up and over the mountain.*

**WE NEED!:**

*Our own society*

*Our own seat at this table*

**DARE I SAY - our own SUBSPECIALTY**

*Ophthalmic hospitalist fellowships so we can train division, and ARMIES of ophthalmic hospitalists best equipped to care for our patients in the hospital*

*We LIVE the concerns for urgent and emergent patients on the daily.*

*Right now - we need your high priority vote."*

- Theresa, Long, MD

Ophthalmic Hospitalist

Comprehensive Ophthalmology

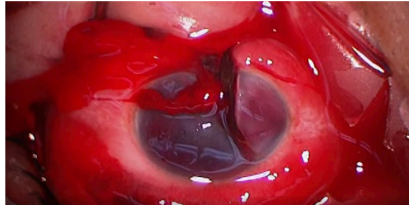
Moran Eye Center, University of Utah

## **OHIG Zoom Gathering Next Week**

Please join us for another OHIG virtual gathering on **May 6th @ 5:00pm PST/8:00pm EST**. Feel free to bring any topics of interest. Proposed areas of discussion include: ED OCT hurdles and advice, CRAO/Stroke institutional protocol updates, Ophthalmic Hospitalist Society (OHS) vs Society of Hospital Ophthalmology (SHO) name considerations, and more!

Zoom Link: <https://us02web.zoom.us/j/82841847013?pwd=5hbKv3LXGiA9USpC7FavbElhYtbEia.1>

## AAO Ophthalmology Call Confidence Website



Prepare to Manage an Open Globe



Imaging for Acute Trauma



Essential Procedures in the  
Emergency Department

### Trauma Basics for Residents and Comprehensive Ophthalmologists



Ophthalmology Call  
Confidence: Strategies for  
Navigating Legal and  
Ethical Obligations



Essentials of Taking  
Ophthalmic Trauma Call:  
Tips and Tricks from the  
Experts



Complex Eyelid Trauma  
Presentation  
0 554



Basics of Open Globe Injury  
Repair  
Presentation  
0 892

### Most Commented

1. [Intraoperative Complication: Capsular Block](#)
2. [SMILE for Hyperopia: A Game Changer!](#)
3. [Can You Guess February's Mystery Condition?](#)

The AAO has released a new website featuring critical tools for on-call ophthalmologists which include a variety of videos that feature trauma basics for residents and comprehensive ophthalmologists.

“Emergency ophthalmic call coverage has become an increasingly complex challenge nationwide. Taking call comes with real barriers: practice logistics, inadequate equipment, and concerns about managing cases outside your subspecialty area. Many ophthalmologists want to serve their communities' emergency needs but require additional support and resources to do so confidently.

These resources are designed to support you in taking call by beginning to remove those barriers and build your confidence. Through comprehensive educational content and practical resources, the Academy strives to make emergency coverage more manageable and rewarding.”

Christopher J. Rapuano, MD  
2026 President, American Academy of Ophthalmology

[Link to View Website](#)