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FACILITY:	HSHS St. Vincent Hospital HSHS St. Mary's Hospital HSHS St. Nicholas Hospital HSHS St. Clare Hospital	MANUAL: Medical Staff
TITLE:	Physician On-Call Policy and Rosters	ORIGINATING DEPARTMENT: Medical Staff Services
SUPERSEDES:	SVGB 200-01-005 SMGB CL-3166 SNS PC-Co.4 SCO ---	POLICY NUMBER: MS-006

I. POLICY:

Patients presenting to the Emergency Department (ED) are referred to an on-call Medical Staff Appointee when:

1. An emergency medical condition is identified, following a medical screening examination, which condition cannot be stabilized by the ED physician(s) on duty, and the patient has no available attending Medical Staff Appointee.
2. Consultation, follow-up care or admission care is indicated and the patient has no attending Medical Staff Appointee.

II. PURPOSE:

- A. To provide an appropriate Medical Staff Appointee to respond to unassigned patients presenting in the ED who need treatment to stabilize an emergency medical condition or need consultation, follow-up or ongoing care. When called, an on-call physician must direct or manage the care in a timely basis to respond to the call. The on-call physician is responsible to arrange any necessary specialty consultations or other treatment, follow-up or ongoing care for the patient. This includes specialty consultation for unit admissions, etc.
 1. Follow-up or ongoing care is defined as at least one office visit following discharge from the Emergency Department. The on-call Medical Staff Appointee may not condition the first follow-up office visit on advance payment or otherwise consider the patient's ability to pay.
 2. Medical Staff Appointees may not discriminate against patients when requested to respond to the Emergency Department for assistance in providing an appropriate medical screening examination, ongoing stabilization, treatment or transferring a patient. This prohibition against discrimination includes, but is not limited to, discrimination based on the patient's ability to pay, diagnosis, race, sex, national origin, handicap, status as an inmate, or status as a legal or illegal immigrant.
- B. To allow for an equitable distribution of unassigned patients among Medical Staff Appointees within each Medical Staff Department.
- C. To comply with federal law (EMTALA/COBRA) which requires hospitals to maintain a roster of Medical Staff Appointees who are on call for duty to provide treatment to stabilize an emergency medical condition after an initial examination has been performed. (See related Screening, Treatment and Transfer (EMTALA) Policy).
- D. To assist Medical Staff Appointees with understanding their hospital and legal obligations when on call.

III. GUIDELINES/PROCEDURES:

- A. The on-call Medical Staff Appointee is determined from the current specialty specific call rosters maintained and/or distributed by the Medical Staff Services Department. If a particular physician specialty or service is not part of the hospital's scope of service, then patients presenting to the ED that require that particular specialty or service are screened and receive stabilizing treatment prior to transfer in accordance with hospital policy *Screening, Treatment and Transfer (EMTALA)*.
- B. The Hospital, through its Medical Staff Departments, is responsible for determining how the call rosters for each specialty within their Department is developed (i.e., mandatory/ voluntary participation, Medical Staff categories required to participate, any exemptions for a provider's age, coverage through a contractual relationship, etc.) and providing continuous coverage and availability for unassigned ED patients as required in the Medical Staff Bylaws, Procedural Policies, Rules & Regulations, and by accrediting and regulatory agencies. When in question, the Medical Staff Executive Committee determines the adequacy of call rosters developed by a Department.
- C. If a patient or the patient's primary care provider does not request a specific Medical Staff Appointee (from the specialty needed for stabilization, consultation, follow-up, or ongoing care) or the patient's requested Medical Staff Appointee is unavailable within a reasonable amount of time (not to exceed 1 hour unless mutually agreed upon by the ED physician and Medical Staff Appointee), the ED physician and staff utilize the call rosters for identifying a Medical Staff Appointee to provide stabilizing treatment, consultation, or follow-up or ongoing care. When a patient does request a particular Medical Staff Appointee, a referral is made to that Medical Staff Appointee as requested by the patient, provided that the requested Medical Staff Appointee is available within a reasonable amount of time.
Exception: Level I and II trauma patients are automatically referred to the trauma surgeon on call as part of the trauma activation process.
- D. Once the call rosters have been developed and distributed, if an on-call Medical Staff Appointee is unavailable for their assigned call for reasons including but not limited to, vacation, sickness, CME attendance, and medical leave of absences, he/she must notify the ED and indicate who is covering for his/her assigned call.
- E. On-call lists for disasters/disaster drills for mass casualty situations are maintained in accordance with the hospital's disaster plan.
- F. The on-call Medical Staff Appointee must come to the ED when the emergency medicine physician, or his/her designee, requests it. The on-call Medical Staff Appointee shouldn't leave the ED until he/she and the ED physician have determined the patient is stable and no longer has an emergency medical condition.

The on-call Medical Staff Appointee is not required to interrupt care, that is, care that requires his/her personal management that he/she is providing to a specific patient. Immediately after the Medical Staff Appointee finishes caring for the specific patient he/she contacts the ED, responds if requested, and gives an estimated time of arrival in the ED. It is not acceptable for the on-call Medical Staff Appointee to delay seeing an ED patient until the end of office hours or finishing the daily surgical caseload, nor is it acceptable to hold the patient in ED for greater than 1 hour unless mutually agreed upon by the ED, MD and ED coordinators.

Transferring the ED patient to the Medical Staff Appointee's office or clinic is not an option until the ED physician has determined that: a) the patient is stable and does not have an emergent medical condition, or, b) the patient has an emergent medical condition and that the transfer is being done for best patient care and not the Medical Staff Appointee's convenience. When an emergent medical condition is identified, prior to transfer, a transfer form must be completed and signed and the explanations of risks and benefits of the transfer are explained to the patient, in accordance with hospital policy *Screening, Treatment and Transfer (EMTALA)*. If the patient does not agree to the transfer, the on-call Medical Staff Appointee is required to present to the ED to evaluate and/or treat the patient.

If the on-call Medical Staff Appointee disagrees about the need to come to the ED, the Medical Staff Appointee must come to the ED and render care irrespective of the disagreement. The on-call Medical Staff Appointee may address the disagreement with the Medical Staff Services Director at a later time.

- G. Medical Staff Appointees may not discriminate against patients when requested to respond to the ED for assistance in providing an appropriate medical screening examination, ongoing stabilization, treatment or transferring a patient.

This prohibition against discrimination includes, but is not limited to, discrimination based on the patient's ability to pay, diagnosis, race, sex, national origin, handicap, status as an inmate, or status as a legal or illegal immigrant.

- H. If the on-call Medical Staff Appointee does not respond via phone or in person to the ED or is unavailable to respond to the ED within 30 minutes, for any reason, (unless a longer response time is mutually agreed upon with the ED physician) the ED:
 - 1. Notifies the appropriate Department Chairperson for resolution and alternative Medical Staff Appointee assignment. If unable to reach or resolve with the appropriate Chairperson, the ED contacts the Nursing Supervisor to involve the Administrator on-call.
 - 2. Documents the unavailability of the on-call Medical Staff Appointee and forwards that documentation to the Director of Medical Staff Services and Emergency Medicine Department Chairperson for review and follow-up.
 - 3. If the Chairperson, Nursing Supervisor, or Administrator on-call cannot arrange for the on-call physician or an appropriate alternate physician to respond, the ED makes arrangements to transfer the patient in accordance with hospital policy *Screening, Treatment and Transfer (EMTALA)*.
- I. An on-call Medical Staff Appointee's failure to communicate their unavailability when on call, refusal to respond to a call from the ED or any other violation of this policy is a serious matter. Such violations can result in an investigation of the hospital and the Medical Staff Appointees involved, a fine of up to \$50,000 per incident, civil lawsuits and/or exclusion from participation in Medicare and Medicaid programs for the hospital and/or Medical Staff Appointee. Accordingly, any questions about a Medical Staff Appointee's compliance with this policy are referred to the Chief Physician Executive or designee and the Medical Staff President and acted upon pursuant to this policy. Violations of this policy shall result in the following disciplinary actions:
 - 1. A first violation results in a written letter of counsel and warning.
 - 2. A second violation results in a second letter of warning and the immediate suspension of clinical privileges for 7 calendar days.
 - 3. A third violation results in a third letter of warning and the immediate suspension of clinical privileges for 13 calendar days.
 - 4. A fourth violation indicates an inability or unwillingness to respond to the above counseling efforts and to comply with the requirements set forth in the Medical Staff Bylaws. Accordingly, it results in the automatic relinquishment of Medical Staff appointment and clinical privileges, without the right to a hearing or appeal.

IV. DISTRIBUTION:

Medical Staff Appointees