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SYSTEM: Hospital Sisters Health System	MANUAL(S): Executive Manual
TITLE: EMTALA On-Call	ORIGINATING DEPARTMENT: Compliance
EFFECTIVE DATE: December 14, 2020	REVISION DATE(S): 08/13/21
SUPERSEDES: #RC-18, 12/11/17, 2/9/15, 1/12, 9/7/10	
<small>* As required by CMS Regulation §482.12 A-0043 Conditions of Participation: Governing Body, the following hospitals and entities are included as HSHS entities: ILLINOIS: (1) HSHS St. John’s Hospital – Springfield (2) HSHS St. Mary’s Hospital – Decatur, (3) HSHS St. Francis Hospital – Litchfield, (4) HSHS Good Shepherd Hospital – Shelbyville, (5) HSHS St. Anthony’s Memorial Hospital – Effingham, (6) HSHS St. Joseph’s Hospital – Highland, (7) HSHS St. Joseph’s Hospital – Breese, (8) HSHS St. Elizabeth’s Hospital – O’Fallon, (9) HSHS Holy Family Hospital – Greenville, (10) HSHS Physician Enterprise (HSHS Medical Group – Illinois, Prairie Cardiovascular Consultants). WISCONSIN: (1) HSHS St. Vincent Hospital – Green Bay, (2) HSHS St. Mary’s Hospital Medical Center – Green Bay, (3) HSHS St. Clare Memorial Hospital – Oconto Falls, (4) HSHS St. Nicholas Hospital - Sheboygan, (5) HSHS Sacred Heart Hospital – Eau Claire, (6) HSHS St. Joseph’s Hospital – Chippewa Falls, (7) HME Home Medical, (8) Libertas Treatment Center – Green Bay and Marinette, (9) HSHS Physician Enterprise (HSHS Medical Group – Wisconsin).</small>	

I. POLICY:

Each hospital within the Hospital Sisters Health System that has a dedicated emergency department (DED) must maintain a list of physicians on its medical staff who are on call for duty after the initial examination to provide further evaluation and/or treatment necessary to stabilize an individual receiving treatment for an emergency medical condition (EMC). The cooperation of the hospital’s medical staff members with this policy is vital to the hospital’s success in complying with the on-call provisions of EMTALA. The hospital should make its privileged physicians aware of their legal obligations as reflected in this policy and should take all necessary steps to ensure that physicians perform their obligations as set forth herein.

No hospital may edit this policy in a manner that would remove existing sample language. However, hospitals may add language creating more specific guidelines.

The definitions in the EMTALA Policy, apply to this and all other EMTALA policies.

II. PURPOSE:

To establish guidelines for the hospital to be prospectively aware of which physicians, including specialists and sub-specialists, are available to provide additional medical evaluation and treatment necessary to stabilize individuals with emergency medical conditions in order to meet the healthcare needs of the community as required of any hospital with an emergency department by the Emergency Medical Treatment and Active Labor Act (EMTALA), 42 U.S.C., Section 1395 and all Federal regulations and interpretive guidelines promulgated there under.

III. SCOPE:

This policy is applicable to all HSHS hospitals*, Physicians’ Organizations, and operating entities including their employees, agents and medical staff, as well as employed physicians of an HSHS Medical Group.

IV. GUIDELINES/PROCEDURES

A. **Maintain a List.** Each hospital must maintain a list of physicians who are on-call for duty after the initial examination to provide treatment necessary to stabilize an individual with an EMC. The medical staff bylaws or appropriate policy and procedures must define the responsibility of on-call physicians to respond, examine and treat patients with an EMC.



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- B. **Develop an on-call schedule.** The hospital's governing board must assure that the medical staff is responsible for developing an on-call rotation schedule that includes the name and direct pager or telephone number of each physician who is required to fulfill on-call duties. Providing the name of a physician group as the on-call physician or the number of an answering service as a contact number is not acceptable.

The on call schedule may be general (e.g., medicine or surgery) or by specialty or sub-specialty (e.g., general surgery, orthopedic surgery, hand surgery, plastic surgery), as determined by the hospital and implemented by the relevant department chairpersons. The Medical Executive Committee (MEC) shall review the on-call schedule and make recommendations to the CEO when formal changes are to be made or when legal and/or operational issues arise.

The hospital shall keep local Emergency Medical Services advised of the times during which certain specialties are unavailable.

- C. **Develop a Back-up Plan.** The hospital must have a written plan for transfer and/or back-up call coverage by a physician of the same specialty or subspecialty for situations in which a particular specialty is not available or the on-call physician cannot respond due to circumstances beyond the physician's control. The emergency physician shall determine whether to attempt to contact another such specialist or immediately arrange for a transfer.
- D. **Transfers due to unavailable care.** The hospital should enter into written transfer arrangements, if possible, with other hospitals to facilitate appropriate transfers of individuals who require specialty or subspecialty physician care that is not available within a reasonable period of time at the hospital to which the individual first presented.
- E. **Providing elective surgeries while on call.** The hospital must have policies and procedures in place to provide that specialty services are available to meet the individual's needs if it permits on-call physicians to schedule elective surgeries during the time that they are on-call. Generally, the on-call physician must arrange for appropriate physician back-up to be available to provide on-call coverage. The on-call physician shall inform the DED of such situation and arrangements before starting and after completing any elective surgery so the DED will know to call the back-up physician if needed.
- F. **Simultaneous Call.** When the hospital permits the on-call physician to have simultaneous call at more than one hospital in the geographic area, the hospital must be aware of the on-call schedule and must have a plan in place to meet its EMTALA obligation to the community. This plan could include back-up call by an additional physician or the implementation of an appropriate transfer.
- G. **Physician's Responsibility.** The hospital must have a process to ensure that when a physician is identified as being "on-call" to the DED for a given specialty, it shall be that physician's duty and responsibility to assure the following:
1. Immediate availability, at least by telephone, to the DED physician for his or her scheduled "on-call" period, or to secure a qualified alternate if appropriate.
 2. Arrival or response to the DED within a reasonable timeframe (generally, response is expected within 30 minutes). The DED physician, in consultation with the on-call physician, shall determine whether the individual's condition requires the on-call physician to see the individual immediately. The determination of the DED physician or other practitioner who has personally examined the individual and is currently treating the individual shall be controlling in this regard.
- H. **Transfer to Physician's Office.** When a physician is on-call in his or her office, the hospital may NOT refer individuals receiving treatment for an EMC to the physician's office for examination and treatment. The

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physician must come to the hospital to examine the individual if requested by the treating physician. If, however, it is medically appropriate to do so, the treating physician of the DED may move an individual needing the specific services of the on-call physician to the physician's office only if the office meets the definition of a hospital-based department of the hospital and is located on the hospital campus. This type of move will only be appropriate if all the following conditions are met:

1. all individuals with the same medical condition are moved to this location regardless of their ability to pay for treatment;
2. there is a bona fide medical reason to move the individual; and
3. qualified medical personnel accompany the individual.

- I. **Financial Inquiries.** Medical Staff Members who are called to provide treatment necessary to stabilize an individual with an EMC may not inquire about the individual's ability to pay or source of payment before coming to the DED and no facility colleague may provide such information to a physician on the phone. The facility will not share information that could potentially lead to an EMTALA violation.
- J. **Avoiding Responsibility.** Medical Staff Members may not relinquish specific clinical privileges for the purpose of avoiding on-call responsibility. The Board of Trustees is responsible for assuring adequate on-call coverage of specialty services to meet patient and community needs. Exceptions (*e.g.*, age, declining number of active staff, residence proximity requirements) for purposes of avoiding on-call shall be prohibited.
- K. **Selective Call.** Physicians who refuse to be included on a hospital's on-call list but take calls selectively for individuals with whom they or a colleague have established a doctor-patient relationship while at the same time refusing to see other individuals receiving treatment for an EMC under EMTALA may be in violation of EMTALA. The hospital would be in violation of its EMTALA obligation by encouraging disparate treatment if the hospital permits physicians to selectively take call while the hospital's coverage for that particular service is not adequate.
- L. **Discharge.** The hospital must provide an individual who has received screening and treatment for an EMC with a plan for appropriate follow-up care with the discharge instructions, including post-discharge teaching about accessibility and availability of care needed.
- M. **Failure to Show.** If a physician on the on-call list is called by the hospital to provide emergency screening or treatment and either fails or refuses to appear within a reasonable period of time, the hospital and that physician may be in violation of EMTALA as provided for under section 1867(d)(1)(C) of the Social Security Act.

If, as a result of the on-call physician's failure to respond to an on-call request, the hospital must transfer the individual to another facility for care, the hospital must document on the transfer form the name and address of the physician who refused or failed to appear within a reasonable time.

- N. **Records.** The hospital must keep a record of all physicians on-call and on-call schedules for at least five years. Any on-call list must reflect any and all substitutions from the time of first posting of the list.

V. REFERENCE



Hospital Sisters
HEALTH SYSTEM

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Originator: _____ *Mark Novak*
VP & Compliance Officer

Accountable Leader _____ *Mark Novak*
VP & Compliance Officer

Administrative Approval: _____ *Diamond Boatwright*
President & CEO