

## Administrative Policy

### EMERGENCY DEPARTMENT ON CALL COVERAGE

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3/14

*PHFH MEC approved* 3/2014

*PSHMC MEC approved* 3/2014

**New Policy:** Replaces the following two policies

- Provision for On-Call Coverage - dated January 2002
- Emergency Department On-Call Duties for Active Staff Members - dated 3/15/05

**Subject:** Responsibilities of Active Staff Physicians for Emergency Department (ED) On Call Coverage

**Purpose:** To ensure a safe patient experience by providing prompt delivery of care, and to meet regulatory requirements of EMTALA

Services offered at SHMC/HFH are available through the on-call coverage of the ED. As specified in the Medical Staff Bylaws, members of the Active Medical Staff are required to participate in an on-call rotating assignment or schedule for his or her specialty in order to provide coverage for patients seen in the emergency room who need consultation, admission or follow-up in the office.

On-call physicians also respond to the PHC Urban Admit/Transfer Center to advise regarding appropriate transfer of patients and communicate with the referring physician if needed.

On-call schedules are prepared for each specialty and distributed by the ED on-call scheduler. Call begins at 7:00 a.m. and ends at 7:00 a.m. the following day.

Active members of the medical staff shall take ED call in their primary specialty and any other specialty in which they have privileges; departments/service lines may recommend to the MEC exceptions to this policy on a case-by-case basis as long as the exception meets the needs of the ED call schedule.

The Active Staff member who is assigned must be physically available or must have made coverage arrangements with another member of the Active Medical Staff who has similar privileges. **If the on call physician has scheduled an elective procedure, that physician should have a planned back-up in the event that they are called while performing the elective procedure. If neither the on-call physician nor the back up physician can respond in a timely fashion, the ED will arrange needed care with another physician in the same specialty or through an appropriate transfer.**

On call physicians have the following responsibilities:

- Should a patient arrive in the ED and need consultation or admission, the on-call schedules are used to identify a physician or physician(s) to be contacted. If the patient requires admission to the Medical Center, it is the responsibility of the on-call physician to admit the patient and to provide admitting orders. If the patient presents to the ED with an unstable injury or condition that in the opinion of the emergency physician requires immediate treatment, the on-call physician must come to the ED ***within 30 minutes***, evaluate, stabilize and provide follow-up care for that patient.
- Should a patient be seen in the ED, medically screened, stabilized, and released but be in need of timely follow-up in a specialist’s office, the ED doctor will discuss this with the on-call physician. It is then the responsibility of the on-call physician to offer follow-up treatment available once the patient contacts the office of the on-call physician. (The patient may decline according to his/her insurer preference.)
- Should a patient be seen in the ED, medically screened, stabilized, and released but be in need of primary care follow-up for the ED event, the patient will arrange this through their established primary care physician. If the patient does not have a primary care physician, the ED provider may refer the patient for follow up care through a Providence Urgent Care Center.
- Once the medical screening examination is completed and the ED physician determines that only routine care is needed and that a medical emergency does not exist, there is no duty or obligation for the on-call physician to these patients. ***A list of appropriate physicians or clinics may be provided to the patient to arrange for routine follow-up care.*** Such cases will not be the subject of discussion between the ED physician and the on-call physician.

**1. If an on-call physician fails to respond to the ED within the 30 minute time frame or is not available due to an emergency, the ED physician will contact the following:**

<b>Surgical Problem-Adult</b>	<b>Medical Problem-Adult</b>	<b>Peds-Medical/Surgical</b>
Surgery Division Chief	Medicine Division Chief	Pediatric Medicine Division Chief
Chairman Surgery Dept	Chair of Medicine Dept.	Pediatric Intensivist
Trauma Surgeon On-Call	Hospitalist on duty	Pediatric Surgeon On-Call or Pediatric Hospitalist, as appropriate for the case

1. ED physician or staff will document in the patient record the call to the on-call physician, his/her response, or lack thereof.
2. The ED physician or staff will complete an on-line incident report

SHMC/HFH ED will keep an accurate record of the “On-Call” schedule for a minimum of five years as per 42 CFR 489.24 (r) (2).

Failure to respond to the ED **within 30 minutes** will be reviewed by the appropriate Department or Service Line Medical Staff Leader, as well as the Division Chief, and may constitute a need for corrective action by the Medical Staff Leadership.

**Rationale:**

In the interest of safe patient care and in order to provide for appropriate continuity of care for patients seen in the Emergency Room while maintaining compliance with Medical Staff Bylaws and EMTALA regulations, this policy outlines the obligations of members of the Active Medical Staff.

Key Search Words: EMTALA, On Call, Diversion