I. PURPOSE:

To provide a mechanism to ensure that physicians are on call and available to provide additional Medical Screening Examinations and stabilizing treatment for patients with an Emergency Medical Condition in accordance with the resources available to the Hospital, and to ensure that Hospital personnel are prospectively aware of which physicians are on-call through the development and distribution of an On-Call List.

The On-Call Physician is not allowed to discriminate against or refuse to provide care because of the patient’s ability to pay, race, ethnicity, gender, disability, religion, or is covered by a program such as Medicare or Medicaid.

II. SCOPE:

This policy applies to all employees, affiliates, directors, officers, and board members of Sacred Heart HealthCare System.

III. RESPONSIBILITY:

It is the responsibility of all employees, affiliates, directors, officers, and board members of Sacred Heart HealthCare System to insure compliance with this policy.

IV. REFERENCES

- 42 CFR § 489.24
- 42 CFR § 489.20
- Medicare State Operations Manual (Rev. 60, 07-16-10), Appendix V – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases

KEY DEFINITIONS:

Medical Staff-The organized body of practitioners at Sacred Heart Hospital who possess the education, knowledge, expertise, and competence to provide, monitor and evaluate the quality and appropriateness of medical care
**Allied Health Professional or AHP**—An individual, other than a licensed practitioner who is either duly licensed or otherwise qualified by training, experience and certification to provide specified patient care services under the supervision or in concert with a member of the medical staff.

**Qualified Medical Personnel**—a physician, physician's assistant, nurse practitioner, nurse, emergency medical technician, or other person authorized under State or Federal law or regulation to collect blood and urine specimens.

**Dedicated Emergency Department or DED**—Any department or facility of the hospital, regardless of whether it is located on or off the main hospital campus, that meets at least one of the following requirements:

- It is licensed by the State in which it is located under applicable State law as an emergency room or emergency department;
- It is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or
- During the calendar year immediately preceding the calendar year in which a determination under this section is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment.”

**Emergency Medical Condition or EMC**

- A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:
  - Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, or
  - Serious impairment to bodily functions, or
  - Serious dysfunction of any bodily organ or part
- With respect to a pregnant woman who is having contractions
  - That there is inadequate time to effect a safe transfer to another hospital before delivery, or
  - That the transfer may pose a threat to the health or safety of the woman or her unborn child

**Medical Screening Examination or MSE**—Process to determine whether an EMC does or does not exist, or

- With respect to a pregnant woman experiencing contractions whether or not she is in labor. Screening is to be conducted by a physician and/or other Qualified Medical Person (QMP), as determined by the Medical Staff Bylaws.
- With respect to an individual manifesting behavioral or psychiatric symptoms, the MSE consists of both a medical and behavioral health screening.
- The act of triage is not considered a MSE.
Appropriate Transfer-A transfer before stabilization which is legal under EMTALA, is one in which all of the following occur:
- The patient has been treated at the transferring hospital, and stabilized as far as possible within the limits of its capabilities;
- The patient needs treatment at the receiving facility, and the medical risks of transferring him are outweighed by the medical benefits of the transfer;
- The weighing process as described above is certified in writing by a physician;
- The receiving hospital has been contacted and agrees to accept the transfer, and has the facilities to provide the necessary treatment to him;
- The patient is accompanied by copies of his medical records from the transferring hospital;
- The transfer is effected with the use of qualified personnel and transportation equipment, as required by the circumstances, including the use of necessary and medically appropriate life support measures during the transfer.

Stabilize
- With respect to an EMC, that the individual is provided such medical treatment of the condition as is necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual or:
- With respect to a pregnant woman who is having contractions and who cannot be transferred before delivery without a threat to the health or safety of the woman or the unborn child, within reasonable medical probability, that the woman has delivered the child and the placenta; or
- The Emergency Medical Condition has been resolved

Stable For Discharge
- The physician or QMP has determined that the individual has reached the point where his or her continued medical treatment could reasonably be performed as an Outpatient or later as an Inpatient, as long as the individual is given a plan for appropriate follow-up care with discharge instructions; or:
- With respect to an individual with a psychiatric condition, the physician or QMP has determined that the individual is no longer considered to be a threat to himself/herself or others

Stable For Transfer
- The physician, or other QMP in consultation with the physician, determines within reasonable medical probability that the individual will sustain no material deterioration in his or her medical condition as a result of a transfer, and that the receiving facility has the capability to manage the EMC and any reasonably foreseeable complication; or
- With respect to a pregnant woman who is having contractions and who cannot be transferred before delivery without a threat to the health or safety of the woman or the unborn child, within reasonable medical probability, that the woman has delivered the child and the placenta; or
- With respect to an individual with a psychiatric condition, a physician or other QMP in consultation with the physician determines that the individual is protected and prevented from injuring himself/herself or others.
V. **PROCEDURE/METHODS**

**A. Development/Distribution of On-Call List:** The Medical Staff Office (MSO), on a monthly basis, creates the On-Call List of physicians who are on-call and available to provide additional MSE and stabilizing treatment for patients with an EMC. The MSO will distribute or make accessible the On-Call List through the intranet, email, facsimile, or requested distribution to all staff physicians required or volunteering to take call. The MSO, Operators, and the ED will maintain the On-Call Lists as set forth below.

**B. On-Call List Physicians:** Acceptance of emergency call responsibilities and care of service patients as designated by Department Chairpersons and specified in the Medical Staff Rules and Regulations. Any exemption for an individual or specialty group must be approved by the CEO or designee and President of the Medical Staff or designee. Where the hospital determines that there is an insufficient number of specialists to adequately provide for call coverage in a given specialty, the hospital has made arrangements with a local institution for transfer and patients will be transferred pursuant to hospital transfer policy GEN_595. For specialties where call is voluntary Physicians who have been approved for Staff membership may request, but are not guaranteed, addition to the Emergency Department call rotation by contacting the Medical Staff Office.

**C. On-Call List Specialties:** The MSO maintains the updated approved listing of on-call classifications which includes mandatory, volunteer, covered by employed group, covered by physician or group under contractual or exclusive agreement.

**D. On-Call Physician Rotation:** The medical staff is rotated in the specialty for which they have approved privileges. Rotation is determined by the Department Chair or Subdivision Chair.

**E. Unavailability:** During periods when a particular general, specialty or subspecialty medical service is not available or coverage is temporarily limited because the On Call Physician is unable to respond because of a situation beyond his/her control (which does not include working in another facility or an office) the patient will be stabilized within the capabilities of the hospital and transferred pursuant to the hospital transfer policy GEN_595. The On-Call List will indicate when medical services are not available and indicate reference to the transfer policy GEN_595.

**F. Communication:** The ED physician or QMP will notify the On-Call Physician listed on the hospital On-Call List that he/she is required to come to the ED as defined below.

**G. Alternative Physicians:** The On-Call Physician scheduled for on-call duty is required to arrange for an alternative physician to take call for him or her if there is a scheduling conflict. The physician requesting scheduling changes is required to notify the MSO, Operator and ED in advance of his or her required on-call date in order for changes to be made to the schedule and any appropriate notifications can be completed.

**H. Call Requirements:**

1. On-Call Physicians are expected to come to the Hospital when requested to do so by the ED physician or QMP within the period of time defined in “Responsibilities of the On-Call Physician” below or as determined to be reasonable by the ED physician or QMP.
2. The On-Call List shall list the names of individual On-Call Physicians (not the practice group name) who are on call for individuals presenting to the ED without a pre-existing relationship with a physician or whose physicians are unavailable. It is not sufficient to list a practice group name, even if the group is responsible for arranging 24 x 7 call. It is acceptable to use a single phone number for the On-Call Physicians affiliated with a practice group.

I. Responsibilities of the On-Call Physician:

1. Responsibilities of the On-Call Physician may include coming to the ED or Inpatient unit (if admission was necessary to provide the EMTALA required MSE or stabilizing treatment) to medically screen the individual and/or provide stabilizing medical care, accept an appropriate patient in transfer on behalf of the hospital, provide follow-up care to patients with EMCs as required by this policy.

2. The On-Call Physician is required to respond by phone to the ED within a reasonable time frame from the time the initial call is placed by the ED. A reasonable time frame for a telephone response is no longer than 30 minutes from the initial call (initial call is defined as the first call to pager, telephone or answering service).

3. If the physician does not contact the ED within a reasonable time frame, the ED physician or QMP will make the appropriate referral to the Chairperson of the Department or Sub-Division, VPMA, or designee for appropriate consultation and follow up. Risk Management will be notified of any deviation from policy.

4. The ED physician or QMP may request a telephone consultation in selected cases.

5. When requested to do so by the ED physician or QMP to assist in the MSE and determination of whether an EMC exists or to provide stabilizing medical care, the On-Call Physician must respond in-person within a reasonable time frame. The reasonable time frame will be determined by the ED physician or QMP who requests the On-Call Physician to respond in-person to the DED based on the patient’s acuity and other circumstances. For purposes of evaluating and enforcing the On-Call Physician’s compliance, a reasonable time frame for in-person response is not less than 30 minutes from the ED physician’s or QMP’s request for in-person presence.

6. If, based on the information provided via telephone contact, the On-Call Physician disagrees with the ED physician or QMP about whether an individual has an EMC, is stable for transfer or other medical management issues, or the On-Call Physician does not want to see the individual for other reasons the On-Call Physician is still required to come to the ED and personally examine the individual and accept responsibility for the individual.

7. The individual will not be sent to the physician’s office for examination and treatment except in the following circumstances: (a) an individual has received a MSE and the ED physician or QMP has determined that the individual does not have an EMC; (b) the ED physician or QMP determines that the individual is stable for discharge:

8. The On-Call Physician must accept and provide medical care to the individual for the duration of the EMC (even if the individual has been admitted to the hospital as an Inpatient) or to effectuate an Appropriate Transfer in accordance with the EMTALA.

9. The On-Call Physician must provide any follow up medical care to the treated and discharged patient; without regard to the individual’s ability to pay for at least one follow up visit
10. The On-Call Physician must provide medical services to individuals in the DED within the full scope of his or her current hospital privileges. Periodic review of the physician’s credentials for alignment with the physician’s current practices shall occur to ensure that privileges match the services provided to the ED. It is the physician’s responsibility to update the MSO regarding current competencies for all privileges as well as changes in practice.

11. Physicians may choose to utilize an AHP to assist in fulfilling all coverage responsibilities subject to the following limitations:
   a. The individual On-Call Physician’s name must be listed on the On-Call List. It is not sufficient to list the name of an On-Call Physician’s practice group name (even if the practice group assumes responsibility for 24x7call).
   b. All services provided by an AHP shall be within the AHP’s allowable scope of practice pursuant to state law and hospital policy.
   c. All requirements for physician counter signatures are met.
   d. The On-Call Physician is obligated to come to the Hospital in lieu of or in addition to the AHP when requested to do so by the ED physician, QMP, or AHP.

J. Physician Assignment and Referrals from the ED: A specific process for physician referrals, as outlined below, will be utilized for any individual evaluated in the DED in need of such services.

1. If an individual evaluated in the ED identifies an attending physician, the ED physician or AHP provider may contact the physician to seek advice regarding the individual’s medical history and needs that may be relevant to the medical treatment, as long as that consultation does not inappropriately delay the MSE.

2. If a determination is made that an individual in the DED must be admitted, and the patient has an attending physician, then the patient’s own attending physician will be notified. If the attending physician cannot be reached, then the DED will contact the physician who is covering for the attending physician or the appropriate On-Call Physician to care for the individual.
   a. If the individual requests a new attending physician, then the individual may request any physician on the Medical Staff. The requested physician is required to accept the individual only if he/she is on-call during the time when the patient presents to the DED.
   b. If the requested physician is not on call and does not accept the individual, the ED physician or QMP will contact the On-Call Physician to admit the individual.

3. In the event the individual needs to be admitted in order to provide a further MSE or stabilizing treatment and the patient does not have an attending physician and does not request a specific physician, then the On Call Physician will be assigned to the patient for the admission. The ED physician or QMP will determine which medical specialty or subspecialty should be notified for acceptance of the patient based on the patient’s presentation and/or medical diagnosis.

4. The ED may treat and release a patient who is stable for discharge with follow-up instructions and referral to his or her attending physician for follow-up care in accordance with the Hospital’s discharge planning processes.
   a. If the patient does not have an attending physician, then he or she will be given a list of available clinics.
b. The ED may refer the patient to the On-Call Physician for any follow-up medical care to the treated and discharged patient; without regard to the patient’s ability to pay for at least an initial visit.

c. If the patient requires follow-up care and the care is not available through the patient’s attending physician or the On-Call Physician, the patient will be instructed to return to the ED as part of the Hospital’s discharge planning process.

K. Retention of On-Call List: The ED will return the On-Call List and all group schedules (with notations and changes) to the MSO at the end of the month. The MSO will retain the On-Call List for a period of five (5) years.

L. Inpatients in Need of Specialty Services: Although not required by EMTALA, the attending physician for an Inpatient referral may utilize the On-Call List for specialty and subspecialty medical services as may be necessary to stabilize an EMC.

MONITORING

Performance Improvement monitoring and continuing education on compliance with this Policy will occur periodically.

Disclaimer Statement

This policy and the implementing procedures are intended to provide a description of recommended courses of action to comply with statutory or regulatory requirements and/or operational standards. It is recognized that there may be specific circumstances not contemplated by laws or regulatory requirements that make compliance inappropriate. For advice in these circumstances, please consult with Risk Management/Patient Safety and/or Legal Services.

Revision Date: 4/2016
Reviewed Date:
Typist: