



Policy /Procedure Document	
Manual:	N/A
Origination Date:	9/25/2014
Last Review Date:	08/06/2018
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Policy Owner:	Medical Staff
Required Approvals:	
Committee:	Medical Executive Committee
Leadership/Board:	Board of Trustees

TITLE:	Emergency Department On-Call Responsibilities
SCOPE:	All Medical Staff Members and Privilege Holders, unless exempted, must participate in the on-call system in accordance with their Clinical Privileges as a condition of Appointment and Reappointment, and respond when called to render clinical services within the scope of their Privileges.
DOCUMENT TYPE:	Emergency Medical Treatment and Labor Act (42 USC 1395dd) (EMTALA)
PURPOSE:	To ensure Medical Staff support of the Hospital's patient care mission, ensure compliance with EMTALA and explain the obligations of on-call Practitioners.
PHILOSOPHY:	N/A
DEFINITIONS:	<p>Emergency Medical Condition: A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in 1) serious jeopardy to the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child; 2) serious impairment to bodily functions; or 3) serious dysfunction of any bodily organ or part; or 4) a pregnant woman who is having contractions and there is inadequate time to effect a safe transfer to another hospital before delivery or transfer may pose a threat to the health or safety of the woman or the unborn child.</p> <p>Stabilize: To provide such medical treatment of the condition as may be 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 from a facility; or, with respect to an emergency medical condition involving a pregnant woman, that the woman has delivered (including the placenta).</p> <p>Emergency Department: The Emergency Department immediately attached to the main hospital on Michigan Street in South Bend, IN.</p>
PROCEDURE:	

Purpose:

Memorial Hospital has a patient care mission and is required to comply with the Emergency Medical Treatment and Active Labor Act (42 USC 1395dd) (EMTALA). The Medical Staff has a responsibility to support the patient care mission, and compliance with EMTALA, by providing evaluation and stabilizing treatment to all patients presenting to the Emergency Department (ED). In order to meet this responsibility, all Medical Staff Members

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and Privilege Holders are eligible for participation in the on-call system in accordance with their Clinical Privileges as a condition of Appointment and Reappointment. The purposes of this policy are to ensure Medical Staff support of the Hospital's patient care mission, ensure compliance with EMTALA, and explain the obligations of on-call Practitioners.

Policy:

It is the policy of Memorial Hospital to comply with EMTALA, a law designed to protect patients' rights to emergency medical care, including women in active labor, regardless of their ability to pay. EMTALA requires that any patient presenting to the Emergency Department (ED) requesting evaluation must receive an appropriate medical screening examination to determine if he/she has an emergency medical condition. If an emergency medical condition is determined to exist, it must be stabilized prior to discharge or transfer. If the condition cannot be stabilized, an appropriate transfer should be arranged. In the event of such a transfer, efforts to stabilize the emergency medical condition must continue until the patient is transferred.

"Medical screening examination," "stabilized," "appropriate transfer," and a number of other terms specific to EMTALA are defined in its rules and regulations (42 CFR 489.24). Some definitions are also listed at the beginning of this document.

The provisions of EMTALA apply not only to the Hospital but also to on-call Practitioners. Failure to comply with EMTALA can result in fines to both the Hospital and Practitioners of up to \$50,000 per violation (with multiple violations possible for a single case), civil liability, and exclusion from Medicare, Medicaid, and other government health programs. All Medical Staff Members and Privilege Holders, unless exempted, must participate in the on-call system in accordance with their Clinical Privileges as a condition of Appointment and Reappointment, and respond when called to render clinical services within the scope of their Privileges. Exemptions from participation in the on-call system may be granted, in accordance with other Medical Staff and Departmental policies, to the extent they do not impede the ability of the Hospital to comply with EMTALA.

Procedure:

1. On-call Practitioner Must Come to the ED When Called

The on-call Practitioner must come to the ED (or provide emergency services electronically if the on-call Practitioner's physical presence requirement would cause a delay in patient stabilization) when requested by the ED Practitioner or designee. Unless there is a compelling medical reason to do so (e.g., the on-call Practitioner has equipment or capabilities in his/her office not available at the Hospital), seeing the patient at the on-call Practitioner's office or clinic is not an option until the patient is determined, by the ED Practitioner, to be stable or to not have an emergency medical condition as defined by EMTALA.

2. Disputes Over Need to Respond

If the on-call Practitioner disagrees about the need to come to the ED, the on-call Practitioner must come to the Hospital and render care irrespective of the disagreement. Disputes regarding the need for the on-call Practitioner to come to the Hospital can be addressed at a later time, between the Practitioners involved, with Department Chief(s) and Medical Staff leadership involvement as necessary. ED Practitioners should require the on-call Practitioner to come to the Hospital only if, in their opinion, the patient's condition requires direct evaluation and/or treatment by the on-call Practitioner, including direct involvement in decisions regarding transfer from Memorial Hospital.

3. Assistance in Screening and/or Stabilization

If requested, the on-call Practitioner shall come to the ED (or provide emergency services electronically if the on-call Practitioner's physical presence requirement would cause a delay in patient stabilization) to participate in providing a medical screening examination, including determining whether the patient

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requires an appropriate transfer. If the on-call Practitioner determines that the patient requires transfer for an emergency medical condition that cannot be stabilized, he/she shall, if requested by the ED Practitioner, participate in ongoing stabilization efforts prior to transfer, and shall assume responsibility for his/her decisions regarding transfer, (See “Definitions” section above for a definition of “stabilize.”)

4. **Ability to Pay Not to Be Considered**

Neither the ED Practitioner nor the on-call Practitioner shall consider the patient’s financial circumstances or the patient’s insurance or means of payment in the decision to respond to the ED, treat, or transfer the patient.

5. **Timely Response**

The on-call Practitioner should arrive in the ED (or provide emergency services electronically if the on-call Practitioner’s physical presence requirement would cause a delay in patient stabilization) within 60 minutes of being requested unless a different time period is mutually determined to be reasonable by the on-call Practitioner and the ED Practitioner, or there is a “Justification for Delay” (see below).

6. **Justification for Delay**

- a. The on-call Practitioner is not required to interrupt emergency care that he/she is providing to a specific patient. Emergency care means care requiring immediate personal management by the on-call Practitioner. Immediately after the Practitioner finishes providing emergency care to the patient, he/she will notify the ED to give an estimated time of arrival, or arrange for alternate coverage or transfer, if appropriate.
- b. It is not acceptable for on-call Practitioners to delay seeing an unstable ED patient until the end of office hours or completion of the surgical caseload.

7. **Follow-up Care**

Unless other arrangements are made, the on-call Practitioner shall provide follow-up patient care throughout the acute episode of illness. The on-call Practitioner may not condition the first follow-up office visit on advance payment or otherwise consider the patient’s ability to pay, including consideration of a patient’s prior financial status or relationships. However, Practitioners are not expected to provide free follow-up care and may bill the patient for services. Practitioners are also not expected to provide repeated appointments to patients who fail to keep follow-up appointments.

8. **Lack of Specialty Services**

If the Hospital lacks the capacity or capability to stabilize a patient’s emergency medical condition due to the need for unavailable specialized services, it should arrange for an appropriate transfer if the medical benefits of transfer outweigh the risks. A Practitioner, in consultation with other Practitioner and Hospital staff, must make this determination.

If an on-call Practitioner determines that the Hospital lacks the capacity or capability, as described above, he/she will assume responsibility as the transferring Practitioner.

9. **On-Call Schedule**

- a. The call schedule shall reflect the Hospital’s capabilities (including Medical Staff expertise).
- b. Practitioners on-call shall generally be on-call 24 hours, from 7:00 AM to 7:00 AM, the following day. For services (e.g., orthopedic surgery, cardiology, general surgery, etc.) that generally provide gapless coverage, alternative start and stop times are permitted but must be communicated to the Summit Center and ED.

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- c. On-call Practitioners may schedule elective surgeries and be on-call simultaneously at more than one facility. In either event, the on-call Practitioner must have a backup plan to ensure that appropriate care is provided. In no case, however, shall a patient be transferred from Memorial Hospital for Practitioner convenience.

- d. **FLEXIBILITY** of coverage shall be permitted as follows:
 - (1) A Practitioner scheduled to be on-call at a particular time shall be given the option to 1) take the call, 2) mutually agree to trade on-call days with another Medical Staff Practitioner with similar Privileges, or 3) mutually agree with another Practitioner who will take that on-call day. It is the responsibility of the scheduled on-call Practitioner to be available when on-call, or to assure that his/her duties are otherwise covered.
 - (2) The Hospital Summit Center and ED shall be notified promptly, and in writing, of any changes in the call schedule.

- e. Practitioners who hold admitting privileges shall designate an alternate Practitioner with comparable Privileges who shall be called if the on-call Practitioner cannot respond because of situations beyond his/her control and shall provide an accurate means for direct contact, including either a cell or home phone number, when on-call, although initial attempts to contact him/her should be through his/her preferred routes (e.g., pager, office phone, answering service, etc.)

- f. A Medical Staff Member or Privilege Holder who otherwise would be on the call schedule may be excused from call for up to 90 days during his/her appointment period by submitting a request to the Medical Staff Office . Documentation may be requested as to the basis of any such request, e.g., a request due to medical issue(s) would require a letter from the Practitioner's physician corroborating the medical issue(s). Approval must be obtained from the Department Chief and President of the Medical Staff. If the Practitioner provides call coverage for a particular service from more than one Department, each Department Chief from which the call pool derives must approve the request. Beyond 90 days, any excuse from call must be approved by the MEC. The impact on the Hospital's ability to provide adequate on-call coverage will be considered in all requests for excuse from staff call.

10. **Disciplinary Actions**

- a. Any violation of this policy by an on-call Practitioner will be reported to the Department Chief and the Vice President of Medical Affairs (VPMA). The Department Chief or VPMA will notify the President of the Medical Staff, who will take whatever reasonable action is necessary to ensure adequate on-call coverage and proper care of any affected patient.

- b. Except in the case of a flagrant violation, for the first incident, the on-call Practitioner will receive counseling, and an official warning from the President of the Medical Staff. The counseling and warning will be reported to the MEC but no further action will be taken.

- c. If the on-call Practitioner commits a second violation, or if the first violation is flagrant, the violation will be reported to the President of the Medical Staff and the VPMA. The President of the Medical Staff will take whatever reasonable action is necessary to ensure adequate on-call coverage and proper care of any affected patient, then notify the MEC, which will take

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appropriate action, which could include the revocation of the Practitioner's Medical Staff Appointment and Clinical Privileges.

- d. In determining whether a violation was flagrant, the President of the Medical Staff shall consider the total circumstances including, but not limited to, whether the violation was deliberate, whether a patient's care was, or could have been, affected, and how disruptive the violation was to Hospital operations.

11. **Failure to Respond**

Any on-call Practitioner who fails or refuses to appear within the timeframe provided in this policy shall be reported to the appropriate Department Chief and the VPMA. The VPMA will notify the President of the Medical Staff, who shall investigate the matter and pursue appropriate action under the Medical Staff Governance Documents, which could include the revocation of the Practitioner's Medical Staff Appointment and Clinical Privileges.

If the on-call Practitioner does not respond as requested and a transfer results, the ED Practitioner must document the on-call Practitioner's name and address on the transfer document. The receiving hospital is required, under EMTALA, to report what it believes to be the inappropriate transfer of an individual with an unstable emergency medical condition. The on-call Practitioner who fails or refuses to respond could be subject to civil monetary penalties and exclusion from the Medicare program if it is determined that the failure or refusal constituted a violation of EMTALA.

Document Revision History:		
Revision Date:	Reviewed/Revised By:	Summary of Changes:
9/25/2014		Original Document
06/2015	Michael Blakesley, MD	Policy format and minor edits
09/2017	Michael Blakesley, MD	Revision to staff call exemption requirements
04/2018	Michael Blakesley, MD	Reviewed