St.JosephHealth
Santa Rosa Memorial

TITLE: EMERGENCY CALL POLICY

MANUAL: MEDICAL STAFF

Effective Date: April 25, 2000 Approval: /s/
Margaret McEvoy, MD, Chief of Staff
Reviewed/Revised: 1/22/02, 5/03, 6/03, 3/06, 12/4/07, 6/18/08, 8/26/08, 12/06/11; 10/22/13, 1/17, 4/28/2018, 11/27/18

PURPOSE/EXPECTED OUTCOMES

The medical staff, through its bylaws and in support of SRMH's compliance with its charitable obligations and relevant law, authorizes the Medical Executive Committee (MEC) to establish a mechanism to ensure specialty coverage of the emergency department (ED). Specifically, the MEC shall determine the services for which specialty coverage for the ED is needed, as well as the categories and individuals within the Medical Staff who will be obligated to serve on the Emergency Call lists. This Emergency Call coverage is a requirement and obligation of all members of the medical staff - regardless of category - with the exceptions specifically provided for herein. The Emergency Call list and the concomitant obligation of applicable medical staff members is based on patient care needs, not on economic issues. The Emergency Call obligation and hours must be distributed fairly given the specialty resources available in the community.

GENERAL POLICY STATEMENT

It is the MEC's responsibility to determine the specialties that must be represented on the emergency call list. Each service chair must determine for the MEC who will represent his or her specialty for purposes of developing and implementing the Emergency Call lists. The MEC shall have authority to make exceptions for specific physicians (e.g., those who are hospital-based or who are not providing patient care). The obligation to serve on the Emergency Call list is not related to the privileges held by each physician; all physicians have an obligation and must be able to handle emergency call in their primary specialty. Should the situation require consultation with a sub-specialist, the physician on-call is responsible to directly contact and arrange the coordination and/or transfer of care to the sub-specialist. Such transfer shall be documented in the medical record. All physicians in all specialties, unless specifically exempted herein, will provide Emergency Call coverage upon reasonable request and shall respond to requests from the Regional Referral Center in regards to transfer requests. In accordance with the SRMH Medical Staff Bylaws, this obligation applies to Active and Courtesy staff categories; however, those in Committee Affiliate, Administrative, Telemedicine or Honorary staff shall be exempt from Emergency Call coverage.

RESPONSE TIME

Physicians serving on on-call rosters must be able to respond to emergency requests within 30 minutes. This response time may require a physician's presence in the hospital within 30 minutes of an Emergency request, but in some circumstances, two-way voice communication within 30 minutes will suffice as the nature of the emergency dictates.

Physicians serving on call must respond promptly to requests to see any patient who has been determined by the emergency physician to have an “emergency medical condition” as defined in the Emergency Medical Treatment and Active Labor Act (“EMTALA”) requiring the physician’s specialty consultation and/or treatment for stabilization prior to transfer or admission.

EMTALA EDUCATION

EMTALA education will be provided periodically to members of the Medical Staff.

RESPONSIBILITY FOR CALL COVERAGE

While the obligations to serve on call applies to Trauma Team physicians, this policy excludes Trauma Physicians from these time frames and responsibilities in favor of those that are designated in Trauma Protocols.

Regarding specialties with few practitioners, the MEC shall determine if there are possible alternatives to 365-day coverage and, if so, how such alternative coverage arrangements can be made.

Failure to meet the obligations of emergency coverage is cause for disciplinary action according to the corrective action portion of the medical staff bylaws.

ONGOING RESPONSIBILITY FOR PATIENTS

Patients will be asked to identify their primary care physician and/or any specialists treating them, or their medical record reviewed to determine the physician(s) of record. If so, that physician will be contacted to assume care of the patient if admission and/or follow up is required, unless the patient indicates they have established an alternate care relationship. If the patient had a procedure within the past 90 days, the performing physician will be contacted to assume care of the patient if admission and/or follow up is required.

UNAVAILABILITY OF ON-CALL PHYSICIANS

It shall be the responsibility of each physician on the emergency call service to provide substitute coverage in the event of his absence or inability to provide his/her own coverage. If the on-call physician is unavailable to take call according to the call schedule, or is unavailable to respond if called, the following procedures shall apply:

1. If he or she knows about the unavailability beforehand, the on-call physician shall arrange for another physician on the Medical Staff to assume on-call responsibility in his or her place. In that case, the previously scheduled on-call physician shall make the appropriate change in the call schedule software.

2. If he or she becomes unexpectedly unavailable for the entire call period (e.g., severe illness, performing emergency surgery), the on-call physician shall take all reasonable steps to arrange for another physician on the Medical Staff to assume his or her on-call responsibilities and make the appropriate changes in the call schedule software.

3. If the on-call physician expects his or her unavailability to be temporary during the call period (e.g., because he or she is performing elective or emergency surgery or providing care to a

patient at another facility's ED while simultaneously on call at that facility), he or she shall take reasonable steps to ensure that ED patients who require his or her services are evaluated and treated as expeditiously as possible according to the patient's needs. Such measures may include: 1) discussing the case by telephone with the ED physician to ascertain the urgency of the case; 2) agreeing, if the patient's condition permits it, that he or she will see the patient at the conclusion of the elective surgery or after completing duties at another facility; 3) advising the ED physician to provide additional evaluation and/or treatment measures appropriate to the patient's needs during the interim; 4) arranging for another physician on the Medical Staff in the same specialty to evaluate the patient; and/or 5) if the patient's condition requires it, and arrangements cannot be made to provide the necessary specialty evaluation or treatment, asking the ED to transfer to the patient to another facility.

4. If a patient might require a transfer because the on-call physician cannot be reached or is unable to provide necessary evaluation or treatment, and provided the patient's condition permits it as determined by the ED physician or qualified medical person, the ED physician or qualified medical person shall solicit assistance from the appropriate service chair prior to transferring the patient. If the service chair is unable to arrange for specialty consultation, he or she shall solicit assistance from the Chief of Staff prior to the transfer. If the Chief of Staff is unable to arrange for specialty consultation, he or she shall consult with the administrator on call prior to the transfer.

5. If, despite following the procedures delineated in this policy, the ED is unable to obtain the services of a specialist required to provide necessary treatment, the ED will implement an appropriate transfer.

SPECIALTY-SPECIFIC CALL SCHEDULES

Call schedules will be completed by each responsible specialty representative (or his/her designee) to all noted physicians in that specialty in a timely manner; this must be done at least 2 weeks in advance of the first day of the following month.

The following specific exceptions and/or special requirements for the services/specialties below are hereby accepted regarding their call responsibility.

Generally, members over the age of sixty years may be excused from the emergency call schedule. Changes are not automatic. Members must submit a request to be recommended by the Service Chair and approved by the MEC at least 30 days prior to becoming effective.

Department of OB/GYN

- The High Risk OB/GYN physicians with their primary office practice located 10 miles or greater from Santa Rosa Memorial Hospital may be excused from call requirements.

- The High Risk Obstetrician on call will provide care to patients whom present to the Emergency Department with an obstetrical or prenatal problem and a gestational age of twenty (20) weeks or greater.

General Surgery Section

- All general surgeons within thirty minutes of the hospital are required to take call regardless of zip code.

Author/Department Emergency Department/Bylaws Committee/MEC	
References:	
Approvals and Revisions: Medical Executive Committee and Board of Trustees: 05/23/00, 02/27/01, 7/24/01, 10/23/01, 1/22/02, 5/27/03, 6/24/03, 3/28/06, 12/4/07, 6/18/08, 8/26/08, 12/06/11, 10/22/13 Medical Executive Committee 2/14/17, 04/10/2018, 11/13/18 Board of Trustees 2/28/17, 04/28/2018, 11/27/18	Distribution: All