

**Policy:** Physician On-Call Response Policy

**Type:** Administrative (ADM) / Hospital Administration

**Applicable To:** Monmouth Medical Center, Southern Campus

**Policy Owner:** CMO

**Effective Date:** 8/19/2021

**Approved by:** CEO

### 1. Policy Statement:

#### **PURPOSE:**

To ensure compliance with the Federal EMTALA regulations by explaining the obligations of on-call physicians under the law, to clarify for physicians the expectations of Monmouth Medical Center Southern Campus regarding these obligations and establish a process to address questions of physician non-compliance.

#### **POLICY:**

It is the policy of Monmouth Medical Center Southern Campus to comply with the Emergency Medical Treatment and Active Labor Act (EMTALA). EMTALA requires that any patient who presents to the Emergency Department must receive an appropriate medical screening examination to determine if that patient has an emergency medical condition. If so, the patient's condition must be stabilized prior to discharge.

The provisions of EMTALA apply not only to the Emergency Department but to the entire hospital, and also to the physicians who provide on-call coverage. Failure to comply with EMTALA can result in significant fines to both the hospital and physician(s), civil lawsuits for damages, and exclusion from Medicare, Medicaid, and other government health programs.

#### **DEFINITIONS:**

##### 1. Emergency Medical Condition:

- a. a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in:
  - i. Serious jeopardy to the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child);
  - ii. Serious impairment to bodily functions; or
  - iii. Serious dysfunction of any bodily organ or part; or
- b. With respect to a pregnant woman who is having contractions:
  - i. That there is inadequate time to affect a safe transfer to another hospital before delivery; or
  - ii. The transfer may pose a threat to the health or safety of the woman

or  
the unborn child.

**2. Stabilize:**

- a. 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 or occur during the transfer of the individual from a facility,
- b. or, with respect to an Emergency Medical Condition involving a pregnant woman: that the woman has delivered (including the placenta).
- c. or, in those instances where a patient's condition is immediately life-threatening but his/her only hope of recovery rests on transfer to another facility, that the patient's condition has been treated sufficiently that the benefits of transfer outweigh the risks.

**QUALIFICATIONS:**

On-call Physicians

**PROCEDURE:**

1. The on-call physician shall not consider the patient's financial circumstances or the patient's insurance or means of payment in the decision to respond to, treat, or transfer the patient.
2. The on-call physician must come to the Hospital when requested by the ED physician, another physician, a nurse, or any hospital worker making the request on behalf of a physician who is not available to call the on-call physician directly. Seeing the patient at the on-call physician's office or clinic is not an option until the patient is determined to be "stable" or not to have an "emergency medical condition, as defined in the "Definitions" section above.
3. If the on-call physician disagrees about the need to come to the Hospital, the on-call physician must come to the hospital and render care regardless of the disagreement. The on-call physician may address the disagreement with the appropriate individual at the hospital at a later time.
4. If requested, the on-call physician shall be physically present in the ED or other Hospital treatment area to assist in providing an appropriate medical screening examination, as well as in the ongoing stabilization and treatment of a patient prior to transfer or treatment. The on-call physician shall remain in the Hospital until released by the requesting physician.

For certain specialties or in certain very specific circumstances, it is not in the best interest of patient care for the on-call physician to come to the hospital prior to transfer. For example, if it is clear that the patient requires services not available at Monmouth Medical Center Southern Campus and will have to be transferred emergently to receive life-saving care, it may be more prudent for the on-call physician to advise the bedside

physician by phone regarding stabilizing measures rather than delay transfer until the on-call physician arrives physically at the hospital. Similarly, if the on-call physician will be receiving the patient at a different facility to provide emergency care not available at Monmouth Medical Center Southern Campus, the physical presence of the on-call physician at MMCSC may be waived rather than delay necessary care of the patient by forcing the on-call physician to travel between the two facilities. The bedside physician, in consultation with the on-call physician, will make the final determination regarding the need for the on-call physician to come to MMCSC in these situations.

5. The on-call physician must respond by phone within 30 minutes of being called, and be physically present in the ED within 60 minutes of being requested. Response time parameters start when the ED physician, nurse, or other hospital worker places the call, not when the on-call physician receives the call.
6. Certain circumstances may justify a delay in response by the on-call physician
  - a. The only justification for not answering an emergency call within the time limits specified is that the on-call physician is actively involved in providing critical care (i.e. care that requires his/her personal management) to a specific patient. Immediately after the physician finishes caring for the specific patient, he or she will contact the requesting unit, respond if requested, and give an estimated time of arrival.
  - b. It is not acceptable for on-call physicians to delay seeing an ED patient until the end of office hours or finishing the daily surgical caseload, nor is it acceptable to hold the patient in the ED until morning.
7. If an on-call physician does not respond in the specified time, the ED physician or his/her designee will contact the Department Chairperson and Vice President of Medical Affairs so they may provide assistance in contacting the on-call physician, or assign another physician to assume the care of the patient.
8. Unless other arrangements are made, the on-call physician shall provide follow-up patient care throughout the episode of illness. The on-call physician may not condition the first follow-up office visit on advance payment or otherwise consider the patient's ability to pay when arranging for an initial or follow up office visit.
9. The following steps are taken when this policy is violated:
  - a. Any violation of this policy by an on-call physician will be reported to the Vice President for Medical Affairs (VPMA), who will notify the Department Chairperson.
  - b. Except in the case of a flagrant violation, for the first incident, the on-call physician will receive counseling, a rebuke, and an official warning.
  - c. If the on-call physician commits a second violation, he or she will be reported to the VPMA and Department Chairperson. The Chairperson will take any action he or she deems appropriate, and shall provide a written report to the VPMA and the Executive Committee.

- (i) The Medical Executive Committee may then take any additional disciplinary action it deems appropriate. This action will comply with the guidelines for corrective action in the Medical Dental Staff By-Laws.
- (ii) Minutes of the Executive Committee action will be shared with the Executive Director and Board of Trustees.
- (iii) If the violation is flagrant, the Executive Director and Board of Trustees will receive a formal written report of the episode and any action taken.

d. In determining whether a violation is flagrant, the Medical Executive Committee shall consider the total circumstances, including, but not limited to, whether the violation was deliberate, the seriousness of the patient's condition, and the extent to which the violation negatively impacted the Hospital's ability to render proper care.

As indicated in Medical Dental Staff By Laws

INFECTION CONTROL:

N/A

SAFETY:

N/A

REFERENCES:

NJDOH Licensing Standards for Hospitals, 8:43G-12.5 (b), 12.6

ORIGINAL DATE: 5/01

REVIEWED: 2/02      5/2012, 5/2015, 9/2017, 5/2021

REVISED:      2/02 (see Executive Committee minutes)

**2. Acronyms:**

**There are no acronyms associated to this document.**

**3. Related Documents:**

Document Type	Document Name
Associated Procedures:	
Resources:	

<b>Job Aids:</b>	
<b>Regulatory references:</b>	

