

Policy: Physician On-Call Response Policy
Type: Administrative (ADM) / Administrative
Applicable To: Monmouth Medical Center Southern Campus
Policy Owner: CMO
Effective Date: 11/14/2024
Approved by: CMO, CAO

1. Policy Statement:

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.

Emergency Medical Condition:

A medical or psychiatric 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:

- Serious jeopardy to the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child);
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part; or

With respect to a pregnant woman who is having contractions:

- That there is inadequate time to affect a safe transfer to another hospital before delivery
- The transfer may pose a threat to the health or safety of the woman or the unborn child.

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 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).

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.

(A) 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.
- It is permissible for an on-call physician to have concurrent responsibilities, as long as there is an alternative provider available to meet the EMTALA requirements. If the on-call provider is engaged in care at another hospital, they must designate an alternate physician to fulfill the EMTALA obligations at the original facility. It is the responsibility of the provider to notify the medical staff office or CMO when this occurs.
- Telemedicine may be used, when appropriate, for patient care and assessment.
- When there is an uncovered call obligation for a particular specialty or subspecialty, the ordering physician will contact the RWJBH Transfer Center who will identify the specialty physician or sub-specialty physician for the clinical evaluation at an alternative site to provide the level of service to treat the emergency medical condition.

(B) Procedure

- 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.
- The on-call physician must come to the Hospital when requested by the ED physician, another attending physician, a nurse or alternate 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 "stabilized" or not to have an "emergency medical condition." as defined on the prior page.

Emergent

- 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 agreed upon by in hospital provider and on call physician, 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.
- The on-call physicians or their designees must respond, either in person or by

telephone, within 20 minutes of being called or notified. The requesting provider and the consulting physician will engage in a discussion and mutually agree on a time frame for when the patient needs to be seen in person.

- If there is a disagreement between the on-site treating physician and the off-site consulting physician regarding whether the on-call physician needs to come to the hospital or whether an emergency medical condition exists, or if the patient has been stabilized, the medical judgment of the on-site treating physician takes precedence.
- For patients under the age of 18, if an in-person evaluation is requested by the ED physician, the on-call physician must arrive within 60 minutes of the initial call.

Routine

- For routine consultations, where the requesting clinical provider wishes to present a patient to the on-call physician, but that the patient's condition does not require emergency consultation, the consultations may be notified by phone, or secure text, or, at the consulting services discretion, via the electronic medical record. Consultation should be completed and signed by the consulting attending within 24 hours of initial consultation order.

(C) Unavailable provider

- 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 MMCSO 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 MMCSO in these situations.
- Certain circumstances may justify a delay in response by the on-call physician
- 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.

- It is not acceptable for on-call physicians to delay seeing a 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.
- If the on-call physician or designated alternative provider is unavailable, does not respond within 20 minutes of being contacted by hospital staff, cannot arrive at the hospital within the agreed time frame or as requested for reasons beyond their control, or refuses to see the patient, the on-site treating physician, using their professional judgment and in the best interest of the patient, shall either: (i) contact the department chairperson or the subsection chief to arrange for another physician in that specialty to provide care, or (ii) arrange for an appropriate transfer of the patient to a facility that can provide the necessary services. The decision to transfer must be based on the patient’s condition, considering the risks and benefits. Telemedicine may be used, when appropriate, for patient care and assessment.

Violation

The following steps are taken when this policy is violated:

- Any violation of this policy by an on-call physician will be reported to the Department Chairperson, who will notify the CMO.
- 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.
- If the on-call physician commits a second violation, he or she will be reported to the Department Chairperson. The Chairperson will take any action he or she deems appropriate, and shall provide a written report to the CMO and the Executive Committee.
- 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.
- 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 Staff by Laws.

2. Acronyms:

CAO	Chief Administrative Officer
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MMCS	Monmouth Medical Center Southern Campus https://www.rwjbh.org/monmouth-medical-center-southern-campus/
ED	Emergency Department
CMO	Chief Medical Officer
EMTALA	Emergency Medical Treatment and Active Labor Act https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA

3. Related Documents:

Document Type	Document Name
Associated Procedures:	
Resources:	
Job Aids:	
Regulatory references:	<ul style="list-style-type: none"> • TJC Accreditation Manual for Hospitals • NJDOH Hospital Licensing Standards • Emergency Medical Treatment and Labor Act (EMTALA) 42 CFR 489.24. Centers for Medicare and Medicaid Services.