POLICY #8  EMERGENCY CARE AND NO DOC COVERAGE

The purpose of this Policy is to clarify obligations related to providing care to an individual with emergency medical condition in the hospital emergency department. Nothing in this Policy changes the general principle that all providers with Clinical Privileges are responsible to provide care and treatment for their patients continuously unless this responsibility has been transferred to another Member through providing the care directly or making arrangements with another Member of the Medical Staff. This Policy will be interpreted to be consistent with the Hospital's Bylaws and Rules and Regulations addressing patient responsibilities, coverage, and patient hand-offs and Hospital's Policies and protocols addressing the Emergency Medical and Active Treatment Act and specific medical conditions.

1. Definitions

Unassigned Individuals. For the purposes of this Policy, individuals presenting to the emergency department seeking medical care who do not identify a Member as their physician are deemed "Unassigned." Unassigned individuals will be assigned to a physician through the on-call roster.

Assigned patients. Individuals presenting to the emergency department seeking medical care who identify a Member as their physician or designee are deemed "Assigned" to the physician.

2. Hospital Emergency Call Coverage

An emergency call schedule will indicate which Member is responsible for emergency call coverage for Unassigned Individuals. Any changes to the published emergency call schedule must be approved by the department chief. If accepted and significant, it will be republished.

Hospital emergency call coverage requires Members to rotate with other Members in similar specialties to take emergency call for Unassigned Individuals.

If less than four (4) Members in a similar specialty exist on the staff, then the Members in that area are required to take a minimum of one week out of every four (4) weeks.
It is the sole responsibility of the Member to notify the switchboard and the Emergency Department, if the Member has made arrangements with another to provide this coverage or of any changes in contact information.

3. **Referral Process in the Emergency Department**

Various situations may arise in which an appropriate referral is made in the emergency department.

A. **Assigned Patients**

When referring an emergency department patient to a specialist, the emergency department physician will use the following prioritization:

1) Patient's preference/request.

2) If patient has no preference or if physician requested denies engagement and the patient has a primary care physician on the medical staff (if time allows ER staff to contact primary care physician), then it is the primary care physician's preference.

3) If patient has no preference and no primary care physician, then the on-call schedule shall be used.

B. **Unassigned Individuals**

When referring an unassigned individual to the on-call Member, the on-call Member shall follow-up with the individual, if warranted by the medical circumstances, in the Member's private practice without regard for financial or insurance considerations.

Failure to comply with this rule may subject the Member to disciplinary action by the Medical Staff Executive Committee.

4. **Notification of On-Call Physician**

All pages or calls from the hospital shall be returned no later than fifteen (15) minutes. The emergency department physician or staff will discuss with the on-call physician if he/she is expected to come to the Hospital to examine and/or stabilize a patient. However, if the emergency department physician exercising his or her professional judgment believes that the physical presence of the on-call physician is required, then the on-call physician must come to the Hospital.

5. **On-Call Physician Response Requirements**

The on-call physician will respond in person to an emergency situation anywhere in the Hospital when asked to do so by a healthcare provider on the scene.
Anesthesia on-call will respond to an obstetric emergency within 30 minutes.

The on-call physician’s response to the emergency department shall be within a reasonable time and without regard to the patient’s insurance status or ability to pay. A reasonable response time is 30 to 60 minutes, depending on the time of day.

6. **On-Call Surgeons**

Unless a contract with the surgeon specifies otherwise, all surgeons who are on call for unassigned individuals may perform surgery on patients while serving the call rotation. In the event that a surgeon on call is unavailable to provide assistance to the unassigned individual as a result of being in a surgery case and the emergency medical condition warrants immediate attention, the emergency department shall make reasonable attempts to provide another surgeon or shall transfer the individual.

7. **Newborn and Birthing Center Pediatric Call Coverage**

As an obligation of medical staff membership, any physician listed on the Newborn and Birthing Center Call Coverage must provide services to the newborn for follow-up newborn care and for any condition that arises until the symptoms have resolved. This care, including but not limited to admission, will be rendered without regard for financial or insurance considerations.

8. **On-Call Physician Refusal to Respond**

In the event that an on-call physician does not respond to pages/calls or refuses to come to the Hospital to see the patient, the Department Chief shall be contacted to assist the emergency department staff in arranging for alternate care. In the absence of the Department Chief, the emergency department staff may contact the Department Vice Chief, Chief of Staff, Vice Chief of Staff, Vice President of Administrative Services or the President/CEO.

9. **Notification of Medical Executive Committee**

In the event that an on-call physician does not respond to pages/calls or refuses to see a patient, the Medical Director of the Emergency Department Service will provide the following information to the Medical Executive Committee for review and action:

• the date and time of the occurrence,
• the physician(s) involved, and
• a summary of the circumstances.
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10. **Individuals with a potential emergency medical condition at off-campus departments**

Off-campus departments will screen and provide stabilizing treatment to the best of their ability, and arrange for an appropriate transfer of individuals with a potential emergency medical condition. Medical staff on site will provide basic assessment, first aid and management of the individual pending arrival of emergency medical services. Documentation of the incident will be made in the chart by the outpatient staff if the individual is an existing patient.

**Approved by the Medical Staff Executive Committee of Community Howard Regional Health**  October 20, 2016.

**Approved by the President of Community Howard Regional Health** October 20, 2016.

**Approved by the Board of Directors of Community Howard Regional Health** November 22, 2016.