MEDICAL STAFF
EMERGENCY CALL COVERAGE RESPONSIBILITIES/UNASSIGNED PATIENT COVERAGE RESPONSIBILITIES OF PHYSICIANS AND DENTISTS AT CAROMONT REGIONAL MEDICAL CENTER

PURPOSE:
This policy articulates the responsibilities of members of the Medical Staff to help CaroMont Regional Medical Center (“CRMC”) meet the needs of its community for emergency medical care and to assist CRMC in complying with Federal and State regulations regarding emergency care, including the Emergency Medical Treatment and Labor Act (EMTALA). In addition, the policy indicates how these practitioners assist CRMC in addressing the needs of hospitalized patients who do not have a personal physician to provide for their necessary medical care.

PROCEDURE/GUIDELINES:
Establish Emergency Department Care

Call Coverage by Active Staff

1. It shall be the duty of the Medical Staff Service Line Physician Leaders to provide at all times a “Call” roster to accept calls for emergency and unassigned patients, including the Medical and Dental Staff.

2. When the specialty/subspecialty is represented by three (3) or more members of the Hospital’s Active Medical Staff, that specialty/subspecialty shall provide 24/7, 365 days coverage for unassigned Emergency Room call. Specialty/subspecialty that have less than 3 members will each take seven (7) days of call per month.

3. The ED call schedules are due to the Medical Staff Office one week prior to the first of the next month.

4. When a physician anticipates that they cannot fulfill the assigned date(s) of call, the physician is responsible for providing an alternate physician (on staff in the
same specialty) and of notifying the Emergency Department and the Medical Staff Office prior to the call date.

5. Notification of any call change must be made to the Emergency Department and Medical Staff Office prior to the date of call to be effective.

6. Unless otherwise noted, call runs from 7:00 am the first of call to 6:59 am the last morning of call. The on-call physician responsible for the presenting patient will be the one on-call when the decision is made by the ED physician to refer or consult, not the physician who was on call when the patient arrived. (The OB department call time runs from 8:00 am to 7:59 am.)

7. Practice groups who lose a physician(s) named on a published and distributed call schedule will be required to take the call.

Emergency Department Coverage and Care

Patients presenting in the Emergency Department shall have a timely assessment by the triage provider who shall ascertain the severity of the injury or condition, and the rapidity necessary in initiating treatment.

1. The Emergency Department Provider(s) shall:

   • Provide quality emergency care and develop procedures to ensure the Emergency Department's readiness to handle various emergency situations in an efficient and caring environment.

   • Assume the immediate care of patients presenting themselves at the Emergency Department who do not request a specific member of the Medical Staff.

   • Consult with the patient's choice of physician or the physician on call in cases where admission to the hospital appears necessary. In so far as is practical, the patient's right of free choice of physician shall be maintained.

   • Notify hospitalist or other attending physician as soon as possible when admission is imminent.
2. The Emergency Room Physician shall not:
   - Admit any patients for his/her own service.
   - Perform surgery beyond the scope of minor surgery as defined in the Bylaws of the Medical Staff. Specifically, suturing of lacerations will be limited to those cases which can reasonably be expected to require only one additional visit for removal of sutures. Services beyond these limitations can only proceed after consultation with the physician who will be responsible for the patient and in accordance with the recommendations of the Credentials Committee.
   - Provide any services to hospital inpatients, except in extreme emergencies where the life of the patient is in immediate danger.

3. When on call, members of the Medical Staff or his/her designee will respond to calls from the Emergency Department Physician within 30 minutes. If the Emergency Department Physician requests personal assistance with a patient, then Medical Staff member must make a reasonable attempt to be at the bedside within 45 minutes.

4. Accept appropriate referrals from the Emergency Department Physician for admission to the hospital. When referrals are to the physician on call, he shall not refuse to admit the patient without having first made a personal examination of the patient.

5. Refrain from requesting the Emergency Department Physician to perform or order procedures or services on their hospital inpatients.

**Exemption from Emergency Call**

As outlined by section 2.D.3.(g) of the Bylaws, “at age 60 an Active Staff member may request to be excused from requiring to serve on the emergency call roster by recommendation of the Credentials Committee and approval of the Medical Executive Committee if such exclusion shall not place the delivery of services in the community at risk.” To determine the needs of the community as well as the Medical Staff, the process for evaluating the exemption is outlined below.

1. The request will first be reviewed by the appropriate division or specialty Medical Director to assess based upon current and future community needs and service expectations as well as current and future Medical Staff demographic changes. The
Medical Director’s recommendations regarding the exemption will then be brought to their Service Line Physician Administrator for input and review (if the specialty does not have an appointed Medical Director the Service Line Physician Administrator shall conduct the assessment).

2. The Service Line Physician Administrator will review the assessment and recommendations with the Service Line Physician Administrative Team. The Service Line’s analysis and recommendations will be brought to the Credentials Committee with all reasonable attempts to complete the process within 60 days of the initial request.

3. The Credentials Committee Chair will then forward their final recommendation to the Medical Executive Committee for consideration.