

Title: EMERGENCY SERVICE (ERS) CALL

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Location: Saint Joseph Regional Medical Center (SJRCM)		Department: Centralized Credentials

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POLICY:

1. The purpose of this policy is to ensure that the Emergency Department is prospectively aware of which physicians, including specialist and sub-specialists, are available to provide treatment necessary to stabilize individuals with emergency medical conditions.
2. Saint Joseph Regional Medical Center – Mishawaka will provide a system so that all hospital staff will be aware of which physicians are designated for ERS call on a 24/7 through MDsyncnet.

PARTICIPATION:

- A. Active Medical Staff members shall participate in ERS call coverage.
Exceptions:
 - 1) Members who have attained the age of sixty (60) or because of health or other reasons, as accepted by the Medical Staff Executive Committee.
 - 2) Medical Staff Members who have not completed core privilege proctoring requirements.
 - 3) Department of Surgery physicians who reach the age of sixty (60) or who have been on the Medical Staff for 25 years

PROCEDURE:

- A. The Medical Executive Committee shall periodically review and approve the list of specialties to be included in the ERS Call Schedule.
- B. On a monthly basis the Medical Staff Office will compile the ERS Call Schedule.
 - 1) Medical Staff Office will identify all physicians required to participate in ERS call.
 - 2) Medical Staff Office will maintain a list of participating physicians by specialty.
 - 3) Medical Staff Office will ascertain for each specialty whether a designated contact person will be assigned to provide the ERS Call Schedule. The default will be for the Medical Staff Office to assign ERS call on a continuously rotating basis from the specialty roster.
 - 4) Medical Staff Office will maintain an updated list of designated contact persons (with back-up, if possible).
 - 5) Medical Staff Office will regularly audit the designated contact person generated ERS Call Schedules to ensure that all medical staff members are assuming ERS call responsibility.
- C. The ERS Call Schedule will be distributed by the 15th of the month in which the current schedule ends and shall be posted on the SJRCM medical staff website – MDsyncnet.com.
 - 1) If necessary, a written reminder shall be sent to the designated contact person on the 15th of the month.
 - 2) If necessary, a telephone reminder/ request shall be made to the designated contact person on the 22nd of the month.
 - 3) If the Medical Staff Office has not received the ERS Call Schedule from the designated contact person by noon of the final working day of the preceding month, the President of the Medical Staff or Chief Medical Officer shall be consulted for direction.
- D. It is the responsibility of the call physician to make arrangements for coverage if he or she will not be available on the date scheduled.

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- 1) Physicians are to contact the Medical Staff Office and Emergency Department to advise of any change in coverage.
 - 2) Medical Staff Office and Emergency Department will promptly edit the website MDsyncnet ERS Call Schedule upon receiving a request for revision.
 - 3) Medical Staff Office and Emergency Department will maintain a log of ERS Call Schedule revision requests with documentation of date, time of revision request, person requesting revision, and designation of “new” physician assuming ERS call responsibility.
- E. When a physician is identified as being “on-call” to the Emergency Department for a given specialty, as identified in MDsyncnet, it is the duty and responsibility of that physician to assure immediate availability, as defined by the ERS Call And Emergency Medical Treatment And Labor Act (EMTALA) Medical Staff policy, to the Emergency Department physician for his/her scheduled on-call period. In the event that he/she is temporarily unavailable, the physician must secure a qualified alternate (an Active Medical Staff member with similar privileges.)
- F. An on-call physician is responsible for the care of a patient through the episode that created the emergency medical condition, including necessary office follow-up related to that ER episode. Proper stabilization of many presentations requires follow up as an essential part of the treatment. A patient who undergoes surgery often must be seen for suture removal and wound care. A patient whose fracture has been reduced requires examination of the cast and follow-up x-rays to ensure that the fracture is properly aligned.
- 1) If the patient has an: (a) active patient-physician relationship with another physician (i.e. the patient has seen another physician in the last three years and that relationship has not otherwise been terminated by the treating physician), and (b) the necessary office follow-up for ER care relates to the condition that physician previously treated, the on-call physician shall communicate with the patient's physician and necessary office follow-up care shall generally be provided by the patient's physician.
 - 2) When a patient is referred for necessary follow up care resulting from an ER visit, but the outpatient follow up visit has not yet taken place, the original ERS physician will remain responsible for subsequent ER follow up related to the original complaint.
 - 3) When a patient is seen in the ER by the emergency room physician and the patient is referred to an ERS on call physician for outpatient follow-up care and the patient fails to appear for their follow-up appointment no patient-physician relationship has been established. If this patient does not keep their follow up appointment with the ERS physician, the ERS physician is not obligated to see that patient since there is no patient-physician relationship.
- G. The ER is to contact each ERS specialist physician for each patient that is referred for outpatient specialty follow up for determination of time to be seen and appropriateness of referral.
- H. An on-call physician shall not, in the Hospital or during an office follow-up visit, require insurance or co-payment before assuming responsibility for care of the patient. The physician may, however, inquire about the patient's insurance (if any) in an office follow-up visit and inform the patient prior to services that the physician does not participate in the patient's insurance plan so long as the physician does not deny care to the patient due to the patient's insurance plan or lack of insurance. The physician may or may not charge full services for this ERS follow up visit.
- I. Medical Staff Office will maintain the on-call roster, including any revisions of coverage, for a period of five (5) years.

Title: EMERGENCY SERVICE (ERS) CALL

1. Cardiology ER Call
2. Cardiothoracic ER/Attending Group Call
3. Dermatology ER Call
4. Endocrinology ER Call
5. ERS Outpatient Follow-Up Med/FM ER Call
6. Gastroenterology ER Call
7. General and Vascular Surgery ER Call
8. Gynecology ER Call (Ectopic and Miscarriage)
9. Hand ER Call
10. Hematology/Oncology ER Call
11. Hospitalist Call
12. Infectious Disease ER Call
13. Interventional Radiology ER Call
14. Neonatology ER Call
15. Nephrology ER Call
16. Neurology ER/Group Call
17. Neurosurgery ER Call
18. OB ER Call
19. Ophthalmology ER Call
20. Oral Surgery ER Call
21. Orthopedics ER Call
22. Otolaryngology ER Call
23. Pediatrics Dentistry ER Call
24. Pediatrics ER Call
25. Pediatrics Hospitalist Call
26. Plastic Surgery ER Call
27. Podiatry ER Call
28. Psychiatry ER Call
29. Pulmonary ER Call
30. Radiation Oncology ER Call
31. Spine ER Call
32. STEMI ER Call
33. Urology ER Call

References/Standards:

- Policy Origin Date: September 1999
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- Revised Date: September 2008, June 2015, September 2015, March 2017
- Effective Date: June 2002
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