

MEDICAL STAFF POLICIES & PROCEDURES

Applicability: Community Hospital Anderson, Community Hospital East, Community Heart and Vascular Hospital (a Facility of Community Hospital East), Community Howard Regional Health, Community Hospital North, Community Hospital South

TITLE: EMERGENCY CARE, CALL COVERAGE AND RESPONSE TIME EXPECTATIONS

STATEMENT OF PURPOSE: To clarify obligations related to providing care to an individual with an emergency medical condition in a Community Health Network hospital (each a “hospital”), including the emergency department. This Policy will be interpreted to be consistent with the hospital’s Bylaws, addressing patient responsibilities, coverage, patient hand-offs and hospital’s policies and protocols addressing the Emergency Medical Treatment and Labor Act (“EMTALA”) and specific medical conditions.

DEFINITIONS:

- **Unassigned Patients.** Patients presenting to the emergency department seeking medical care who do not identify a medical staff member (“Member”) as their physician are deemed “Unassigned.” Unassigned Patients will be assigned to a physician through the on-call schedule.
- **Assigned Patients.** Patients presenting to the emergency department seeking medical care who identify a Member as their physician or designee are deemed “Assigned” to the identified physician.

EMERGENCY DEPARTMENT CARE:

- The physician on duty, after completion of a medical screening examination, may deny admission if it is deemed that emergency hospitalization is not required. This decision shall be made based on physical examination, medical history, ancillary testing, consultation with other Members, or such factors as the physician deems advisable.
- If the patient is determined to have an emergency medical condition needing further exam or treatment and the patient is an Unassigned Patient, the on-call physician in the appropriate medical staff department will be called.

REFERRAL PROCESS IN THE EMERGENCY DEPARTMENT:

1. **Assigned Patients:** When referring an emergency department patient to a specialist, the emergency department physician will use the following prioritization:
 - a. Patient’s preference/request.
 - b. If patient has no preference or if the physician requested denies engagement and the patient has a primary care physician on the medical staff (if time allows ED staff to contact primary care physician), it is the primary care physician’s preference.
 - c. If patient has no preference and does not have a primary care physician, the on-call schedule shall be used.

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2. **Unassigned Patients:** When referring an Unassigned Patient to the on-call Member, the on-call Member shall follow-up with the patient, if warranted by the medical circumstances, in the Member's private practice without regard for financial or insurance considerations.

EMERGENCY CALL COVERAGE:

Each medical staff department (each a "Department") is responsible for providing emergency call coverage. An emergency call schedule indicates which Member is responsible for providing emergency call coverage on the specified date and time. The call schedule must be readily available to the emergency department and any changes must be immediately updated. The emergency call schedule shall address situations when a particular specialty is not available at a hospital but is available at another Community Health Network hospital.

All pages or calls from the emergency department shall be returned no later than fifteen (15) minutes. The emergency department physician or staff will discuss with the on-call physician if the physician is expected to come to the hospital to examine the patient. If the emergency department physician exercising their professional judgment believes the physical presence of the on-call physician is required, the on-call physician must timely present to the hospital.

The on-call physician's response time to arrive at the hospital shall be within a reasonable time and without regard to the patient's insurance status or ability to pay. A reasonable response time is between thirty (30) and sixty (60) minutes, depending on the time of day.

ON-CALL PHYSICIAN'S REFUSAL TO RESPOND:

In the event an on-call, attending or consulting physician does not respond to pages/calls or refuses to come to the hospital to see a patient, the Department Chair shall be contacted to assist the emergency department staff in arranging for alternate care. In the absence of the Department Chair, the emergency department staff may contact a Medical Staff Officer, Physician Executive or the hospital administrator. The emergency department physician is obligated to write on the transfer form the name and address of any on-call physician who fails to provide needed services to stabilize a patient. The hospital receiving the unstable patient is obligated under EMTALA to report the transferring hospital and the on-call physician to the federal government.

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

When an on-call, attending or consulting physician fails to respond to pages/calls or refuses to see a patient, the appropriate hospital personnel will notify the Medical Executive Committee through the appropriate channels and provide the following information for review and action:

- Date and time of the occurrence;

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- The physician(s) involved; and;
- Summary of the circumstances.

Appropriate action will be taken, which may include, but not limited to, education, focused professional practice evaluation, or medical staff disciplinary action.

RESPONSE TIMES: It is recommended that all calls or pages from within the hospital (outside of the Emergency Department), be returned no later than twenty (20) minutes.

OFF-CAMPUS DEPARTMENTS WITH POTENTIAL EMERGENCY MEDICAL CONDITIONS

For all areas outside of the Emergency Department on Hospital property, or at hospital provider-based locations, if a health care professional or other individual is not available or unable to escort/transport the individual to the Emergency Department, 911 should be called. 911 responders can provide treatment and/or transfer the individual to the Emergency Department. Staff at the provider-based locations will render care as appropriate until 911 responders arrive.

Reference: CLN 2030
CLN 2032
CLN 2067