

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
MEDICAL STAFF POLICY MANUAL**

**POLICY FOR ON-CALL PHYSICIANS / EMTALA**

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<b>Effective Date:</b>	<b>December 4, 2012</b>	<b>Policy No:</b>	<b>MS018</b>
<b>Cross Referenced:</b>	<b>AD111</b>	<b>Origin:</b>	
<b>Reviewed Date:</b>		<b>Authority:</b>	<b>MEC/ADMINISTRATION</b>
<b>Revised Date:</b>	<b>April 10, 2013</b>	<b>Page:</b>	<b>1 of 2</b>

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**SCOPE** This policy affects all members of the Medical/Dental Staff at HRMC who are required to take call as defined in the Medical Staff Bylaws.

**PURPOSE** To define the requirements of those practitioners participating in the call schedule at HRMC, and the requirements of the Emergency Department (ED) in contacting the specialist(s) on the call schedule.

**POLICY**

**A. Availability of On-Call Physicians**

1. A designated person in the ED will contact the On-Call physician:
  - i. Physicians on call will respond within 30 minutes of being called by the ED.
  - ii. Physicians on call will respond in person if requested by the ED physician.

*Physicians who refuse or fail to appear in the specified time at the hospital are in violation of EMTALA and are subject to fines and/or disciplinary action by the Medical Staff.*

2. In the event that the on-call physician cannot be reached or is unavailable:
  - i. Another physician in the same specialty or another specialty who is qualified to treat the patient is to be called.
  - ii. The Medical Staff Chain of Command Policy is to be followed.
  - iii. Only after all applicable physician specialists have been contacted and no one is available to see the patient may a transfer be arranged.

**B. Responsibility of On-Call Physicians**

1. Shall be available to provide stabilizing treatment for individuals with emergency medical conditions.
2. May schedule elective surgical cases during the time they are on call provided that they have arranged for a backup physician who can respond to the Emergency Department if needed.
3. May be on call at another facility simultaneously as long as arrangements have been made for backup as needed.
4. Are not permitted to selectively take call only for established patients who present to the ED or patients based upon their ability to pay
5. May send a representative who is credentialed at HRMC to do further assessment before seeing the patient; however
  - i. The On-Call Physician is ultimately responsible for providing the necessary treatment in the ED.
  - ii. If the treating physician disagrees with the on-call physician's decision to send a representative and requests the actual appearance of the physician, then the on-call physician is required, under EMTALA, to appear in person.

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6. On-Call physicians cannot, as a matter of routine, direct individuals to be transferred to another facility instead of making an appearance as requested. *This practice is in violation of EMTALA and as such those who are noncompliant are subject to fines, enforcement action by the OIG and/or disciplinary action by the Medical Staff.*

**C. Call Schedule**

1. Shall reflect individual physician names providing call; physician group names are not acceptable.
2. Some departments may participate in a formal Community Call Plan defined in department specific call policies.
3. Call schedule (24/7/365 coverage) will be provided for all specialties/departments in which there are three (3) or more practitioners. Specialties with two (2) or less practitioners will not be required to maintain a call schedule, but these specialties may be contacted for service. In the event a practitioner is not available, the patient would be transferred accordingly.
4. Includes all members of the Medical/Dental staff except those with 25+ years of experience who opt out of taking call as is permitted in the Medical Staff Bylaws.

**On-Call physicians who refuse or fail to appear in a responsible time at the hospital will be in violation of EMTALA and are subject to fines, disciplinary action by the OIG and/or disciplinary action from the Medical Staff.**