

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
ADMINISTRATIVE POLICY MANUAL**

**ADMINISTRATOR-ON-CALL**

---

<b>Effective Date:</b> 12/1995	<b>Policy No:</b> AD01
<b>Cross Referenced:</b> AHC 1.4	<b>Origin:</b> Administrative
<b>Reviewed Date:</b>	<b>Authority:</b> President
<b>Revised Date:</b> 06/18/10, 4/2012, 3/2013	<b>Page:</b> 1 of 6

---

**PURPOSE**

To provide guidelines for the Hackettstown Regional Medical Center (HRMC) Administrator On-Call (AOC) access, authority, and duties.

**POLICY**

The Administrator On-Call rotates among HRMC Senior Executives for up to eleven times a year, beginning on Monday at 7:00 a.m. to the following Monday at 7:00 a.m. Usual channels should be followed during working hours except for Disaster Codes where the Administrator On-Call serves as Incident Commander. The Administrator On-Call should be available to respond when it is not possible to contact the appropriate official during work hours.

**PROCEDURE**

The Administrator On-Call purchases his/her own cell phone, which he/she carries at all times. The Administrator On-Call will be contacted via the cell phone at all times or when necessary the home telephone.

By the end of the third week of each month, the Executive Assistant to the President will make the schedule for the following month and distributes to the members for their approval. The Executive Assistant will distribute the approved schedule to President's Council, Administrative Assistants, the Administrative Supervisors and to the Switchboard.

Situations warranting a call to the Administrator On-Call could include any of the following:

1. Disasters (Internal or External)
2. Fires
3. Bomb Threats
4. Suicides, or attempts, of patients or staff
5. Violence on the premises
6. Security problems dealing with personnel or equipment
7. Unusual patient complaints which might have legal implications
8. Any threatened significant legal problem
9. State and/or regulatory investigations or inquiries
10. Media calls (as reported by media on call representative)

The Administrator On-Call is expected to perform the following functions:

1. Coordinate emergency plans during emergency procedures and activate the Incident Command Center, if required.
2. Notify the President, Emergency Preparedness, Security, and the Manager of Public Relations and Marketing of any unusual or emergency occurrences such as:
  - A. Admission of a VIP in serious or critical condition; examples: board member, city, state, or national official)
  - B. Fire

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
ADMINISTRATIVE POLICY MANUAL**

**ADMINISTRATOR-ON-CALL**

---

<b>Effective Date:</b> 12/1995	<b>Policy No:</b> AD01
<b>Cross Referenced:</b> AHC 1.4	<b>Origin:</b> Administrative
<b>Reviewed Date:</b>	<b>Authority:</b> President
<b>Revised Date:</b> 06/18/10, 4/2012, 3/2013	<b>Page:</b> 2 of 6

---

- C. Internal Disaster
  - D. Suicide of patient/employee
  - E. Rape of patient/employee and/or inappropriate aggressive behavior
  - F. Any type of threat made, i.e. bioterrorism, bomb, or violence
  - G. Violence on Hospital premises which may affect patients, employees or visitors
3. Notify next Administrator On-Call of any ongoing problems.
  4. Approve Emergency Department Divert for two-hours, Critical Care Diverts, Full Divert, Special Services Divert, and Facility Divert. (See Divert Policy AD44). The Administrator On-Call must inform the President of a Facility Divert and initiate a Code Triage and Code Yellow.
  5. Disputes/complaints by any member of the Medical Staff or a patient/family requesting to speak with Administration or the Administrator On-Call. Medical staff complaints must follow the Medical Staff Chain of Command. (See Chain of Command Policy MS005)
  6. The Administrator On-Call must round through out the facility after hours and or on a day of the weekend.
  7. The Administrator On-Call must review all of the daily Nursing Operations Report to review patient and/or facility problems identified and to determine if any require further review and or resolution. Problems/issues that had input from the Administrator On-Call must be reported in the weekly report.
  8. The Administrator On-Call must provide an On-Call report to President's Council on the completion of the on-call week (Attachment I, Administrator On-Call Report).
  9. For incidents that are reportable to the State Department of Health and Seniors Services or other regulatory body, the Administrator On-Call must report to the President within 24 hours.
  10. Notify the President of major or unusual occurrences who will notify and brief the AHC President and CEO.

Administrator On-Call Attachments

- Attachment 1**      **AOC Report (to be used as a guide by the AOC)**  
*The AOC Schedule will be coordinated and maintained by the Executive Assistant to the President*
- Attachment 2**      **Management of Clinical, Operational and Financial Situations that Impact Mission and Reputation**  
*Criteria for coordination and management of Clinical, Operation & Financial Situations*

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
ADMINISTRATIVE POLICY MANUAL**

**ADMINISTRATOR-ON-CALL**

=====

**Effective Date:** 12/1995  
**Cross Referenced:** AHC 1.4  
**Reviewed Date:**  
**Revised Date:** 06/18/10, 4/2012, 3/2013

**Policy No:** AD01  
**Origin:** Administrative  
**Authority:** President  
**Page:** 3 of 6

---

**Attachment 1**

**ADMINISTRATOR ON-CALL (AOC) REPORT**

**Week of:** \_\_\_\_\_

DATE	REPORTABLE ACTIVITIES & ROUNDING ACTIVITIES

<b>SIGNATURE:</b>	<b>DATE:</b>
-------------------	--------------

**(You can use this same report if you need additional pages for reporting your activities.)**

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
ADMINISTRATIVE POLICY MANUAL**

**ADMINISTRATOR-ON-CALL**

---

<b>Effective Date:</b> 12/1995	<b>Policy No:</b> AD01
<b>Cross Referenced:</b> AHC 1.4	<b>Origin:</b> Administrative
<b>Reviewed Date:</b>	<b>Authority:</b> President
<b>Revised Date:</b> 06/18/10, 4/2012, 3/2013	<b>Page:</b> 4 of 6

---

**Attachment 2**

**HRMC/AHC MANAGEMENT OF CLINICAL, OPERATIONAL AND FINANCIAL  
SITUATIONS THAT IMPACT MISSION AND REPUTATION**

**Principles:**

1. AHC organizations will experience clinical, operational and financial successes and failures.
  - HRMC/AHC is a human organization and because of this we will never be perfect.
  - We must be an organization that learns from both our successes and our failures.
  - In order to learn from successes and failures, we need to be transparent when they occur.
2. Clinical, operational and financial failures that do not occur are the easiest to manage.
  - Continued focus on the development of clinical, operational and financial systems that ensure successful performance and ongoing adherence to these systems is our most important activity.
3. A clinical, operational or financial failure at one AHC organization places the mission and reputation of all AHC organizations at risk.
  - We must be aware that a positive situation at one of our organizations enhances all of our organizations (and is worthy of celebration) and a negative situation damages all of our organizations (and may require all of us to provide resources.)
4. Timely communication regarding the occurrence of a clinical, operational or financial situation enhances our collective ability to manage it.
  - Communication regarding a situation must be to the right people and done on a timely basis.
  - Communication to internal and external constituents needs to be well-crafted and consider not just the organization at which the situation arose but AHC overall.
5. The early involvement and collaboration between appropriate individuals and resources in the management of a situation is crucial for a successful outcome.
  - See table, below.
6. An effective organizational structure focused on the management of the situation is vital to achieving an optimal outcome.
  - See table, below.

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
ADMINISTRATIVE POLICY MANUAL**

**ADMINISTRATOR-ON-CALL**

**Effective Date:** 12/1995

**Cross Referenced:** AHC 1.4

**Reviewed Date:**

**Revised Date:** 06/18/10, 4/2012, 3/2013

**Policy No:** AD01

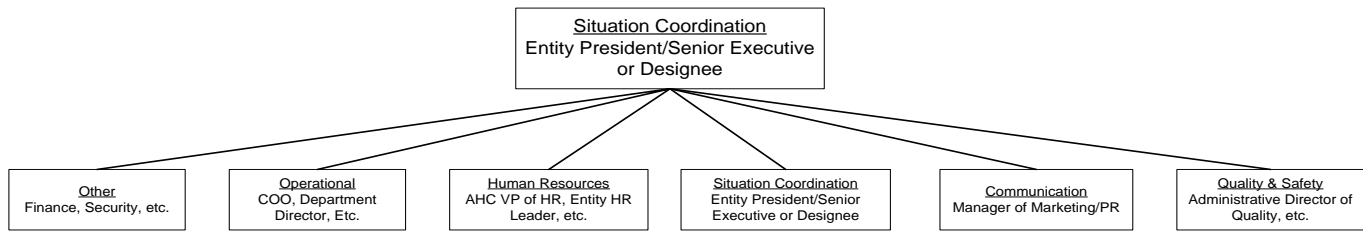
**Origin:** Administrative

**Authority:** President

**Page:** 5 of 6

7. Ongoing communication regarding and tracking of situations that have the potential to impact our mission and reputation should occur on a routine and systematic basis.
- A monthly report (using a standard format) that tracks the status of clinical, operational, and financial situations at each AHC entity is submitted monthly from each entity to the AHC President and Chief Executive Officer (CEO).

*Sample*  
**Situation Organizational Management Structure**



If HRMC/AHC has a situation or receives a complaint that might negatively impact our mission or reputation or might result in regulatory oversight, legal action or a media inquiry, a formal process needs to be activated so that all potentially-affected parties in AHC are aware of the situation.

The President/Senior Executive of the organization will be responsible for holding an initial meeting (either in person or by phone) to establish an organizational structure, as described above, to assign roles and responsibilities, to determine how frequently and at what time the group will meet, and to set a goal as to the outcome desired. These calls will coordinate the following:

- What, if any, corrective/disciplinary action is needed re: an employee(s)/physician(s) involved in the situation;
- What, if any, operational changes need to be made;
- What, if any, financial issues need to be considered and/or addressed;
- What, if any, risk management issues need to be considered and/or addressed;
- What, if any, legal/regulatory issues need to be considered and/or addressed;
- What, if any, support needs to be provided to employees, physicians and others who are impacted by the situation;
- Which regulatory and/or legal agencies need to be informed;
- How and when to inform departments, staff, physicians, boards, etc. and
- What, if any, communication is needed with media?

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
ADMINISTRATIVE POLICY MANUAL**

**ADMINISTRATOR-ON-CALL**

---

<b>Effective Date:</b> 12/1995	<b>Policy No:</b> AD01
<b>Cross Referenced:</b> AHC 1.4	<b>Origin:</b> Administrative
<b>Reviewed Date:</b>	<b>Authority:</b> President
<b>Revised Date:</b> 06/18/10, 4/2012, 3/2013	<b>Page:</b> 6 of 6

---

The following individuals will be involved on the initial call. Entity (AHC or operating entity) President or Vice President might include others on this call and future calls.

**Entity President** – Serves as situation response leader.

**Entity Department Head** – Works with President or designee on investigation and decides what other medical staff/employees need to be involved in calls.

**Entity/Corporate Human Resources** – Checks for prior complaints against employees/physicians. May suggest workplace counselors, if necessary.

**Legal/Risk Management** – Advises on steps in dealing with employees, patients and media. May recommend outside legal help.

**Public Relations and Marketing** – Works on talking points for staff/physicians, internal memos to employees, boards, and talking points for the media. Will advise on who should serve as spokesperson in the event of media calls, and if outside crisis consultant is needed.

**Chief Quality and Integrity Officer** – Gives input and reviews any corrective action plan needed for regulators. Responsible for oversight of the implementation of any needed changes.

**Chief Medical Officer** – Provides advise regarding medical and clinical care.

**Corporate Director and/or Director(s), Emergency Preparedness and Security Services** – Reviews any breakdown in hospital security procedures and acts as contact with legal authorities, if needed.

**Chief Financial Officer** – Gives input and reviews plans considering the financial implications of the situation/plan.