

UCONN HEALTH

UCONN JOHN DEMPSEY
HOSPITAL

SECTION: PATIENT CARE

NUMBER: 08-070

SUBJECT: EMTALA: ON-CALL OBLIGATIONS OF
MEDICAL STAFF PHYSICIANS

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PURPOSE: The John Dempsey Hospital and its medical staff will comply with the requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA). This includes maintaining a schedule of medical staff physicians from a range of medical and surgical specialties who will serve in on-call capacity for the Emergency Department, in order to provide consultation and treatment to patients with an emergency medical condition requiring further stabilizing treatment. On-call services will be available to best meet the needs of the hospital's patients who are receiving care. The schedule of on-call medical staff physicians will serve as a vital hospital resource and be maintained through the joint cooperation of the hospital governing body, administration, and medical staff.

POLICY:

1. All patients who come to the John Dempsey Hospital Emergency Department requesting care must receive a medical screening examination and the necessary treatment to stabilize an emergency medical condition without unnecessary delay and without regard to the patient's ability to pay.^{1,2} Under most circumstances, these services are best provided by an emergency physician.
2. A medical screening examination and any necessary stabilizing treatment may require the use of ancillary, consultative, or inpatient services within the capability of the hospital and its medical staff.¹
3. The on-call schedule is maintained by the hospital and implemented by the relevant clinical service chiefs. The schedule must be immediately updated to reflect any changes in physician staffing.
4. Physicians may be on-call simultaneously at more than one hospital and schedule elective surgery while on-call. However, if the on-call physician cannot respond in a timely manner because of competing priorities or other circumstances, the physician is responsible to find a suitable replacement **and** to update the on-call list with the replacement (medical staff) physician's name and appropriate contact information.
5. No employee will provide an on-call physician with financial information, including the name of the insurance carrier of an individual receiving treatment for an emergency medical condition under EMTALA. The John Dempsey Hospital will not share information that could potentially lead to an EMTALA violation.
6. On-call physician services must be available within a reasonable time to provide necessary stabilizing treatment¹ without regard to the patient's ability to pay.
 - a. Medical staff physicians who are on-call should generally respond to the Emergency Department request for consultation within **15 minutes by phone, and within 30 minutes in person** – whenever possible.
 - b. Delays in response up to 30 minutes by phone and 60 minutes in person will be considered on a case by case basis, but should be avoided.
 - c. Failure to respond to on-call requests or a pattern of delayed responses will be reported to the Chief of Staff for further investigation.
 - d. While EMTALA obligates physicians on the medical staff to respond in a timely manner, this may be delegated on a case-by-case basis to a resident or non-physician practitioner when the on-call physician deems this appropriate, provided this is acceptable to the ED physician caring for the patient. The on-call medical staff physician is ultimately responsible for those to whom s/he delegates, and this warrants use of considerable judgment.

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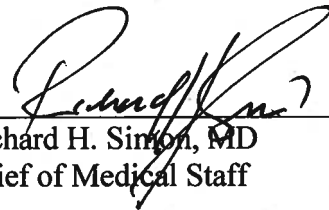
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7. Whenever the hospital lacks the medical staff resources to provide on-call coverage for a given specialty, the hospital's Emergency Department Director or a qualified delegate, is responsible to determine plan that specifies how such referrals should be managed, including transfer options.¹
8. Transfer of patient care responsibilities between physicians and facilities must be orderly, clearly defined, and properly documented.³



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References

1. The Emergency Medical Treatment and Active Labor Act, as established under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 (42 USC 1395 dd), Section 9121, as amended by the Omnibus Budget Reconciliation Acts (OBRA) of 1987, 1989, and 1990 59 (1994), pp. 32086–32127 Rules and regulations published Federal Register June 22.
2. American College of Emergency Physicians, Managed health care organizations and emergency care (2000) [policy statement]. Approved July.
3. American College of Emergency Physicians, Appropriate interhospital patient transfer (2002) [policy statement]. Approved February.