

	Subject: Hartford Hospital Medical Staff On-Call Policy	
Issuing Department: President of the Medical Staff of Hartford Hospital	File Under: _____ Section - _____	Latest Revision Date: September 2011
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On-Call Schedule

1. The Chief of each Department, on behalf of the Hospital, will be responsible for developing an on-call schedule that includes the name and pager number and/or reliable cell phone number of each physician in the Department who is required to fulfill on-call duties. On-call schedules for the Emergency Department, and Transfer Center will be maintained for five years.
2. The on-call schedule may be general (e.g., medicine or surgery) or by specialty (general surgery, orthopedic surgery, hand surgery, plastic surgery), as determined by the relevant Department Chief and subject to approval by the Medical Executive Committee and Hospital. The Medical Executive Committee will enforce the on-call policy and make recommendations to the applicable Department Chief when formal changes are to be made or when legal and/or operational issues arise.
3. The Department Chief will consider the needs of patients in developing the on-call rotation, including when certain specialties will not be covered because of a lack of physicians or specific specialties.
4. Members of the Medical Staff have an obligation, but not a right, to share on-call duties. Medical Staff members who are relieved of on-call responsibilities for

any reason may be assigned other duties so that all members share as equitably as possible in Medical Staff responsibilities. Removing a member from the on-call schedule, for any reason, does not trigger the hearing and appeals procedures in the Medical Staff Bylaws.

Response to Call

5. When an on-call physician or their designee is contacted by the Emergency Department, Transfer Center, or the Physician Administrator of the Day (“AOD”) and requested to respond, the physician must:
 - (a) be immediately available, by telephone, to the Emergency Department, Transfer Center, or AOD; and
 - (b) personally respond in person or by telephone, if so requested, within a reasonable time period. Response is generally expected within 30 minutes. The Emergency Department attending physician, or AOD as applicable, in consultation with the on-call attending physician, will determine whether the patient's condition requires the on-call attending physician to see the patient as soon as possible
6. If the scheduled on-call physician is unable to respond due to circumstances beyond the physician's control, the Emergency Department physician, Transfer Center, , or AOD as applicable, will determine whether to attempt to contact another specialist on the Medical Staff or arrange for a transfer pursuant to this Policy. Any on-call physician who has refused or failed to appear within a reasonable time will be referred to the respective Department Chief, the Hospital’s CMO and/or the President of the Medical Staff for further action.
7. On-call physicians or their designees are generally expected to respond to calls or pages from other areas of the hospital within one hour.
8. Hospital and on-call physician will work together to ensure that individuals will receive necessary care, regardless of their insurance status or ability to pay.

Transfer Arrangements

9. When possible, transfer arrangements with another hospital that can provide specialty service should be made to cover that service when there is no on-call physician scheduled to provide coverage at the Hospital. If a patient presents needing care when a specialty is not covered, the patient will be transferred in accordance with sound clinical judgment.

Concurrent Call/Elective Surgery

10. Notwithstanding an on-call physician's obligation to respond when on call, the on-call physician may perform elective surgery or other patient care services at the Hospital while on-call, and may be on-call at another hospital, provided the on-call physician arranges for appropriate backup. The backup physician must

be available to provide on-call coverage in accordance with this Policy if the scheduled on-call physician is unavailable. The on-call physician must either (i) notify their answering service or update their electronic answering device with the name and contact information of the back-up on-call physician, or (ii) in the event the on-call physician does not have an answering service, the on-call physician shall inform the Hospital's Transfer Center when he or she is unavailable and must provide the name and contact information of the back-up on-call physician. The on-call physician must either (i) notify their answering service or update their electronic answering device or (ii) advise the Transfer Center when he or she is again available to accept call.

Follow-Up Care

11. An on-call physician is responsible for the care of a patient through the episode that created the emergency medical condition, including one office follow-up visit related to that episode.

Physician Designees

12. Residents, Fellows, Physician Assistants ("PAs"), and Advanced Practice Registered Nurses ("APRNs") may be used to assist the on-call physician or serve as the on-call physician's designee in responding to call, except in those limited circumstances outline above in Sections 5(b).

Enforcement

13. An on-call physician's unavailability when on call, refusal to respond to a call from the Emergency Department, Transfer Center, or AOD or any other violation of this Policy is a serious matter.

Accordingly, a refusal or failure of an on-call physician to respond timely shall be reported immediately to the applicable Department Chief, Hospital CMO and/or President of the Medical Staff who shall review the matter and determine how to address the situation. If the refusal or failure to respond is found to be deliberate, or if it is a repeated occurrence, the matter shall be referred to the Medical Executive Committee for further investigation and appropriate disciplinary action. Otherwise, appropriate action may be imposed.

For violations related to calls from the Emergency Department, the on-call physician can be subject to a fine of up to \$50,000 per incident by the federal government, civil lawsuits, and/or exclusion from participation in the Medicare and Medicaid programs for violation of EMTALA.

This Policy outlines collegial steps (i.e., counseling, warnings, and meetings with an on-call physician) that can be taken to address violations under this Policy. However, a single violation or a pattern of violations may be so unacceptable that immediate disciplinary action is required. Therefore, nothing in this Policy precludes an immediate referral of a matter being addressed through this Policy

to the Medical Executive Committee or the elimination of any particular step in the Policy.

Adopted by the Medical Executive Committee on 11/16/09

Recommended by the Medical Executive Committee of the Medical Staff on:11/16/09

Approved by the Board on: 12/7/09

Revised and adopted on September 19, 2011 with an effective date of October 1, 2011