

Sample On-Call Guidelines, Harbor Health Services, Inc.

Affected Departments: All Clinical

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Policy

It is the policy of Harbor Health Services, Inc. that there is always a physician on call for patients. Those sites that have pediatric practices will have both adult and pediatric on-call physicians. The following delineates the procedure and responsibilities for the On-Call Physician.

Procedure

1. Patients covered

All patients followed at the affiliated health centers are covered. Obstetrical and Gynecological problems not normally cared for by on call physicians and would be referred to the OB/GYN physician on-call. Questions that come from institutions other than the Carney Hospital (i.e. Nursing Homes, etc.) are the responsibility of the On Call physician and shall be referred to the identified physician unless such coverage has been separately arranged.

Some physicians may choose to be "service attending" for a month or more at Carney Hospital. "Service" patients are not the responsibility of this On-Call Group. A "service attending" must cover those patients independently, or make other coverage arrangements. To avoid confusion, if you are on service, please let our on-call physicians know that fact. The on-call physician will tell you if for some reason he or she wants to know any more information about your service patients.

2. Participating Physicians

All physicians by contractual agreement will participate in the On-Call system.

3. Monthly Schedules

One physician will be assigned the responsibility for making up call schedules. Weekday and weekend coverage will be shared fairly between all members of the coverage group. Some members may be assigned less than full coverage responsibilities based on their full time equivalency within their practice these decisions will be at the discretion of the Corporate Medical Director.

Schedules will be made up for three month periods at least two weeks prior to the beginning of a new quarter. The administrative secretary assisting the Medical Director will be responsible for typing and distributing Corporate Call Schedules.

Distribution of the schedules will be to all participating Physicians, the Administrators at each health center, the Clinical Managers, Manager of Operations, the Answering Service, the Emergency Room, and Operator of the Carney Hospital and the Medical Director of each health center.

4. Turnover Times

The start time for answering service coverage will be at 5:00 pm on weekday evenings and will go until 9:00 am the following morning. On weekends, coverage begins 5:00 pm Friday evening and ends at 9:00 am the following Monday. On holiday weekends, coverage continues until 9:00 am the following Tuesday. On non-Monday holidays, coverage would be from 5:00 pm the prior night to 9:00 am the next working day. During regular workdays (Mondays through Fridays) it will be assumed that the physician's site of practice will be responsible for handling phone calls between 8:30 or 9:00 am and 5:00 p.m. The only exception to this will be on emergency days (snow days, etc.) where it will be expected that the physician on call for the following night will be available to triage calls starting at 9:00 in the morning. Should this be necessary, it will be the responsibility of the health center to notify the appropriate physician.

The answering service will be instructed to request the physician on call to return the first call to the answering service after change over times to insure that the physician is available. After the first contact, the physician can elect to have patient phone numbers presented to him or her without returning calls to the answering service.

Physicians are expected to be available to return calls on an immediate basis. Routine times between a call being received by the answering service and a call being returned by the physician should not exceed 30 minutes.

At times when absolutely necessary, the physician can request that the answering service hold calls that are non-emergent for periods not to exceed one hour. During this time, physicians should always be available to the answering service should emergent calls need a response. The answering service has been instructed to always error on the side of calling the physician when a clinical situation is unclear.

5. Notification Issues

At the start of all weekends, it will be expected that physicians wishing to have their in-patients covered for rounding purposes will be signed out to the weekend on-call physician Friday, preferably after 5:00 pm for this purpose. In-patients that are not signed out will be assumed to be covered by the admitting physician.

All patients admitted during On-Call hours will be assumed to the responsibility of the On-Call physician. Patients normally followed by another member of the group for continuity purposes should be transferred to that physician by direct contact between the on-call physician and the continuity physician. This should occur no later than the beginning of the next business day (between 7:00 and 7:30 am). Until direct contact is made, the on-call physician will remain responsible for the patient.

6. Rounding

The covering physician will round on hospitalized patients that have been signed out on Saturdays, Sundays and holidays. It is acceptable to see a new inpatient within 24 hours of the time of admission. If a patient is admitted on a Sunday after the on-call physician has already rounded, the continuity physician can be legitimately notified to round on that patient the following Monday.

7. Consults

On-call physicians occasionally are expected to consult on a pre-op or a psychiatric patient whose continuity provider is in the coverage group. These consults need to be done within 24 hours of the request.

8. Emergency Lab Results

Occasionally, the on-call physician will be called by a laboratory regarding a "Panic Value" lab result. If the physician feels this represents a true emergency, the patient must be contacted. Lab results that do not sound serious can be reported to the appropriate continuity physician no later than between 7:00 or 7:30 am the next working day.

9. Narcotics

In general, on-call physicians are not to prescribe narcotics over the phone; individual discretion will occasionally be used in exceptional cases.

10. On-call physicians should record any insurance authorizations given for patients to be seen at a hospital or other facility.

11. Changes in the On-Call Schedule

Any physician needing to make the change in the on-call schedule once it has been distributed will assume the responsibility for finding another member of the call group with whom he/she can change. If changes are made at least two weekdays prior to the on-call date, changes should be called in to the medical secretary at Harbor Health Services responsible for the distribution of on-call schedules. It will be his/her responsibility to type up a revised call schedule and transmit it to the distribution list. Any changes that occur within 48 hours of the actual date are the responsibility of the physician making the change to notify each participating health center, the answering service and the Carney Hospital Emergency Room.

12. Physician On-Call Unable to be Found

The answering service has been instructed to expect a call back from the physician on-call whenever there is a changeover time. They have also been instructed to notify patients that if they have not received a call within 30 minutes to call back the answering service. When either of these situations occurs, the answering service will try to reach the designated on-call physician by both beeper and by calling his/her home phone. Should they not be able to reach the physician, they have been instructed to contact any other member of the call group that they can reach. Once they reach an alternative physician, that physician is expected to assume call responsibilities until the designated physician can be found.

A list of "potential back-up physicians" will be provided to the answering service, with names rotating every three months so that the same physician is not always tried first.

13. Billing

All physicians in the On-Call Group have the right to bill for the daily care provided to hospitalized patients. By agreement of the group, it will be the physician rounding on the patient who has the right to bill for the daily care of patients they are covering.

Source: Harbor Health Service, Inc. (written communication). Mattapan, MA; November, 2010.

Safety Net Medical Home Initiative

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MacColl Center for Health Care Innovation