

EMTALA - On-Call Physicians

EMTALA - General Overview

EMTALA (Emergency Medical Treatment and Active Labor Act) requires hospitals to maintain a list of the names of physicians on its medical staff. This list must be maintained in a manner that best meets the needs of the hospital's patients who are receiving services in accordance with the resources available to the hospital, including availability of on-call physicians.

When the initial examination of the emergency patient identifies that additional evaluation/treatment is needed to stabilize the patient, on-call physicians must be available to provide this care.

When a physician provides on-call services to the hospital, that physician is acting on behalf of the hospital to fulfill its EMTALA obligation.

The On-Call List

The hospital must maintain a list of the names of on-call physicians in the emergency department so that emergency department staff is aware of which physicians, including specialists and subspecialists, are available to provide care.

The on-call list must specifically note the name of the physician on-call, and cannot list physician group practices as an entity on call for the hospital.

If there are changes to the on-call list (e.g., physicians trade on-call duties), those changes must be documented on the on-call schedule, and must be provided to the emergency department so that the staff is aware of the changes. It is the on-call physician's responsibility to notify the hospital of any changes to his/her schedule.

Physical Presence of the On-Call Physician

If a staff physician is on-call to provide emergency services or to consult with an emergency room physician in the area of his/her expertise, that physician is considered available to the hospital. A determination as to whether the on-call physician must physically assess the patient in the emergency department is the decision of the treating emergency physician.

If a physician who is on-call does not come to the hospital when called, but rather repeatedly or typically directs the patient to be transferred to another hospital where the physician can treat the individual, the on-call physician may have violated EMTALA.

Emergency Patients Must be Seen in the ED

On-call services may not be changed to more convenient locations or times. On-call physicians may not refuse to evaluate and treat a patient in the emergency department, or refuse to accept an EMTALA transfer. The on-call physician must come to the hospital to examine the patient if requested by the treating emergency physician.

Simultaneous Call

There are times that physicians may be on call simultaneously at more than one hospital. In this case, the on-call physician should notify the hospital of this situation. It is then the hospital's responsibility to provide policies and procedures to follow when the on-call physician is not available to respond because he has been called to the other hospital to evaluate an individual.

Situations in Which the On-Call Physician Refuses to Fulfill On-Call Obligation

It is up to the emergency department physician to determine if the on-call physician needs to come to the emergency department to evaluate and/or stabilize a patient. If the on-call physician refuses to come to the emergency department, and the patient has to be transferred to another hospital for services, this must be recorded in the patient's medical record as the reason for transfer. This occurrence must be reported to the hospital's compliance liaison officer. The on-call physician may be fined by CMS for an EMTALA violation.

The receiving hospital will have knowledge of the on-call physician's refusal, and may report that on-call physician for a possible EMTALA violation.

Response Time

The hospital medical staff may determine a response time of the on-call physician and this may be documented in the medical staff rules and regulations. If the on-call physician either refuses or fails to arrive within the response time established by those rules and regulations, the hospital and that physician may be in violation of EMTALA. Consult your facility's rules and regulations.

EMTALA Policy

EMTALA is designed to protect patients seeking emergency care, and holds both the hospital and its on-call medical staff accountable for providing that care. Understanding our EMTALA obligations is the best defense against enforcement action from the federal government.

For more information about EMTALA, see LSU HCSD's policy on EMTALA at <http://www.lsuhs hospitals.org/policies/Public/8500%20-%20Compliance/8502-07%20EMTALA.pdf>

EMTALA

HCSO POLICY 8502-07

ACKNOWLEDGEMENT

This is to acknowledge that I have received a copy of HCSO Policy 8502-07, EMTALA, and EMTALA-On-Call Physicians. I read both documents and am aware of my responsibility to perform my duties within the scope of EMTALA regulations.

Additionally, I acknowledge the following:

EMTALA Requirement - On-call physicians, who are charged with the duty to accept patients transferred from other facilities, may not refuse any transfer as long as their hospital has the *capacity* and *capability* to provide treatment.

Agent of EKLMC - When “on-call”, I am acting as an agent of this facility, Earl K. Long Medical Center (EKLMC) and must accept transfers whenever the hospital is required to accept them.

House Supervisor – All requests for *incoming* transfers to EKLMC from other emergency departments or inpatient services *must* be directed to the House Supervisor. If EKLMC has the *capacity* to accept the patient, the House Supervisor will contact the on-call physician to arrange the transfer.

Transfer Log - This document is an EMTALA requirement and must include the response to the requesting party. The on-call physician must communicate all information about accepting or refusing transfers to the House Supervisor to insure the log is complete.

Printed Name

Date

Signature

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