	Law Department Job Aid	No.	JA.L-5
	Title: JOB AID EMERGENCY DEPARTMENT CALL SCHEDULING	Page:	1 of 5
		Effective Date:	08-21-18
		Retires Job Aid Dated:	
		Previous Versions Dated:	

I. SCOPE:

A Tenet Hospital is expected to comply with this Job Aid if it operates an Emergency Department or if it otherwise elects to maintain an on-call program for physician coverage of unassigned patients in Hospital departments.

II. PURPOSE:


The purpose of this Job Aid is to establish guidelines for how a Hospital establishes and maintains a schedule of on-call physicians (the “On-Call Schedule”).

STEP 1: MAINTAIN A LIST OF PHYSICIANS ON THE MEDICAL STAFF ELIGIBLE FOR ON-CALL RESPONSIBILITIES (“ON-CALL PANEL”)

- A. Each Hospital is responsible for identifying the physicians in each specialty who are expected to participate in on-call responsibilities (the “On-Call Panel”). The On-Call Panel will be defined in accordance with the Medical Staff Bylaws and Tenet Policy, without regard to volume or value of any physicians’ referrals.
- B. The Hospital may not limit participation on the On-Call Panel to a particular physician or group of physicians, other than by medical staff category, without Law Department approval as provided in Law Department Policy L-5 “Personal Services Arrangements with Physicians.”
- C. The On-Call Panel must include the accurate names of individual physicians and their direct telephone numbers or direct pager numbers; practice group names and general office numbers are not acceptable.

STEP 2: EVALUATE AVAILABLE RESOURCES FROM ON-CALL PANEL TO SET THE ON-CALL SCHEDULE

- A. The Hospital has the discretion to maintain the On-Call Schedule for a particular specialty in accordance with the resources available to the Hospital, including the availability of on-call physicians on the medical staff in the specialty.
- B. The On-Call Schedule may be divided by specialty or by sub-specialty (*e.g.*, general surgery, orthopedic surgery, plastic surgery), as determined by the Hospital upon consultation with Operations Counsel, and upon the advice of the relevant Hospital department chairpersons and Emergency Department personnel, after reviewing frequency of sub-specialty call and community need, according to the Hospital’s resources.
 - 1. Factors to consider in developing the On-Call Schedule include: (i) the Hospital’s level of trauma and emergency care provided; (ii) the number of physicians on the medical staff in the specialty; (iii) how often the


	Law Department Job Aid	No.	JA.L-5	
	Title: JOB AID EMERGENCY DEPARTMENT CALL SCHEDULING	Page:	2 of 5	
		Effective Date:	08-21-18	
		Retires Job Aid Dated:		
		Previous Versions Dated:		

specialty physicians are requested to provide care; (iv) the Hospital’s plan for situations when the on-call physician is not available or not able to respond due to circumstances beyond his or her control; and (v) whether specific circumstances at the Hospital (*i.e.*, market-based call arrangements; contracted closed panel) require specific guidance by Operations Counsel.

2. Only physicians that are available to physically come to the Hospital may be included on the On-Call Schedule; telemedicine does not satisfy the on-call requirements under EMTALA.
- C. If any specialty does not have sufficient physician resources to provide 24/7/365 physician coverage, the Hospital may elect to schedule on-call on a limited basis, consistent with its physician capacity. When there is not scheduled on-call physician coverage for a particular specialty, the Hospital will have a defined plan for evaluation and management of patient care needs in the specialty. Generally, a Hospital is expected to have full-time call coverage if it has at least 3 physicians eligible to participate in on-call for the specialty. Questions about developing an On-Call Schedule when more than 3 physicians within a particular specialty are eligible for call coverage but full-time call coverage does not appear available, should be discussed with Operations Counsel.
 - D. If the Hospital has determined that it is necessary to contract with physicians in a specialty to maintain adequate participation in on-call services, the Hospital will limit the physicians included on the On-Call Schedule to physicians who have a current active agreement for on-call participation and will refrain from listing such physicians on the On-Call Schedule unless the physicians have written contracts with Law Department approval as provided in Law Department Policy L-5 “Personal Services Arrangements with Physicians.”
 - E. Physicians are permitted to have simultaneous call at more than one Hospital in the geographic area (*i.e.* “concurrent call”); however, the physician on concurrent call on a particular scheduled date must provide the Hospital with the physician’s concurrent call schedule at all facilities.
 - F. The plan for managing concurrent call should include back-up call by an additional physician, as arranged by the physician on the On-Call Schedule, or the implementation of an appropriate transfer.

STEP 3: EVALUATE APPROPRIATE EXEMPTIONS OR EXCLUSIONS FROM THE ON-CALL SCHEDULE

- A. The Hospital may grant categories of exemptions from the On-Call Schedule in accordance with Medical Staff Bylaws and based on Hospital need for call

	Law Department Job Aid	No.	JA.L-5	
	JOB AID EMERGENCY DEPARTMENT CALL SCHEDULING	Title:	Page:	3 of 5
		Effective Date:	08-21-18	
		Retires Job Aid Dated:		
		Previous Versions Dated:		


coverage in a specialty, and the Hospital may determine on an individual basis any individual exemptions or exclusions from the On-Call Schedule, as approved by the Governing Board of the Hospital in a prompt manner following such determination by Hospital, as permitted by this Section V and in accordance with Law Policy L-5 “Personal Services Arrangements with Physicians.”

B. A physician on the Hospital’s current list of eligible candidates for the call schedule may be exempted or excluded from placement on the call schedule for appropriate reasons, unrelated to volume or value of referrals, including but not limited to:


1. when changes in medical staff status of a physician (active, courtesy, etc.) may adjust the individual physician’s required call coverage responsibilities;
2. when the physician’s clinical or professional conduct has been documented by peer review of the medical staff as being subject to corrective action and such exemption or exclusion from the On-Call Schedule for such physician has been approved in writing by Operations Counsel;
3. when a physician is documented to have failed to respond to prior call responsibilities or who has sought alternate coverage or transfer of emergency patients inappropriately in the past;
4. when a physician requests to be excluded from the On-Call Schedule and a sufficient number of physicians in the specialty are available to cover Hospital’s requirements for such specialty; and
5. when approved by Operations Counsel, in writing.

STEP 4: DEVELOP THE ON-CALL SCHEDULE

A. The Hospital will assign responsibility for developing the On-Call Schedule to either its Medical Staff Office Director or its Emergency Department Director, or an assignee upon consultation with Operations Counsel. The Hospital’s assignee will be responsible for obtaining physician input regarding dates that he/she may be unavailable and or exemptions to participation before publishing the calendar for each specialty. The Hospital’s assignee shall not have input or responsibility for developing compensation arrangements with the physicians. The On-Call Schedule will be set from the roster of physicians on the On-Call Panel, organized by date, when those physicians are calendared to provide physician coverage to the Hospital Emergency Department and inpatient units as requested.

	Law Department Job Aid	No. JA.L-5
	JOB AID EMERGENCY DEPARTMENT CALL SCHEDULING	Page: 4 of 5
		Effective Date: 08-21-18
		Retires Job Aid Dated:
		Previous Versions Dated:

- B. Except as provided in this Job Aid, the On-Call Schedule will be established on an **equal rotational basis** among all physicians listed on the On-Call Panel for the specialty.
1. TPR practices may be given the option of claiming a designated number of on-call days in a month, up to and including the entire month, for which its employed physicians will be the physicians in the specialty who are listed on the On-Call Schedule for such specialty.
 2. Physicians who participate in a clinically integrated network, accountable care organization, or other similar network owned and operated by Tenet Hospitals or their affiliates and approved by Operations Counsel for the purpose of advancing high quality, cost-effective care, may be given preferential treatment for participation on the On-Call Schedule. Also, Physicians who refuse to participate in federal payor programs or who do not participate on par with the Hospital in third-party payor and/or managed care payor arrangements with the Hospital, may be limited in their participation on the On-Call Schedule for purposes of patient care and patient out-of-pocket cost containment purposes.
 3. All days on the On-Call Schedule not otherwise allocated to physicians listed in Step 4.B, 1 and 2 herein (*i.e.*, TPR employed physicians or physicians participating in approved arrangements promoting quality and efficiency of care) will be allocated to the remaining specialty physicians on an equal rotational basis. Sub-specialty call schedules may be allocated on a rotational basis in preference to those physicians who satisfy certain advanced training standards approved by the Governing Board (*i.e.*, hand surgery call schedule allocated preferentially to physicians who have been fellowship trained in hand surgery)
 4. If a physician is unavailable on a day which would be assigned by the rotation, the next available physician will be scheduled on that day and the initial physician will be scheduled on the next day that the physician is available. Thereafter, each physician will continue to be scheduled in accordance with the initial rotation.
 5. New physicians to the list of available physicians on the On-Call Panel at the Hospital described in Section III above will be added to the On-Call Schedule at the end of the current rotation unless the hospital has an immediate coverage need. In that event, the new physician will take call as scheduled and will continue to hold the same place in the call rotation for future scheduling purposes.

	Law Department Job Aid	No.	JA.L-5
	Title: JOB AID EMERGENCY DEPARTMENT CALL SCHEDULING	Page:	5 of 5
		Effective Date:	08-21-18
		Retires Job Aid Dated:	
		Previous Versions Dated:	

- C. The On-Call Schedule will be published and available to the medical staff not less than fifteen (15) days before the first day of each month.

- D. Physicians whose names appear on the On-Call Schedule are responsible for finding a suitable replacement if they cannot be available for duty or if they agree among themselves to a different level of call burden responsibility, and for updating the On-Call Schedule immediately with the replacement physician's name and other appropriate information. Notification will be provided to the Emergency Department Manager as well as the Medical Staff Office Director if responsible for the initial schedule.

REFERENCES:

- ~ Law Department Policies
- ~ EMTALA, 42 U.S.C. § 1395dd
- ~ Stark Law, 42 U.S.C. § 1395nn, and implementing regulations
- ~ Anti-Kickback Statute, 42 U.S.C. § 1320a-7b(b)
- ~ Office of Inspector General (OIG) Advisory Opinion No. 12-15
- ~ Tenet Non-Prosecution Agreement
- ~ Tenet Standards of Conduct.