

 Extraordinary Caring. Every Person. Every Time.		NAME: Consultant Coverage of the Emergency Department, In and Outpatient Units	
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1.0 Purpose

To provide overall direction in providing on-call coverage and response time for the Emergency Department, In and Out-patient Units.

2.0 Scope

Applies to all Credentialed Professional Staff at all sites of the Niagara Health.

3.0 Policy

- 3.1 It is the policy of the Medical Advisory Committee that the Professional Staff Member (PSM) will attend and assess the patient within the consultant response times as listed below according to the urgency of the referral.
- 3.2 Failure to do so, the [Professional Staff Refusal to See Patient Algorithm](#) (Appendix A of the Professional Staff Refusal to See Patient Policy) will be followed to ensure appropriate level of care is provided to the patient.
- 3.3 **Roster**
 - a) All Departments must provide Niagara Health with a daily on-call coverage schedule for their Services.
 - b) Professional Staff Members will ensure that they are reachable for the period of their on-call.
 - c) It is the responsibility of the Service to ensure any changes to the on-call coverage schedule is communicated within the Service and reported to Niagara Health immediately.
- 3.4 **Communication**
 - a) The referring PSM must communicate personally with the consultant with whom they wish to consult to discuss the pertinent details of the patient's condition and urgency of the consultation.

3.5 Responsibility

- a) The usual situation shall be that the consultant will assume responsibility for care of the patient immediately after he or she has physically seen the patient.
- b) If the referring PSM wishes a consultation only and not assumption of care, that should be made clear at the time of the referral.
- c) Consultations from the ED are generally considered a transfer of care unless otherwise specified. After personally assessing the patient, if a consultant decides the patient would be better cared for by a different physician/service it is the consultant's responsibility to make an appropriate referral.
- d) Consultations on inpatients are not considered a transfer of care. Transfer of care of should separately follow the transfer of care policy.
- e) There can be no refusal to accept a consultation of a patient. No Physician can admit under another Physician without personal communication with that Physician. The Physician Transfer of Care Policy must apply.

3.6 Consultant Response Times (See Professional Staff Member Coverage Emergency Department, In and Outpatient Units Appendix A).

Communication response time:

- a) STAT/ Life and Limb: The consulting physician will activate the appropriate code (refer to Atlas for Codes) as required. Extending from this, a STAT contact will be made the consultant PSM on call commenting the STAT nature of the call. An expected response time of 15 minutes from the call.
- b) Routine: The consultant communication response time is 30 minutes.
- c) Consultants on call for services that would generally expect STAT/life or limb consultations must maintain continuity of response by insuring calls are answered promptly at all times.

3.7 Physical response / performing the consultation

- a) In person response time for a consultation is expected based on mutual agreement with the consulting PSM who would determine the urgency of the consultation. Unless mutually agreed upon, general guidelines for such times includes:
 - i) STAT: Life or Limb: 30 minutes
 - ii) Urgent: 2 hours
 - iii) Routine: By mutual agreement, which can also include outpatient response.
- b) If a consultant is unable to respond within a reasonable time, they are responsible for making alternative arrangement (e.g. management advice, dispatching a colleague to attend or requesting interim admission orders).

3.8 Surveillance

- a) Failure to follow the algorithm will be documented and within 24 hours. Problems will be communicated to the appropriate Site Chief. (See Professional Staff Refusal to See Patient Policy, Guidelines for Most Appropriate Service for Emergency Consults Policy, and Physician to Physician Transfer of Care Policy and accompanying Form 900450 – Physician Transfer of Care).

4.0 Definitions

ED = Emergency Department

PSM = Professional Staff Member

5.0 Appendices

[Professional Staff Member Coverage - Emergency Department, In and Outpatient Units](#)

6.0 Related Documents

[Allocation of Resources On-Call -- Policy](#)

[Disruptive Professional Staff Members -- Policy](#)

[Guidelines for Most Appropriate Service for Emergency Consultants -- Policy](#)

[Intersite Transfer of Acutely Ill Patients from Complex Care -- Policy](#)

[Professional Staff Refusal to See Patient -- Policy](#)

[Physician to Physician Transfer of Accountability -- Policy](#)

7.0 Related Forms

Physician Transfer of Care Form 900450

8.0 References

8.1 Niagara Health System Professional Staff By-Laws, Rules and Regulations. January 19, 2010.

8.2 Patient Referral Selection Guidelines from ED. Approved MAC December 2007.

Appendix A
Professional Staff Member Coverage - Emergency Department, In and Outpatient Units

