

Stanford Health Care – Tri-Valley Department Specific Policy	Last Approval Date: Feb 2023
Name of Policy: FAILURE OF ASSIGNED PHYSICIAN TO RESPOND TO ER BACK-UP CALL AND EMERGENCY SITUATIONS	Policy Section and Number: Medical Staff
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POLICY

The Stanford health Care Tri-Valley (SHCTV) Medical Staff shall assess a monetary fine of \$1,000.00 to any physician who fails to respond to the Hospital in accordance with the Rules and Regulations, Section VI. EMERGENCY ROOM, Item 3, and Section VII., Emergency Situations, Item 1:

"Calls from the Hospital necessitating immediate physician attendance shall require a fifteen (15) minutes response time to the call. Within forty-five (45) minutes from the response, the physician shall be physically present in the Hospital. If the physician cannot be physically present in the Hospital in the required 45 minutes, he must obtain a substitute who holds the required privileges on the medical staff."

A monetary fine of \$1,000.00 will also be assessed to any physician who fails to make appropriate coverage arrangements for his/her patients. Appropriate arrangements are defined as a practitioner holding a similar license, clinical privileges, and a member of the medical staff (Medical Staff Definitions preamble to the Bylaws).

Failure to pay the monetary fine within the timeframe established by the procedure will result in an automatic administrative suspension from the Medical Staff (Medical Staff Bylaws 6.3). The Medical Executive Committee shall review the facts at the next Executive Committee Meeting. Should the Executive Committee conclude that the physician failed to comply with the rule requiring a response to the Emergency Situation, the suspension shall remain in effect and the fine shall remain payable. Should the fine remain unpaid as of the time that the physician next applies for reappointment, his application will be deemed to be incomplete, and the physician will therefore be deemed to have resigned from the Medical Staff in accord with Section 4.7-5 of the Medical Staff Bylaws.

PROCEDURE

1. The appropriate hospital staff member or physician will be required to complete a quality assurance confidential report when all attempts to locate the on-call physician have been exercised. The report must contain the time each call was placed and the phone number used. Calls should be placed to the physician office exchange.

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2. The appropriate hospital staff shall include assistant director of nursing or shift charge nurse.
3. The staff member or physician involved in the situation will contact the Chief of the Department or the Vice-Chief of the Department, if the Chief is not available.
4. The Chief or Vice-Chief will be provided the physician's home phone number by the Nursing Supervisor. The Nursing Supervisor's lack of access to the home phone number will not be a consideration in levying the fine.
5. The Chief or Vice-Chief will confer with the staff member or physician regarding the patient's needs and the provision and direction of care will be determined.
6. The Chief or Vice-Chief of the Department will review the facts as soon as practicable after the event, to determine if the physician has failed to comply with the rule requiring a response to an emergency situation.
7. The Chief or Vice-Chief will then notify the Medical Staff Office if the penalty is to be assessed. This will be placed on the agenda of the next Medical Executive Committee meeting.
8. The Executive Committee shall review the facts at the next Executive Committee meeting. Should the Executive Committee conclude that a physician has failed to comply with the rule requiring a response to an emergency situation, they will instruct the Medical Staff Services Department to send via electronic communication a letter to the physician indicating the monies due and the date the monies are due which shall be within thirty (30) days from the date of receipt of the letter.
9. Failure to pay the fine within the 30-day period will result in an automatic administrative suspension.
10. Should the fine remain unpaid as of the time that the physician next applies for reappointment, his application will be deemed incomplete, and the physician will therefore be deemed to have resigned from the Medical Staff in accord with Section 4.7-5 of the Medical Staff Bylaws.

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11. Resignation from staff resulting from an incomplete application for reappointment is an action not taken for medical disciplinary cause or reason, and is not reportable to the Medical Board of California or the National Practitioner Data Bank.

3/95; amended 1/96, reviewed 4/98, 8/00, amended 1/02, reviewed 9/04, 9/06, 9/08, amended 3/10, Reviewed 4/13, MEC 2/20; BOD 2/20, Reviewed 2/23, MEC 2/23; BOD 2/23