

On Call and Coverage Requirements, Availability and Contact Information

1. All providers who care for patients in the hospital will be expected to be promptly available to hospital staff and providers caring for their patients.
2. All members of the medical staff in the Department of Medicine are expected to make available all relevant phone numbers and contact information needed to reach them. This list may include phone numbers for their office, answering service, cell phone, residence, office private line, pager and any other potential contact point that may be used, as well as current preferred active e-mail address.
3. In addition, Department members are strongly encouraged to have and use secure text messaging (STM) – currently Tiger Connect – as are their covering providers, and to forward such STM messages to their covering provider when they are not available to be contacted. Direct communication by phone or in person will always remain the preferred form of provider to provider contact. When that is not required based on the acuity of the patient or other clinical concerns relevant to the situation, secure text messaging is the preferred method of contact whenever the provider being contacted has STM available.
4. When a provider who cares for patients in the hospital is not available, there must be a qualified member of the medical staff - who has the same credentials and expertise as they have - available to cover for them. Availability of the covering provider should be clear and seamless and set up so there are no delays in the ability of hospital staff to identify and contact covering providers.
5. All providers who do not provide hospital care are also expected to be readily available and reachable. When the provider is unavailable there should be a

covering provider seamlessly available and reachable in a timely fashion. It is expected that both the provider and the covering provider will have access to information and medical records of patients of the practice so that all useful patient care information can be effectively communicated bidirectionally between hospital providers and outpatient providers.

6. Providers in the Department of Medicine who do not provide care to patients in the hospital will not be required to have a covering provider who is a member of the medical staff listed in order to join or remain on the staff. Coverage can be with providers who are qualified, readily available, and have access to patient medical records even if they are not members of our medical staff.

7. Coverage by physicians who are not members of the medical staff may also be applicable to certain members of the Department who do provide care to patients in the hospital. Alternative coverage arrangements will be considered on a case by case basis to selected low-volume specialties and subspecialties in the Department depending on the nature and acuity of the consulting service as well as the availability of other such specialists and subspecialists. In some situations, it may be that no qualifying appropriate coverage is available, or the only available coverage is with physicians not on our medical staff. Coverage requirements in such cases will be individually reviewed and selected exceptions to the need for coverage from same-specialty members of the medical staff may be approved by the Department Chair for recommendation to the Credentials Committee.