

MEDICAL OFFICER OF THE DAY

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook establishes procedures for the Department of Veterans Affairs (VA) VHA facilities to provide physician or practitioner (with attending backup) coverage 24-hours a day, 7-days a week.
- 2. MAJOR CHANGES.** Medical specialty and credentialing has been clarified and it is mandatory that all sites be in compliance with the procedures outlined in this Handbook no later than February 28, 2011, unless a waiver has been granted.
- 3. RELATED DIRECTIVE.** VHA Directive 1101 (to be published).
- 4. RESPONSIBLE OFFICE.** The Office of Patient Care Services (11), Specialty Care Services (111) is responsible for the contents of this VHA Handbook. Questions may be referred to the Chief Consultant of Specialty Care Services at (202) 461-7120.
- 5. RECISSIONS.** VHA Handbook 1101.04, dated December 28, 2009, is rescinded.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working day of August 2015.

Robert A. Petzel, M.D.
Under Secretary for Health

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MEDICAL OFFICER OF THE DAY

1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes procedures for the Department of Veterans Affairs (VA) VHA facilities to provide inpatient physician or practitioner (with attending backup) coverage 24-hours a day, 7-days a week (24/7) in acute care patient facilities.

2. DEFINITIONS

a. **Medical Officer of the Day (MOD)**. The MOD is the designated responsible physician or practitioner (with attending backup) who is physically present in an inpatient facility during periods when the regular medical staff is not on duty. These periods generally include evenings, nights, weekends, and holidays, but coverage may be required in other special circumstances.

b. **Administrative Officer of the Day (AOD)**. During non-administrative tours of duty hours, the AOD provides support to the MOD in the determination of the applicable administrative authority for all non-medical decisions; the AOD acts on behalf of the facility Director.

c. **Midlevel Provider**. A midlevel provider is a licensed clinical medical professional (e.g., a nurse practitioner or physician assistant) who provides patient care under a scope of practice that includes the degree of physician supervision required.

3. SCOPE

VHA facilities conform to standards of practice needed to ensure patient safety and optimize outcomes. Such conformance to standards includes the ability to have on-site inpatient physician or practitioner (with attending backup) coverage 24/7.

4. RESPONSIBILITIES OF THE FACILITY DIRECTOR

Each Facility Director is responsible for:

a. Ensuring that inpatient coverage is provided by qualified personnel with appropriate knowledge and skills needed to admit new patients and initially manage inpatient problems.

b. Ensuring specialty services, including general surgery are available either in-house or on call and able to respond in a timely fashion for on-site evaluation, as needed to assist with ongoing management and treatment.

c. Ensuring acceptable options are available that meet the requirement for in-house physician or practitioner (with attending backup) MOD coverage; this includes:

(1) Assignment of one or more licensed physicians, with appropriate clinical credentials and privileges to provide medical and surgical coverage during evenings, nights, weekends, holidays, and other times when the regular medical staff is not on duty.

(a) When serving as a general medical physician, this individual is referred to as the MOD.

(b) When more than one physician is scheduled (as at many affiliated medical centers due to the volume or complexity of the patients being covered), specialty or subspecialty titles may be used, as in Psychiatry Officer of the Day (POD) or Surgical Officer of the Day (SOD).

(c) MOD (SOD, etc.) service may be provided by physician staff that possess appropriate clinical credentials and privileges to provide medical or surgical coverage during evenings, nights, weekends, holidays, and other times when the regular medical staff is not on duty.

(2) Provision for after hours, weekend, and holiday coverage if the facility participates in residency training. If all inpatients are admitted to teaching services with resident physician coverage and teaching service attending physicians available in person in a timely manner, then, a separate MOD is not required. MOD coverage may be provided for the patient teaching services by on-call, in-house residents with appropriate attending, on-call coverage available for on-site evaluations as needed in a timely fashion.

(a) Alternatively, in-house coverage of teaching services during off-tours may be provided by a physician or a mid-level (e.g., physician assistant (PA) or nurse practitioner (NP)) with appropriate attending backup.

(b) A waiver may be granted for smaller bed specialty services (e.g., Neurology) where on-call coverage need not be in-house, but the on-call physician provider (either resident or attending) must be available within a timely fashion.

(c) If there are non-teaching patient services in-house, these services must be covered by in-house, duly licensed physicians (MOD) with appropriate clinical credentials and privileges or mid-levels with appropriate scopes of practice and physician supervision backup during evenings, nights, weekends, holidays, and other times when the regular medical staff is not on duty.

(d) Physician residents:

1. Must function in a supervised capacity as detailed in VHA Handbook 1400.01.

2. May not provide coverage for patients who are on non-teaching services or teaching services for which they do not have diagnostic or therapeutic responsibility, in order to meet accreditation standards.

3. Who are in their core program training years, may not be credentialed and privileged as licensed independent practitioners. Hence, they may not serve outside of their training programs as an attending physician MOD (SOD, etc.) for remuneration in what is commonly called “internal moonlighting.”

4. Who (often called subspecialty fellows) have completed their primary or core training program (e.g., 3 years for Internal Medicine, 4 years for Psychiatry, and 5 years for Surgery), may be credentialed and privileged to act as an attending(s) in their core program areas, but not to provide subspecialty coverage; i.e., they may not provide independent coverage in the areas in which they are currently training. **NOTE:** *For example, a pulmonary critical care resident could provide independent coverage of an acute medicine service, but not of the medicine intensive care unit.* Such residents may only be appointed as an MOD (SOD, etc.) if they are not appointed as a resident at the VA facility in order to avoid restrictions on dual compensation. Any “internal moonlighting” counts as duty hours and total hours may not exceed the standards set by the relevant accrediting body.

(e) VA-appointed Advanced Fellows may serve as MOD (SOD, etc.) within the scope of their approved independent privileges.

(3) Ensuring that if the facility does not have residency training programs, it has:

(a) MOD coverage provided by in-house duly licensed physicians with appropriate clinical credentials and privileges or mid-levels with appropriate scopes of practice and physician supervision backup during evenings, nights, weekends, holidays, and other times when the regular medical staff is not on duty.

(b) Attending backup coverage and specialty coverage available and able to respond in a timely fashion for on-site evaluations, if needed, if in-house coverage is provided by mid-level providers.

(4) Ensuring, that if the facility is an acute care facility without residency training programs and who feels the clinical activity at this site justifies deviance from this policy, a waiver request is submitted (and endorsed by the Veterans Integrated Service Network (VISN) Director) to the Deputy Under Secretary for Health for Operations and Management (10N). Patient Care Services needs to be involved in the decision to allow for a waiver. This waiver must outline in detail the following:

(a) The basis for requesting the waiver including detailed data that supports the request.

(b) A description of the plan that includes the hours to be covered and the type of staff and service responsible for the coverage.

(c) Details on appropriate attending back up if coverage is to be provided by mid-level providers.

(5) Ensuring a qualified physician is present at all times in the VHA Emergency Department (ED). The ED physician is not to be responsible for any inpatient activities except under the following conditions:

(a) Facilities that meet the requirement for a Veterans Rural Access Hospital (VRAH) and those small facilities with Level 4 Intensive Care Units (ICUs) and no more than five ICU beds may request a formal waiver to allow the ED physician to cover the inpatient unit, responding only to acute cardiopulmonary and respiratory emergencies. In house coverage at these facilities may be provided by duly licensed physicians (MOD) or mid-level providers with appropriate clinical credentials and privileges during evenings, nights, weekends, holidays, and other times when the regular medical staff is not on duty.

(b) Attending backup coverage and specialty services including general surgery is available either in-house or on call and able to respond in a timely fashion for on-site evaluation, as needed, to assist with ongoing management and treatment at sites where inpatient coverage is provided by mid-level providers.

(6) Ensuring facilities that admit all their inpatients to teaching services (as in subpar. 4c(2), or those in preceding subparagraph 4c(5)) and who are granted a waiver for acute cardiopulmonary or respiratory emergencies only, do not utilize the ED physician in lieu of a Rapid Response team, Emergent Out-of-Operating Room Airway team. The teaching service attending (who has primary responsibility for teaching service patients) must be available to respond in person in a timely fashion for inpatient emergencies.

5. RESPONSIBILITIES OF THE FACILITY CHIEF OF STAFF (COS)

The facility Chief of Staff (COS) is responsible for:

a. Developing and issuing written guidelines to ensure that continuous, appropriate, and effective medical coverage is available in-house 24/7. These guidelines must specify elements of the arrangement, to include providing:

- (1) Authorizations;
- (2) Responsibilities;
- (3) Duties;
- (4) Schedules; and

(5) Clinical authorization and justification of VA payment for eligible Veterans who must be transferred or referred (e.g., a VA Suicide Prevention Hotline referral) to a non-VA facility for care that cannot be provided by the local VA facility.

b. Ensuring consideration regarding coverage is given to the complexity of patients, the number and type of beds, the spatial arrangement of buildings in the hospital complex, the clinical activity at the facility, and all other factors influencing patient care when determining the pattern of medical coverage required.

c. Ensuring one or more duly licensed physicians with appropriate clinical credentials and privileges, or if appropriate, one or more mid-level providers with an appropriate scope of practice and physician supervision backup, is assigned to provide in house medical coverage during evenings, nights, weekends, holidays, and other times when the regular medical staff is not on duty (unless a formal waiver is submitted and approved as in preceding subpar. 4c(5)). In VA teaching hospitals, attending physicians need not be physically present at all times, provided a senior resident, functioning under the attending physician's supervision, is covering the teaching service only, and the attending can be physically present in a timely manner, if needed.

d. Ensuring assignment schedules are available for use by the triage area, nursing stations, and page operators.

e. Ensuring the MOD and mid-level providers have current Advanced Cardiac Life Support (ACLS) certification, if the MOD is responsible for performing resuscitations (e.g., no separate code team is designated). **NOTE:** *Processes for the management of resuscitation are explicitly detailed in current VHA policy regarding: oversight and monitoring of cardiopulmonary resuscitative events and facility cardiopulmonary resuscitation committees; public access to automated external defibrillators (AEDs): deployment, training, and policies for use in VHA facilities; cardiopulmonary resuscitation (CPR) and ACLS; and training for staff and out-of-operating room airway management.*

f. Ensuring sufficient MOD (SOD, etc.) and mid-level staff and support services are available to admit new patients and to cover the inpatient units.

6. RESPONSIBILITIES OF THE MEDICAL OFFICER OF THE DAY (MOD)

The MOD is responsible for:

a. Providing inpatient physician or practitioner coverage to the inpatient units during periods when the regular medical staff is not on duty. Sites utilizing practitioner coverage, or in-house resident coverage for teaching services, must have attending backup coverage and specialty coverage available and able to respond in a timely fashion for on-site evaluations if needed.

b. Admitting and caring for new patients on the inpatient units during their tours of duty.

c. Responding to calls for resuscitation if there is not a designated code team. In this situation the MOD or practitioner (with attending backup) is required to have current ACLS certification and have the necessary training and skills to appropriately manage patients who need out of OR airway management.

d. Ensuring complete availability during their tour of duty. The MOD must not leave the facility grounds during the assigned shift without the permission of the COS, or designee, at which time another physician that is on-site is designated as MOD.

7. RESPONSIBILITIES OF THE ADMINISTRATIVE OFFICER OF THE DAY (AOD) DURING NON-ADMINISTRATIVE TOURS OF DUTY AS EVENINGS, NIGHTS, WEEKENDS, AND HOLIDAYS

The AOD ensures that procedural, legal, and administrative requirements relating to non-medical treatment issues and implications are provided, which includes, but is not limited to:

- a. Determining the beneficiary eligibility administrative treatment authority.
- b. Providing as appropriate, VA administrative authorization and obligation of payment for non-VA medical care.
- c. Arranging, in coordination with the MOD or SOD, inter-facility transfer and referral of eligible Veterans.
- d. Communicating all non-VA care notification, authorizations, and disapprovals of payment authorization or obligation decisions to the facility Business Office or Fee Office.

8. EFFECTIVE IMPLEMENTATION DATE

All sites must be in compliance with the procedures outlined in this Handbook no later than February 28, 2011. Facilities meeting the requirements for a VRAH, sites with special circumstances as outlined in this Handbook, or facilities that are unable to meet the requirements of this Handbook must submit a waiver request from the Facility Director, endorsed by the VISN Director, to the Deputy Under Secretary for Health for Operations and Management (10N). Patient Care Services needs to be involved in the decision to allow for a waiver.