



Stony Brook Medicine Administrative Policy and Procedures

Subject: MS0015 Responding to Consultation Requests for Emergency Stabilization	Published Date: 05/18/2022
Medical Staff	Next Review Date: 05/18/2025
Scope: SBM Stony Brook Campus	Original Creation Date: 05/13/2022

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Responsible Department/Division/Committee:

Chief Medical Officer

Policy:

Stony Brook Medicine credentialed physicians that provide emergency/lifesaving stabilization consultations to all Emergency Settings are assigned by their respective departments to maintain 24/7/365 coverage to provide their specialty services to all patients in Stony Brook's emergency settings.

Patients that require emergent/urgent services not provided on a particular campus are transferred promptly after stabilization to an accepting hospital that provides those services.

Definitions:

Emergency Settings – For the purposes of this policy, 'Emergency Settings' refers to the Main Emergency Department (ED), Maternal Urgent Care (MUC), Comprehensive Psychiatric Emergency Program (CPEP), and Pediatric Emergency Department.

Emergent consultation- Consultant service expertise is required for emergency stabilization of the patient. The consultant assists with diagnosis and/or recommendations for patient management. This must be initiated within 60 minutes.

Procedures:

1. Patients that require specialty consultation for stabilization in the ED are seen by the hospital's on-call provider in that specialty as requested by the ED medical staff.
2. Physicians on-call to consult in the Emergency Department respond, examine and treat patients with emergency conditions where stabilization of individuals is necessary, as soon as possible but no longer than 60 minutes.
3. Other types of consultations by physicians may be called by the ED staff as delineated in [MS0005 Consultations](#) .
4. On-call schedules are submitted by each department to the hospital operators and are entered into the on-call/paging system. Covering physician names and contact phone numbers are entered into the schedules for each specialty service.
5. It is acceptable for an on-call physician to send a representative, including directing a non-physician practitioner or resident as their representative to appear at the hospital and provide assessment or stabilizing treatment to an individual. The designated on-call physician is ultimately responsible for providing the necessary service to the individual in the ED, regardless of who makes the in-person appearance.
6. In the event that the physician (who requested the consult) disagrees with the on-call physician's decision to send a representative and request the actual appearance of the on-call physician, then the on-call physician is required under EMTALA to appear in person.
7. SBUH campus does not participate in a community on-call plan. A patient may request to be seen by a private attending physician as follows:
 - a. If the Attending physician is a voluntary member of the SBUH staff;
 - b. If the Attending physician is available to respond in a timely manner to see the patient.
 - c. SBUH staff attend to stabilize patients so as to mitigate any delays. Hand-off to the private/voluntary Attending physician can occur at a later time.
8. Patients that require services *not* provided by the SBUH Medical Staff are transferred promptly after stabilization as per [EDPC0003 Interhospital Transfers](#) , to the closest accepting hospital with the necessary services.
9. SBUH Staff physician are permitted to schedule elective procedures during on call hours provided that a qualified member of their service is available to immediately assess and provide stabilizing treatment (see#5).

Forms: (Ctrl-Click form name to view)

None

Policy Cross Reference: (Ctrl-Click policy name to view)

[MS0005 Consultations](#)

[EDPC0003 Interhospital Transfers](#)

Relevant Standards/Codes/Rules/Regulations/Statutes:

42 CMS §489.20(r)(2) On-Call list Requirements and Options

42 CMS §489.24(j) Availability of On-Call physicians

42 CMS §489.20(r)(2) A-2404/C-2404

References and Resources:

None