

VIRTUA

MANUAL TITLE ADMINISTRATIVE LEADERSHIP			POLICY NAME: Adult Medical Admissions 24/7 In-house Physician Coverage	
MANUAL OWNER	DATE OF ISSUE	DATE OF LAST REVIEW	DATE OF REVISION	EFFECTIVE DATE
POLICY OWNER: MEC	June 7, 2018	August, 2022, July 2025		January 1, 2019
REVIEW INTERVAL 36 Months	REVIEWED / APPROVED BY: (Committees) Medical Executive Committees (MEC),			
<u>THIS POLICY IS APPLICABLE TO:</u> <u>Virtua West Jersey Health System, Inc.</u> <u>Virtua Memorial Hospital-Burlington County, Inc.</u> <u>Virtua Voorhees Hospital</u> <u>Virtua Marlton Hospital</u> <u>Virtua Mt. Holly Hospital</u> <u>Virtua Our Lady of Lourdes Hospital</u> <u>Virtua Willingboro Hospital</u>				

I. RELATED POLICIES/PROCEDURES:

Emergency Department: ADMISSIONS, DIRECT OR EMERGENCY DEPT. UNASSIGNED PATIENTS

II. POLICY:

- A. All physicians that admit patients to a Virtua hospital must provide 24 hours per day, 7 days per week in-house physician coverage for those patients for the duration of their stay at a Virtua hospital. Such coverage may be provided by the physician or a member of such physician's Group Practice (as that term is defined in 42 CFR 411.352). This policy applies to all Family Medicine, Internal Medicine and Hospitalist patients.

III. PURPOSE:

- A. The purpose of this policy is to ensure that patients will have uninterrupted access to the highest level of care from their physicians and to reduce potential delays in care delivery.

IV. LIP ORDER REQUIRED:

- A. Yes

V. PATIENT CONSENT REQUIRED:

- A. No

V. WHO MAY PERFORM:

- A. Physicians, or a member of such physician's Group Practice (as that term is defined in 42 CFR 411.352) that admit medical patients to a Virtua hospital.

VII. WHO MAY ASSIST:

VIII. RESOURCES:

VIRTUA

<u>MANUAL TITLE</u> ADMINISTRATIVE LEADERSHIP			<u>POLICY NAME:</u> Adult Medical Admissions 24/7 In-house Physician Coverage	
<u>MANUAL OWNER</u>	<u>DATE OF ISSUE</u>	<u>DATE OF LAST REVIEW</u>	<u>DATE OF REVISION</u>	<u>EFFECTIVE DATE</u>
<u>POLICY OWNER:</u> MEC	June 7, 2018	August, 2022, July 2025		January 1, 2019
<u>REVIEW INTERVAL</u> 36 Months	<u>REVIEWED / APPROVED BY: (Committees)</u> Medical Executive Committees (MEC),			
<u>THIS POLICY IS APPLICABLE TO:</u> <u>Virtua West Jersey Health System, Inc.</u> <u>Virtua Memorial Hospital-Burlington County, Inc.</u> <u>Virtua Voorhees Hospital</u> <u>Virtua Marlton Hospital</u> <u>Virtua Mt. Holly Hospital</u> <u>Virtua Our Lady of Lourdes Hospital</u> <u>Virtua Willingboro Hospital</u>				

IX. DEFINITIONS:

X. EQUIPMENT:

A. None

XI REGULATORY REQUIREMENT:

A. Joint Commission Standard PC.01.01.01: Provision of Care, Treatment and Services;
Elements of Performance

XII. DOCUMENTATION:

A. EMR

XIII. CURRENT EVIDENCE: