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

## 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									
MANUAL TITLE			POLICY NAME:						
ADMINISTRATIVE LEADERSHIP			Adult Medical Admissions 24/7 In-house Physician						
			Coverage						
MANUAL OWNER	DATE OF ISSUE	DATE OF LAS	<u>T REVIEW</u>	DATE OF REVISION	EFFECTIVE DATE				
	hun - 7 - 0040								
POLICY OWNER: MEC	June 7, 2018	August, 2022			January 1, 2019				
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# IX. DEFINITIONS:

#### X. EQUIPMENT:

# A. None **XI REGULATORY REQUIREMENT:**

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

# **XII. DOCUMENTATION:**

A. EMR

# XIII. CURRENT EVIDENCE:

## VIRTUA