SUBJECT: Attending Notification and Communication of Major Treatment Decisions by Residents, Fellows, and Other Professional Health Care Providers

POlICY:
1. Attending physicians bear primary responsibility for his/her patient’s care.
2. He/she will be notified of and communicated with regarding all major treatment decisions by residents, fellows, and all other professional health care providers.
3. It is the responsibility of the attending physician to be available unless another physician is covering for him/her, in which case it is the responsibility to communicate to appropriate parties the name of the covering physician.

PurPOSE:
The purpose of this policy is to set forth standards with regard to the notification and communication of attending physicians by residents, fellows, and all other professional health care providers, and to allow for appropriate implementation by departments and attending physicians.

SCOPE:
This policy applies to all providers who are privileged to practice at the Hospital of the University of Pennsylvania (HUP) and those parts of the Clinical Practices of the University of Pennsylvania (CPUP) which practice at or in conjunction with HUP, operating under the HUP license. This policy also applies to providers who practice in those practices and sites that are off campus facilities or departments of HUP and operating under its license, including e.g. HUP’s inpatient rehabilitation facility.

This policy covers all Graduate Medical Education trainees (such as residents and fellows) directly involved in the care of patients at HUP/CPUP, associated professional health care providers involved in direct patient care (such as nurse practitioners, auxiliary health care providers and other associated professional health care providers), and attending physicians for those patients.

IMPLEMENTATION AND MONITORING:
Implementation of this policy is the responsibility of the attending medical staff with respect to their patients, and departments. Monitoring of compliance with this policy is the responsibility of the Clinical Department Chair and Clinical Effectiveness and Quality Improvement.

PROCEDURE:
The principles and behaviors regarding this policy are:
1. Attending Notification of Admissions to the Hospital or Transfer on Service
   Principle
   Attending physicians must be promptly notified when patients are admitted to the hospital or transferred on his/her service.

   Admissions to an intensive care unit (including step down units) must have attending notification within one hour of admissions to the hospital. For other hospital admissions, attending notification should occur promptly after a patient is examined and evaluated or earlier if clinical circumstances necessitate. Attendings should be notified immediately if patients are determined to be medically unstable and the patient is to be seen as clinically necessary. All hospital patients must be seen by an attending within 24 hours.

   Behavior
   Each department must establish a procedure by which the attending physician is promptly notified of all admissions to the hospital in accordance with the principles above. The department will be responsible for assuring that the house officer or other health care provider will contact the attending physician, unless the attending has already contacted him or her and is aware of the admission.
Contact with the attending physician will be recorded in the medical record.

2. Identification of the Attending Physician
   
   **Principle**
   Patients should be notified and be able to identify the attending physician in charge.
   
   **Behavior**
   The hospital will make available a mechanism for letting patients know who is their attending physician. This may involve use of a “white-board” at the patient’s bedside that states the name of the attending physician. Departments that prefer to choose their own mechanism for notification may do so.

3. Discharge Decisions
   
   **Principle**
   The responsibility to discharge a patient is the attending physician’s. The attending physician must see the patient within a period of time prior to discharge that is established by the department, not greater than 24 hours.
   
   **Behavior**
   Departments must establish a directive with regard to attending involvement in discharge decisions that implements this policy. Attending physicians must see their patients and make the discharge decisions as defined by departmental directive.

4. Attending Notification and Communication in Major Treatment Decisions
   
   **Principle**
   Attending physicians should be aware of and participate in treatment decisions for all major events in a patient’s clinical course (e.g., refer to Table 1 below). Attending physician must be notified as soon as possible, preferably within 1 hour of the event. In addition, if an attending physician (e.g. Emergency Department attending) informs a consulting resident or other healthcare provider, his/her attending physician must be contacted, then he/she will contact his/her attending physician promptly and the consulting attending should be available to speak with the requesting attending. In the event that health care professionals other than responsible housestaff or the patient believe that contact with an attending is necessary, they are encouraged to communicate this with housestaff and/or fellows in charge, and may contact the attending directly if deemed necessary. If any trainee feels that a situation is more complicated than he or she can manage, they are encouraged to communicate this with senior housestaff and/or fellows in charge, and may contact the attending directly if deemed necessary. The principles of attending notification and communication in major treatment decisions are applicable in both the inpatient and outpatient setting.
   
   **Behavior**
   Attending physicians should review and document a plan of care of all significant clinical events including transfers to an ICU, deterioration in status, and significant complications.

5. Availability of Attending Physicians
   
   **Principle**
   Attending physicians are responsible for informing house staff, and other clinicians as appropriate, regarding how they can be contacted. If another attending physician is covering for them, this information must be clearly conveyed.
   
   **Behavior**
   Attending physicians should be available (when requested) to return house staff or other health care professional telephone calls relating to an inpatient’s or outpatient’s care (including emergency department care), within approximately 30 minutes. This contact will be facilitated by the routine use by all attending physicians of a personal phone, pager or other two-way communication device. In addition, the attending physician is responsible for ensuring that the hospital operators have a current home phone number and current contact number for him/her as part of the confidential communications list. He/she is also responsible for updating that information if it changes.
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Attending physicians are responsible for clearly documenting in the chart when another physician is covering for them.

Attending physicians must document their availability and assessment of the case when they “come on service”.

If an attending physician does not respond within approximately 30 minutes, the division/department chief/chair and in his/her absence, the most senior medical staff member on-call should be contacted.

The Clinical Chair and/or Program Director will be notified of lack of compliance with this policy and he/she may take appropriate disciplinary action. If necessary, the Chair of the Medical Board may be involved in this process.

Table 1. Examples of Major Events

- Patient death
- Cardiac arrest
- Unplanned intubation/ventilatory support
- Development of significant neurological changes (suspected CVA/seizure/new onset paralysis)
- Code/Rapid Response Team
- Hemodynamic instability requiring increased monitoring (including arrhythmias)
- Development of any clinical problem requiring an invasive procedure or operation for treatment
- Medication or treatment errors requiring clinical intervention (invasive procedure, increased monitoring, new medication except Narcan)
- A drug administration error (including vaccine administration) in which injury to a patient has already occurred, or where there is a known potential for harm, adverse drug reactions, or drug incompatibility
- Development of major wound complications (dehiscence/evisceration)
- First blood transfusion without prior attending knowledge or instruction (before or after operation)
- All suspected cases of transfusion reaction
- Patient elopement
- A patient leaving against medical advice (AMA)

Developed, reviewed and approved by:
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SUPERSEDES: 4/7/03
Attending Notification 2012

ISSUED BY: /s/ Deborah A. Driscoll, MD
/s/ Peter D. Quinn, DMD, MD

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