POLICY TITLE
MOST RESPONSIBLE PHYSICIAN (ACUTE CARE)

AUTHORIZATION
Vice President, Quality and Patient Safety

DATE APPROVED
April 2007

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REASON FOR POLICY
To delineate the Most Responsible Physician (MRP) key accountabilities and responsibilities for the admission, ongoing care, transfer of care, consultation and discharge processes for in-patients to and from a Fraser Health acute care facility.

POLICY STATEMENT
The MRP is integral to the provision of quality health care, to the promotion of continuity of care and to the delivery of appropriate medical services. Every patient admitted for care and treatment in a Fraser Health Authority acute care facility must have a Most Responsible Physician who holds appropriate Fraser Health credentials and privileges and whose name shall be clearly identified in the patient’s health care record at all times during the patient’s hospitalization period.

APPLICABILITY
This policy applies to all Fraser Health medical staff.

PROCESS
1.0 Key Accountabilities and Responsibilities

The MRP is accountable and shall assume responsibility for the overall care provided to patients under their care regardless of the patient’s location and shall:

1.1 Be aware of each patient for whom they are responsible.

1.2 Assess and examine the patient, document his/her findings and issue the applicable order(s):
  - as warranted by the patient’s initial condition;
  - within 24 hours of admission or acceptance of transfer of care or sooner depending on the patient’s condition.

1.3 Communicate the patient’s clinical status to the patient, the family/legal guardian and the other members of the health care team as appropriate.

1.4 Ensure that each patient is seen by a physician or his/her designate as often as the patient’s condition warrants but not less than once each day while the patient remains under his/her care until such time as the patient is no longer designated an acute care patient.
1.5 Complete daily progress notes in accordance with the Health Authority’s documentation standards.

1.6 Undertake transfer of care arrangements and initiate consultations as required and to communicate such arrangements to the patient, the family/legal guardian and the other members of the health care team.

1.7 Be available, in person or by appropriate communication channels, 24 hours a day, seven (7) days a week or clearly articulate the delegation to a designate with current Fraser Health site privileges.

2.0 Delegation of Responsibility

The MRP may delegate responsibility for the care of a patient to another appropriately credentialed member of the Fraser Health Authority’s Medical Staff or a Fraser Health Authority Nurse Practitioner. The MRP shall advise the members of the health care team of the delegation and document the delegate’s name and position on the patient’s health record. The MRP continues to have overarching responsibilities for the care of the patient. Routine coverage by the on-call group for the MRP will not need to be documented by the MRP except in extenuating circumstances.

3.0 Transfer of Care

The transfer of a patient’s care may be necessary to ensure continuity of care and access to appropriate medical services.

Where an in-patient transfer of care is deemed appropriate by the MRP:

3.1 An order must be written in the patient’s health care record for a request to transfer care to another physician. There must be a recorded response from the physician accepting the transfer of care. The accepting physician now becomes the MRP.

3.2 The MRP shall personally contact the intended accepting physician to obtain an agreement to accept transfer of care. Personal notification is expected in all but exceptional circumstances.

3.3 The transfer of care takes place upon the acknowledgement of the accepting physician.
3.4 The accepting physician or designate shall assess and examine the patient, document the findings and issue applicable order(s) as soon as warranted by the patient’s condition but not longer than 24 hours after accepting the transfer and not less than once a day thereafter for as long as the patient remains under his/her care while the patient is deemed an acute care patient.

3.5 The physician or designate accepting the transfer of care of a patient awaiting long term care placement shall assess and examine the patient as soon as warranted by the patient's condition but not longer than 24 hours after accepting the transfer and thereafter at least once during a seven (7) day period while the patient remains admitted to an acute care facility.

4.0 Consultations

Physicians are encouraged to obtain appropriate consultations that facilitate and enhance patient care. In the event a consultation is requested, the MRP shall:

4.1 Where possible, notify the patient and/or the patient’s family/legal guardian of the purpose of the consultation and the name of the consultant.

4.2 Communicate directly with the consultant physician, or their designate, for any patients requiring an in-hospital consultation as per the B.C. College of Physicians and Surgeons guidelines.

4.3 Ensure that the reason(s) and purpose for the consultation request is appropriately documented on the patient’s health record. Parameters for the role of the consultant are outlined below:

a) Consultation Only - Consultant asked to make an assessment and management suggestions.

b) Consultation with Directive Care - The consultant assists with the ongoing care of the patient including appropriate orders and follow-up. The consultant is not the MRP.

c) Consultation with Continuing Care (Transfer of Care) - Consultant takes over the entire care of the patient and becomes the MRP.

In the absence of clear direction, direct communication by the consultant with the MRP should be undertaken for clarification. The default obligation of the consultant is an appropriate review, examination and recommendations only.
The consultant is not expected to write ongoing orders or to provide follow-up.

4.4 The consultant or designate shall assess, examine and document findings on the patient’s health care record as soon as warranted by the patient’s condition but not longer than 24 hours from receipt of notification unless otherwise arranged.

4.5 **Emergency Department Consultations**

4.5.1 The Emergency Department physician remains responsible for the care of patients in the Emergency Department until such time as:

- the patient is discharged from the Emergency Department; or
- patient care is transferred to an accepting MRP.

4.5.2 Where a patient is admitted from the Emergency Department to an inpatient unit at the same site, the admitting physician assumes MRP responsibility for the patient as soon as the transfer of care has been arranged with the Emergency Department.

4.5.3 In the case where a physician is consulted for a patient in the Emergency Department and recommends admission of the patient but the admission cannot occur on that site, the consultant should discuss with the Emergency Department physician and in conjunction with the Emergency Department physician, a decision is made as to whom the most appropriate person should be responsible for arranging the transfer of care to a physician/colleague on an alternative site.

4.5.4 In the case where a physician is consulted for a patient in the Emergency Department and after assessing the patient the consultant has determined the patient’s admission is not appropriate for their specialty area, the consultant should discuss the case with the Emergency Department physician and in conjunction with the Emergency Department physician, a decision is made as to whom the most appropriate consultation would be and who initiates that consultation.

5.0 **Health Care Team Member Responsibilities**

5.1 The patient’s nurse (or designate), Clinical Associate/Assistant or Resident shall immediately notify the MRP (or designate):
5.2 The patient’s nurse (or designate) will immediately notify Admitting of changes to the MRP and acquire addressograph plates to reflect the new MRP.

6.0 **Health Record Documentation**

The patient’s health record shall clearly indicate the up-to-date name of the MRP.

**DEFINITIONS**

**Most Responsible Physician (MRP)** means the medical staff member who, by direct admission or transfer of care, accepts primary responsibility and accountability for the care and treatment of a patient in a Fraser Health acute care facility. Use of the term Most Responsible Physician includes “or designate”.

**Clinical Associate/Assistant** means a physician who performs the duties of a staff physician on a supplementary basis for a particular medical service provided within the Health Authority. The physicians do not have admitting privileges.

**Resident/Intern/Fellows** means an individual who has obtained a medical degree from a recognized medical school and who is taking training in a medical Specialty discipline. This includes Fellows who are physicians with a specialty certification and who are taking training in a sub-specialty discipline.

**Transfer of Care** means the reassignment of care and treatment of a patient from one member of the Health Authority’s medical staff to another member of the Health Authority’s medical staff.

**Consultation** means professional medical advice and treatment recommendations for a patient under the care of a Most Responsible Physician within the Health Authority.

**Designate** means a physician who has the appropriate credentials and privileges accorded to them by Fraser Health Authority’s Medical Staff Bylaws or is an intern, resident, clinical associate / assistant under the direct supervision of the Most Responsible Physician.