

## MEDICAL OFFICER OF THE DAY

**1. SUMMARY OF MAJOR CHANGES:** This directive:

a. Clarifies that a separate Medical Officer of the Day is not required for acute inpatients on a teaching service with attending-physician-supervised in-house health professions trainee physician (resident) coverage.

b. Adds responsibilities in paragraph 2 for the National Program Executive Director, Veterans Health Administration (VHA) Hospital Medicine Program and updates responsibilities for the Veterans Integrated Services Network Director.

**2. RELATED ISSUES:** VHA Directive 1036, Standards for Observation in VA Medical Facilities, dated January 13, 2020; VHA Directive 1096, Administrative Officer of the Day, dated March 27, 2020; VHA Directive 1101.13, VHA Urgent Care, dated March 20, 2023; and VHA Directive 1101.14, Emergency Medicine, dated March 20, 2023.

**3. POLICY OWNER:** The VHA Hospital Medicine Program (11SPEC11) within the Specialty Care Program Office is responsible for the content of this directive. Questions may be referred to the VHA Hospital Medicine National Program Executive Director at [vha11spec11hospitalmedicine@va.gov](mailto:vha11spec11hospitalmedicine@va.gov).

**4. RESCISSIONS:** VHA Directive 1101.04, Medical Officer of the Day, dated February 6, 2019, is rescinded.

**5. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of last working day of February, 2029. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**6. IMPLEMENTATION SCHEDULE:** This directive is effective 3 months after publication unless a waiver has been granted.

**BY DIRECTION OF THE OFFICE OF  
THE UNDER SECRETARY FOR HEALTH:**

/s/ Erica M. Scavella, M.D., FACP, FACHE  
Assistant Under Secretary for Health  
for Clinical Services/Chief Medical Officer

February 14, 2024

VHA DIRECTIVE 1101.04

**NOTE:** *All references herein to Department of Veterans Affairs (VA) and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

**DISTRIBUTION:** Emailed to the VHA Publications Distribution List on February 15, 2024.

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## MEDICAL OFFICER OF THE DAY

### 1. POLICY

It is Veterans Health Administration (VHA) policy that each acute care Department of Veterans Affairs (VA) medical facility must have a Medical Officer of the Day (MOD) physically present to serve as the on-duty provider responsible for admitted Veterans outside of regular business hours and to ensure continuous, appropriate and effective medical supervision. **AUTHORITY:** 38 U.S.C. § 7301(b).

### 2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer.** The Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer is responsible for supporting the Specialty Care Program Office (SCPO) with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Chief Officer, Specialty Care Program Office.** The Chief Officer, SCPO is responsible for supporting the National Program Executive Director (NPED), VHA Hospital Medicine Program in executing their responsibilities as outlined in this directive.

e. **National Program Executive Director, VHA Hospital Medicine Program.** The NPED, VHA Hospital Medicine Program is responsible for:

(1) Supporting implementation and compliance with this directive through collaboration with VA medical facility and VISN Directors.

(2) Reviewing and approving requests for waivers to this directive (see paragraph 2.g.(9)).

(3) Developing and disseminating MOD educational resources as needed.

f. **Veterans Integrated Services Network Director.** The VISN Director is responsible for ensuring that all VA medical facilities within the VISN comply with this directive and informing the leadership, including NPED, VHA Hospital Medicine Program when barriers to compliance are identified, and ensuring corrective action is taken.

g. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified.

(2) Establishing and approving fees for periods of clinical coverage for the MOD and for Emergency Department (ED), Urgent Care and other providers performing admission duties. Periods of clinical coverage will be determined according to need, with fees set according to the average locality rate for similar clinical coverage. The following factors will be considered in setting these fees:

(a) Fees paid in community health care facilities, particularly as they relate to the level of activity, number of patients and complexity of patient care. **NOTE:** *Community Care appointments are to be used when health services are not otherwise readily available, when it is cost effective (e.g., there is a limited need for specialized services), and when the utilization is focused on the service to be provided rather than on a specific tour of duty.*

(b) Benefits provided, particularly the value of VA's malpractice coverage.

(c) Variations in qualifications requirements.

(3) Approving exceptions to the fee limitation if the fees exceed step six of senior grade and it is not possible to obtain an MOD. If an exception is approved, the VA medical facility Director must document how rates are set and must maintain all information used to establish fee rates to provide periodic rate reviews.

(4) Ensuring the MOD possesses the appropriate knowledge and skills to admit patients to the hospital and provide initial management of acute, inpatient problems.

(5) Ensuring necessary specialty services staff, including Medicine (and subspecialties), General Surgery and Mental Health are available in-house or on call and able to respond in a timely fashion to assist the MOD. **NOTE:** *The extent of specialty service clinical coverage will be determined based upon the complexity of the VA medical facility, patient unit, health professions trainee (HPT) physician (resident) support and other local factors. Specialty clinical coverage must be provided by one or more physicians or non-physician licensed practitioners.*

(6) Ensuring appropriate provisions for outside of regular business hours clinical coverage if the VA medical facility participates in residency training programs. **NOTE:** *If patients are admitted to a VA medical facility with an attending physician-supervised HPT physician clinical coverage, a separate MOD is not required. In such VA medical*

*facilities, outside of regular business hours clinical coverage must be provided by in-house HPT physicians who are in their second year or above under the direction of an attending physician supervisor.*

(a) HPT physicians (residents) must be supervised by an attending physician as detailed in VHA Directive 1400.01, Supervision of Physician, Dental, Optometry, Chiropractic, and Podiatry Residents, dated November 7, 2019. The MOD must supervise HPT physicians within the scope of MOD credentialing and privileging and in accordance with Accreditation Council on Graduate Medical Education Program requirements. During emergent clinical situations, the MOD may provide supervision to HPT physicians outside of this scope of credentialing and privileging:

1. HPT physicians must not provide clinical coverage for non-teaching patients.
2. HPT physicians must be supervised by an attending physician at all times, with the degree of supervision dependent on the complexity and acuity of the patients and the level of progressive independence and attained competency of the HPT physician.
3. HPT physicians who are in their core program training years are not credentialed and privileged as licensed independent practitioners. This means the HPT physician must not serve outside of their training programs as an attending physician.
4. Fellows who are obtaining subspecialty training following completion of a primary or core residency program (e.g., 3 years for Internal Medicine, 4 years for Psychiatry, 5 years for Surgery), may be credentialed and privileged to function as attending physicians in their core program area. The fellow cannot provide subspecialty clinical coverage in the area in which they are currently training (e.g., a pulmonary critical care fellow can cover an acute medicine service but not the medicine intensive care unit).

(b) VA-appointed Advanced Fellows may serve as the MOD or other specialty provider within the scope of their approved independent privileges (see VHA Handbook 1400.07, Education of Advanced Fellows, dated February 26, 2016).

(7) Ensuring that if the VA medical facility does not have residency training programs, it has:

- (a) An in-house MOD outside of regular business hours.
- (b) Specialty clinical coverage provided by physicians with appropriate clinical credentials and privileges or non-physician licensed practitioners with appropriate scopes of practice and physician backup.
- (c) Attending physician clinical coverage able to respond in a timely fashion for on-site evaluations if MOD clinical coverage is provided by a non-physician licensed practitioner.

(8) Ensuring a qualified physician is always present in the ED and a qualified physician or non-physician licensed practitioner (with physician backup) is always present in the Urgent Care Center.

(9) If the acute care VA medical facility has clinical activity that warrants deviation from this directive, submitting a waiver request to the NPED, VHA Hospital Medicine Program. **NOTE:** *VHA Notice 2023-02, Waivers to VHA National Policy, dated March 29, 2023, details VHA waiver processes and responsibilities.* The waiver request must contain the following:

(a) The basis for requesting the waiver, including detailed data that supports the request.

(b) A description of the plan that includes the hours to be covered and the type of staff and service responsible for the clinical coverage.

(c) Details on appropriate attending back up if clinical coverage is to be provided by a non-physician licensed practitioner.

h. **VA Medical Facility Chief of Staff.** The VA medical facility Chief of Staff (CoS) is responsible for:

(1) Developing and issuing written guidelines to ensure continuous, appropriate and effective clinical coverage is always available in-house. These guidelines must specify elements of the arrangement, including all the following:

(a) Authorizations.

(b) Responsibilities.

(c) Duties.

(d) Schedules.

(2) Providing clinical authorization and justification of VA payment for eligible Veterans who the MOD determines must be transferred or referred (e.g., a VA Suicide Prevention Hotline referral) to a non-VA facility for care that cannot be provided by the VA medical facility.

(3) Ensuring clinical coverage plans incorporate the complexity of patients, the number and types of beds, the spatial arrangement of buildings in the VA medical facility, and the clinical activity at the VA medical facility. **NOTE:** *VA medical facilities with a co-located Community Living Center (CLC) or domiciliary are permitted to include the MOD(s) in providing patient clinical coverage through a written agreement between responsible parties. The primary MOD responsibility of providing clinical coverage to acute care locations must be balanced with the location of the CLC or domiciliary.*

(4) Ensuring assignment schedules are available for use by the triage area, nursing stations and page operators.

(5) Ensuring the MOD has current Advanced Cardiac Life Support (ACLS) certification if responsible for performing resuscitations and in keeping with provisions of VHA Directive 1177, Cardiopulmonary Resuscitation, dated January 4, 2021.

(6) Ensuring the MOD has been certified for airway management per the requirements of VHA Directive 1157(1) Out of Operating Room Airway Management, dated June 14, 2018, if the MOD is responsible for Out of Operating Room Airway Management (OORAM).

(7) Ensuring all in-patient physicians and non-physician licensed practitioners have appropriate quarters for resting.

(8) Granting permission for the MOD to leave the VA medical facility grounds during the assigned shift and designating an alternate on-site physician as the MOD if necessary.

i. **Administrative Officer of the Day.** The Administrative Officer of the Day is responsible for:

(1) Providing support to the MOD in determining the applicable administrative authority for all non-medical decisions outside of regular business hours.

(2) Acting on behalf of the VA medical facility Director for all non-medical decisions when the VA medical facility Director is not available outside of regular business hours.

j. **Emergency Department or Urgent Care Physician Performing Admission Duties.** *NOTE: An approved waiver may allow the ED or Urgent Care physician performing admission duties to cover the inpatient unit, responding only to acute cardiopulmonary and respiratory emergencies. Clinical coverage at these VA medical facilities must be provided by licensed physicians, non-physician licensed practitioners or MODs with appropriate clinical credentials and privileges outside of regular business hours. The ED or Urgent Care physician performing admission duties is responsible for:*

(1) Performing inpatient activities for:

(a) VA medical facilities meeting requirements for a Veterans Rural Access Hospital; or

(b) VA medical facilities with Level 4 Intensive Care Units and no more than five ICU beds.

(2) Responding to cardiopulmonary or respiratory emergencies that arise outside of the ED or Urgent Care when:

(a) The emergency is beyond the capabilities of the normal response team; or



(b) The ED physician is the most knowledgeable or experienced physician available to manage the emergency; and

(c) The response will not jeopardize the care of patients in the ED.

k. **Medical Officer of the Day**. Responsibilities for the MOD can be concurrently shared by multiple individuals as determined by the VA medical facility CoS (see paragraph 2.h.(1)). The MOD is responsible for:

(1) Caring for new and existing patients on the inpatient units within the scope of their credentials and privileges outside of regular business hours and when the regular medical staff are not available or on duty. ***NOTE: MOD patient care includes patients occupying an inpatient bed under observation status.***

(2) Responding to calls for resuscitation if there is not a designated code team at the VA medical facility.

(3) Maintaining ACLS certification if responding to calls for advanced cardiovascular life support.

(4) Maintaining OORAM certification if providing OORAM coverage in accordance with VHA Directive 1157(1).

(5) Ensuring complete availability during their assigned shift. The MOD must not leave the VA medical facility grounds during the assigned shift without the permission of the VA medical facility CoS at which time another physician on-site will be designated the MOD.

### 3. TRAINING

The following is ***required*** for MODs:

a. Successful completion of ACLS training if responding to calls for advanced cardiovascular life support.

b. Successful completion OORAM training if providing airway management coverage in accordance with VHA Directive 1157(1).

### 4. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

## 5. DEFINITIONS

**Regular Business Hours.** Regular business hours are 8:00 a.m. to 4:30 p.m., Monday through Friday with the exception of Federal holidays. **NOTE:** *A frequently asked questions document regarding regular business hours is available at <https://vaww.infoshare.va.gov/sites/specialtycare/MOD/>. This is an internal VA website that is not available to the public.*

## 6. REFERENCES

- a. 38 U.S.C. § 7301(b).
- b. VHA Directive 1157(1), Out of Operating Room Airway Management, dated June 14, 2018.
- c. VHA Directive 1177, Cardiopulmonary Resuscitation, dated January 4, 2021.
- d. VHA Directive 1400.01, Supervision of Physician, Dental, Optometry, Chiropractic, and Podiatry Residents, dated November 7, 2019.
- e. VHA Directive 1400.07, Education of Advanced Fellows, dated November 28, 2023.
- f. VHA Notice 2023-02, Waivers to VHA National Policy, dated March 29, 2023.
- g. Specialty Care SharePoint Site, Frequently Asked Questions.  
<https://vaww.infoshare.va.gov/sites/specialtycare/MOD/>. **NOTE:** *This is an internal VA website that is not available to the public.*