Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 1101.04
Transmittal Sheet
February 6, 2019

MEDICAL OFFICER OF THE DAY

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes policy and procedures for the Department of Veterans Affairs (VA) facilities to provide access to a physician or advanced practice provider (with physician back-up) coverage 24 hours a day, 7 days a week.

2. SUMMARY OF MAJOR CHANGES: Definitions for resident supervision and inter-service agreements for coverage have been clarified. Language has been added to explicitly permit Medical Officer of the Day (MOD) coverage of outpatient settings such as Community Living Centers or Domiciliaries per local policy. A Frequently Asked Questions (FAQ) document has been created and posted on the Specialty Care SharePoint, with functionality for posting questions from the field. FAQ access available at https://vaww.infoshare.va.gov/sites/specialtycare/MOD/. ***NOTE:*** *This is an internal VA Web site that is not available to the public.* It is mandatory that all sites be in compliance with the procedures outlined in this directive no later than 3 months after publication, unless a waiver has been granted.

3. RELATED ISSUES: VHA Directive 1036, Standards for Observation in VA Medical Facilities, dated February 6, 2014; VHA Directive 1096, Administrative Officer of the Day, dated December 5, 2014; VHA Directive 1177, Cardiopulmonary Resuscitation, dated August 28, 2018; VHA Handbook 1400.01, Resident Supervision, dated December 19, 2012; VHA Handbook 1400.07, Education of Advanced Fellows, dated February 26, 2016.

4. RESPONSIBLE OFFICE: The Office of the Deputy Under Secretary for Health for Policy and Services (10P) and the Office of Specialty Care Services (10P11) are responsible for the content of this directive. Questions may be referred to the Chief Officer, Office of Specialty Care Services at 202-461-7120.

5. RESCISSION: VHA Handbook 1101.04, Medical Officer of the Day, dated August 30, 2010, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of February 2024. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

CERTIFIED BY:

/s/ Lucille B. Beck, PhD.
Deputy Under Secretary for
Health for Policy and Services

BY THE DIRECTION OF THE UNDER SECRETARY FOR HEALTH:

/s/ Lucille B. Beck, PhD.
Deputy Under Secretary for
Health for Policy and Services

NOTE: *All references herein to 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 8, 2019.

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1. PURPOSE

This Veterans Health Administration (VHA) directive establishes policies and procedures for the Department of Veterans Affairs (VA) medical facilities to provide inpatient physician or advanced practice provider (with physician backup) coverage 24hours a day, 7 days a week (24/7) in acute care facilities. The VA system has a wide variety of medical facility sizes and complexity levels and this directive provides a framework under which each medical facility can provide coverage according to its unique needs. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b).

2. DEFINITIONS

a. **Advanced Practice Provider.** An Advanced Practice Provider (APP) is a licensed clinical medical professional who provides patient care under privileges or a scope of practice that includes the extent of physician supervision or collaboration required. Examples of an APP include, but are not limited to:

(1) **Physician Assistant.** A Physician Assistant (PA) provides patient care under a scope of practice that includes physician collaboration.

(2) **Nurse Practitioner.** A Nurse Practitioner (NP) provides patient care under privileges or a scope of practice that is defined by the extent of their education, training, and certification, without the clinical supervision or mandatory collaboration of physicians.

b. **Medical Officer of the Day.** Originally established in 1982 by VHA Manual M-2, Part I, Chapter 4, the Medical Officer of the Day (MOD) is the designated responsible physician or APP (with physician backup) who is physically present in an acute care facility during periods when the regular medical staff is not available or on duty. These periods generally include after hours (evenings and nights), weekends, and holidays, but coverage may be required in other selected circumstances. This individual will most often be a physician able to respond to medical emergencies for any hospitalized patient. An APP can serve as the MOD, however, a waiver needs to be approved. The MOD may not provide routine coverage for patients for which they do not have the appropriate credentials and privileges, to comply with accreditation standards. However, the MOD may evaluate any patient in an emergent situation to determine whether further specialty care is necessary.

c. **Resident.** A resident is a physician trainee engaged in a postgraduate specialty or subspecialty training program.

3. POLICY

It is VHA policy that each acute care facility must have MOD position(s) physically present to serve as the provider on duty responsible for admitted Veterans during other than normal duty hours and to ensure continuous, appropriate, and effective medical

supervision during those hours. Facilities with a co-located Community Living Center (CLC) or Domiciliary may through local policy include the MOD in providing patient coverage, balancing the location of the CLC or Domiciliary with the primary MOD responsibility of providing coverage to acute care locations. ***NOTE:*** *Normal duty hours may vary depending on local policy, but usually consist of Monday to Friday, from 8:00 am to 4:30 pm except Federal holidays.* A Frequently Asked Questions document has been created and is available at https://vaww.infoshare.va.gov/sites/specialtycare/MOD/.

4. RESPONSIBILITIES

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

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

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

(2) Ensuring that each VISN Director has the sufficient resources to fulfill the terms of this directive in all VA medical facilities within that VISN; and

(3) Providing oversight of VISNs to assure compliance with this directive, relevant standards, and applicable regulations.

c. **Veterans Integrated Services Network Director.** Each VISN Director is responsible for ensuring that all VA medical facility Directors comply with the MOD requirements set forth under this directive.

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

(1) Establishing and approving fees for periods of coverage for the MOD and for Admitting Physicians (e.g., Emergency Department (ED) physicians) providing medical supervision in admitting areas during nights, evenings, weekends, holidays, or any time when VA staff physicians cannot perform these tasks as part of their assigned patient care duties. Periods of coverage will be determined according to need, with fees set according to the average locality rate for similar 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 and number of patients seen and the complexity of patient care.

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

(c) Variations in qualifications requirements.

(d) If the fees exceed step 6 of senior grade and it is not possible to obtain MOD and admitting coverage, the facility Director may approve an exception to the fee limitation. If an exception is approved, VA medical facilities must document how rates are set and must maintain all information used to establish fee rates to provide periodic rate reviews.

(e) 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.

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

(3) Ensuring that 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. The extent of specialty coverage will be determined based upon the complexity of the VA medical facility, patient units, resident support, and other local factors. Specialty physician coverage may be provided by one or more physicians or APPs. When more than one specialty provider is scheduled, as often occurs at affiliated academic medical centers, specialty or subspecialty titles should be used.

(4) Ensuring appropriate provision for other than normal duty hours coverage if the facility participates in residency training programs. If patients are admitted to a teaching service with attending physician supervised resident coverage, an MOD is not required. Clinical coverage may be provided by on-call, in-house residents (post-graduate year 2 or above) with appropriate and timely attending physician supervision.

(a) Resident Physicians must be supervised by an attending physician as detailed in VHA Handbook 1400.01, Resident Supervision, dated December 19, 2012. The MOD may supervise residents within the scope of MOD credentialing and privileging and in accordance with Accreditation Council on Graduate Medical Education (ACGME) program requirements. During emergent clinical situations, the MOD may provide supervision to residents outside of these parameters.

1. Residents may not provide coverage for non-teaching patients.

2. Residents who are in their core program training years may not be credentialed and privileged as licensed independent practitioners. This means the resident may not serve outside of their training programs as an attending physician.

3. Residents 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, and 5 years for Surgery), may be credentialed and privileged to function as an attending physician in their core program area. The resident cannot provide subspecialty 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).

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

(a) An in-house MOD during other than normal duty hours and other times when the regular medical staff is not available or on duty.

(b) Specialty coverage provided by physicians with appropriate clinical credentials and privileges, or APPs with appropriate scopes of practice and physician backup.

(c) Attending physician coverage able to respond in a timely fashion for on-site evaluations, if needed, if MOD coverage is provided by APPs.

(6) Ensuring a qualified physician is present at all times in the Emergency Department (ED) and that a qualified physician or APP (with appropriate physician backup) is present at all times in the Urgent Care Center (UCC).

(7) Ensuring that facilities do not utilize the Emergency Physician in lieu of a Rapid Response team or Emergent Out-of-Operating Room Airway team (VHA Directive 1177, Cardiopulmonary Resuscitation, dated August 28, 2018, and VHA Directive 1157(1), Out of Operating Room Airway Management, dated June 14, 2018).

(8) Ensuring that, if the acute care facility has clinical activity that warrants deviation from this policy, a waiver request, approved by the VISN Director, is submitted to the Deputy Under Secretary for Health for Operations and Management (10N) with Specialty Care Services involved in the review of the waiver request. The waiver 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 coverage.

(c) Details on appropriate attending back up if coverage is to be provided by an APP.

e. **Facility Chief of Staff.** The Facility Chief of Staff (COS) is responsible for:

(1) Developing and issuing written guidelines to ensure that continuous, appropriate, and effective medical coverage is available in-house 24/7. These guidelines must specify elements of the arrangement, including:

(a) Authorizations;

(b) Responsibilities;

(c) Duties;

(d) Schedules; and

(e) Clinical authorization and justification of VA payment for eligible Veterans who 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 local VA medical facility.

(2) Ensuring consideration regarding coverage is given to the complexity of patients, the number and type of beds, the spatial arrangement of buildings in the VA medical facility, the clinical activity at the medical facility, and all other factors influencing patient care when determining the pattern of medical coverage required.

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

(4) 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.

(5) Ensuring the MOD has been certified for airway management per the requirements of VHA Directive 1157 if the MOD will be responsible for Out of Operating Room Airway Management (OORAM).

NOTE: *Processes for the management of resuscitation are explicitly detailed in current VHA policy regarding: oversight and monitoring of cardiopulmonary resuscitative events and facility cardiopulmonary resuscitation committees; public access to automated external defibrillators (AEDs): deployment, training, and policies for use in VHA facilities; VHA Directive 1177; and VHA Directive 1157.*

(6) Ensuring that all in-patient physicians and APPs have appropriate quarters for resting.

f. **Administrative Officer of the Day.** When the regular medical staff are not available (i.e., evenings, nights, weekends and holidays), the Administrative Officer of the Day (AOD) provides support to the MOD in the determination of the applicable administrative authority for all non-medical decisions; the AOD acts on behalf of the VA medical facility Director.

g. **Physicians Performing Admission Duties (Emergency Department/Urgent Care Physicians).**

(1) The ED/UCC provider is not responsible for any inpatient activities except under the following conditions:

(a) Facilities that meet the requirement for a Veterans Rural Access Hospital (VRAH) and those small facilities with Level 4 Intensive Care Units (ICUs) and no more than five ICU beds may request a formal waiver to allow the Emergency Physician to cover the inpatient unit, responding only to acute cardiopulmonary and respiratory emergencies. In-house coverage at these facilities may be provided by licensed physicians or APPs (MOD) with appropriate clinical credentials and privileges during evenings, nights, weekends, holidays, and other times when the regular medical staff is not available or on duty.

(b) The ED physician may respond to cardiopulmonary or respiratory emergencies that arise outside of the ED if the emergency is beyond the capabilities of the normal response, the ED physician is the most knowledgeable or experienced physician available to manage the emergency, and the response will not jeopardize the care of patients in the ED.

h. **Medical Officer of the Day.** The Medical Officer of the Day (MOD) is responsible for:

(1) Within the scope of their credentials and privileges, caring for new and existing patients on the inpatient units during other than normal duty hours and when the regular medical staff are not available or on duty, to include patients occupying an inpatient bed under Observation status.

(2) Responding to calls for resuscitation if there is not a designated code team in local policy.

(3) Maintaining ACLS certification if leading a code team.

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

(5) Ensuring complete availability during their tour of duty. The MOD must not leave the facility grounds during the assigned shift without the permission of the COS, or designee, at which time another physician that is on-site will be designated the MOD.

5. TRAINING REQUIREMENTS

a. If responding to calls for cardiopulmonary resuscitation, ACLS certification is required.

b. If providing airway management coverage in accordance with VHA Directive 1157, maintaining OORAM certification is required.

NOTE: *It is the responsibility of the national program office to own, develop, and make available all training products and cannot be delegated down to the VISN or facilities.*

6. RECORDS MANAGEMENT

All records regardless of format (paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. If you have any questions regarding any aspect of records management you should contact your facility Records Manager or your Records Liaison.

7. REFERENCES

a. VHA Directive 1063, Utilization of Physician Assistants, dated December 24, 2013.

b. VHA Directive 1096, Administrative Officer of the Day (AOD), dated December 5, 2014.

c. VHA Directive 1101.05(2), Emergency Medicine, dated September 2, 2016.

d. VHA Directive 1157(1), Out of Operating Room Airway Management, dated June 14, 2018.

e. VHA Directive 1177, Cardiopulmonary Resuscitation, dated August 28, 2018.

f. VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012.

g. VHA Handbook 1400.01, Resident Supervision, dated December 12, 2012.

h. VHA Handbook 1400.07, Education of Advanced Fellows, dated February 26, 2016.