

SECTION - MEDICAL/NURSING SERVICES
ADMINISTRATIVE DIRECTIVE NO. 550
(Replaces A.D. No. 550 dated 4/13/06)

Effective Date: May 10, 2007

SUBJECT: MEDICAL OFFICER ON CALL (MOC) AND PSYCHIATRIC MEDICAL OFFICER ON CALL (PMOC)

I. PURPOSE

Medical and psychiatric services must be readily available to patients at all times. During other than normal workdays/hours, such medical services will be provided by a designated MOC, and psychiatric services will be provided by a designated PMOC.

II. AUTHORITY

Medical Officers on Call (MOC) and Psychiatric Medical Officers on Call (PMOC) are licensed physicians qualified as provided for in the Bylaws of the Medical Staff. California Code of Regulations, Title 22, Section 71503.

III. POLICY

Physicians qualified for MOC/PMOC duty will be assigned by the Chief Physician and Surgeon and the Medical Director.

IV. METHOD

A. Conditions of MOC/PMOC duty by Coalinga State Hospital (CSH) staff are established according to need of Individuals and the legal requirements of accrediting agencies:

1. It shall be the responsibility of the Medical Staff, with the approval of the Medical Director, to publish a MOC/PMOC roster monthly.
2. A scheduled MOC/PMOC shall be permitted to exchange MOC/PMOC assignments with other qualified physicians.

B. Duties of the MOC/PMOC:

1. Both a MOC and PMOC will be on call from 1630 hours on each regular working day until 0800 hours the following day; and from 0800 hours on each Saturday, Sunday, or holiday until 0800 the following day.

2. The MOC or PMOC shall be available by pager or telephone and provide response within 20 minutes. In situations in which the presence of the MOC or PMOC is required, they shall report to the facility within 1 hour of notification.
3. The MOC/PMOC has the responsibility to arrange for someone to take his or her place should any situation arise in which he or she has been scheduled to perform as MOC/PMOC, but becomes unable to do so. If the MOC/PMOC fails to arrive for duty or becomes incapacitated while on duty, it is the responsibility of the Nurse of the Day (NOD) to contact the Medical Director or Chief Physician and Surgeon to arrange for a substitute.
4. On 24-hour shifts the MOC is expected to make rounds on the Medical-Surgical Unit, specifically visiting and making notes on all Individuals who are seriously or critically ill. The PMOC is expected to make rounds on all Individuals who are in restraint or seclusion, on suicide precautions, or other Individuals of particular concern to all unit staff. Progress notes and orders are to be written.
5. As needs may arise, the MOC/PMOC will be responsible for assuring the following are addressed and completed.
 - a. PMOC:

Process all admissions and intra-hospital transfers of Individuals.
 - b. MOC:
 - i. Notify next-of-kin of any Individual who is newly diagnosed as seriously or critically ill.
 - ii. Carry out procedures required by Administrative Directive No. 528 when an Individual has died.
6. All medical notes must be completed on the unit, during or upon completion of the MOC/PMOC tour of duty within which action was initiated. All telephone orders must be signed within 48 hours. A fax of a signed order is acceptable.
7. The first priority of the MOC/PMOC is to be available for emergencies.



BEN MCLAIN
Executive Director (Acting)

Cross Reference(s):

A.D. No. 528 Individual Death

A.D. No. 908 Alternate Work Schedule