

POLICY:

This Attribution Plan ensures that all staff are able to identify and contact the appropriate physicians for any patient care need, whether urgent or routine. The plan supports the clear understanding of the roles and authority of physicians.

The attending must be identified and clearly reflected in the patient's medical record. Any change of the attending physician is recorded promptly and clearly in the patient's medical record.

- Each patient will be informed of his/her attending physician and any change of attending physician is promptly communicated to patients. Attending physicians will introduce themselves to patients.
- The plan ensures that the attribution of patients for quality review, re-credentialing and billing is accurate.

1. DEFINITIONS OF THE PHYSICIAN CLINICAL ROLES FOR INPATIENTS

1.1 Medical Staff member is as defined in the Torrance Memorial Medical Center Medical Staff Bylaws: licensed independent health care providers who have been granted recognition as members of the Medical Staff.

1.2 **Clinician** as used in this policy includes:

1.2.1 Medical Staff Members

1.2.2 Other independent licensed health care providers who have been granted clinical privileges at Torrance Memorial Medical Center (Allied Health Professionals)

1.3 **Admitting Physician** is the Medical Staff member who has the privilege to admit and authorizes the admission of a patient. An admitting order is required prior to, or at the time of, the patient's admission. The admitting physician is the initial attending physician.

1.4 **Attending Physician** is the Medical Staff member responsible for the overall clinical plan for the patient. The attending physician is the physician who certifies and recertifies the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical care and treatment (CMS).

1.4.1 Initially, the attending physician will be the Medical Staff member who admits the patients.

1.4.2 The attending physician is responsible for the overall care plan for and overall care of the patient.

1.4.3 The attending physician remains the patient's attending physician throughout the patient's stay unless and until the attending physician transfers the patient to another attending physician, as described in section 1.7 below.

- 1.4.4 At the time of discharge, the final attending physician is the physician who writes the discharge order unless the patient is coded to have a surgical DRG in which case the primary surgeon will be the final attending physician.
- 1.5 **Responsible Physician:** The Medical Staff member who is responsible for the immediate medical management of the patient *at any specific point of time* when the attending physician is not appropriate for the patient's care. (i.e., Anesthesia, covering, etc.)
- 1.6 **Consulting Physician** is a Medical Staff member who has been asked by the patient's attending physician to see the patient for an evaluation and recommendation related to the consulting physician's medical specialty.
- 1.7 A **Transfer** of attending physician occurs when the patient's attending physician transfers the patient to another attending physician who accepts the patient. Transfer results from communication between the patient's attending physician and the new attending physician and is documented in the medical record.

2. RESPONSIBILITIES OF HOSPITALIST SERVICES

- 2.1 Each hospitalist service shall provide its coverage schedule, with accurate and timely correction/changes, to the Torrance Memorial Medical Center Operator.

3. RESPONSIBILITIES OF ALL CLINICIANS

- 3.1 All clinicians who provide any level of patient care must be reachable immediately for patient care communication and all clinicians must notify the Medical Staff Services of their contact information (office and cell phone numbers). This includes not only attending physician, responsible physician, and consulting physician, but also Medical Staff members who provide patient care in other ways (e.g., pathologists, radiologists, and others). Should the responsible physician be unavailable for any length of time they must sign-out to another responsible physician.
- 3.2 The responsible physician is responsible for obtaining and acting upon all test results (e.g. labs, radiology tests, EKGs, etc.) regardless of who ordered the tests, and for the patient's consequent care, for the duration of time for which they are the identified responsible physician.

4. RESPONSIBILITIES SPECIFIC TO CERTAIN PATIENT SETTINGS

- 4.1 Upon Admission
- 4.1.1 The Medical Staff member who admits the patient is the patient's attending physician and responsible physician.
- 4.1.2 The attending physician remains in that role until a transfer occurs as described in section 1.7, above.
- 4.1.3 The patient's initial responsible physician is the attending physician at the time of admission.

4.2 Post-Anesthesia Care Unit (PACU)

4.2.1 The attending anesthesiologist who participated in the surgery is the responsible physician for immediate post-op anesthesia care and the attending surgeon is the responsible physician for immediate post-op surgical care while the patient is recovering in the PACU.

4.2.2 Should the patient remain in PACU beyond the medically necessary post-anesthesia recovery period while waiting for a bed, the attending anesthesiologist may transfer care to the patient's attending surgeon.

4.3 Emergency Department

4.3.1 When a patient has been admitted but remains in the Emergency Department awaiting a bed, the patient's attending physician shall be changed to the attending physician to whom the patient was admitted.

4.3.2 For emergent patient care issues when the responsible physician is not immediately available, the Emergency Department team will respond until responsible clinician arrives.

5. DOCUMENTATION AND COMMUNICATION

5.1 The attending physician, upon assuming that role for a patient, must document their role in the medical record as an order.

5.2 If the attending physician, or responsible physician learns they are inappropriately assigned to a patient, they will:

5.2.1 Help to identify the correct physician or clinician and

5.2.2 Temporarily provide patient care until the correct physician or clinician is identified.

5.3 Each patient's white board, in the patient room, will reflect the patient's current attending physician and attending team. The board will be updated whenever a change is made in the patient's attending physician.

6. PHYSICIAN TRANSFER VERSUS PHYSICIAN COVERAGE

6.1 A member of the Medical Staff shall be responsible for arranging coverage by another qualified member of the Medical Staff who has the same competencies during times when they are absent or otherwise unavailable.

6.2 If an attending physician anticipates they will be absent or otherwise unavailable for a period of time, the attending physician must transfer the care of their patients to another qualified physician.

6.3 If the attending physician anticipates they will be absent or otherwise unavailable for a short period time, the attending physician is responsible for arranging coverage by another qualified physician (i.e., a responsible physician).

- 6.4 Each attending physician, or their designee, shall update the medical record to reflect the transfer and/or coverage arrangements when the attending role is transferred.
- 6.5 For any time off-call, absence, or at the termination of clinical work at Torrance Memorial Medical Center, all physicians and clinicians must designate an individual or office to which their calls, results, etc. can be forwarded for action in their absence.

7. PATIENT ATTRIBUTION

- 7.1 The final attending physician is the physician who writes the discharge order unless the patient is coded to have a surgical DRG in which case the primary surgeon will be designated as the attending physician.
- 7.2 The obligation for completion of the medical record rests with the final attending physician.
- 7.3 A request can be made to change the attending physician by contacting the Health Information Management Department (Medical Records) to transfer the attribution to the appropriate physician in the medical record.
- 7.4 If a dispute arises between the attending physician in the record and another physician which they are unable to resolve, the Chief of Staff, or their designee, will facilitate resolution of the dispute.
- 7.5 **Surgical DRGs** are assigned based on a surgical hierarchy that orders operation room (OR) procedures or groups of OR procedures by resource intensity.

Initial Approvals and Major Revisions:

Bylaws Committee: 08/25/2016; 08/18/2023

Medical Executive Committee: 09/14/2010; 12/9/2014; 12/12/2017; 10/15/2019;
10/10/2023

Board of Trustees: 10/31/2019; 10/31/2023