



## State of New Jersey

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES  
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### ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM

**DATE ISSUED:** July 1, 2002

**REVISED DATE:** March 29, 2016

**SUBJECT: Administrative Bulletin 4:15  
Medical Officer of the Day**

The attached Administrative Bulletin is being forwarded for your review, action if necessary, and distribution to staff as appropriate. Please be advised that each recipient of this order is responsible for being familiar with the content and ensuring that all affected personnel adhere to it.

A handwritten signature in cursive script that reads "Valerie L. Mielke".

Valerie L. Mielke  
Assistant Commissioner

VLM:pjt

# DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

## ADMINISTRATIVE BULLETIN 4:15

**EFFECTIVE DATE:** July 1, 2002

**REVISED DATE:** March 29, 2016

**SUBJECT:** Medical Officer of the Day

### **I. Policy**

The state psychiatric hospitals' Medical Officer of the Day (MOD) programs provide medical and psychiatric care during other than regular administrative hours. These programs shall conform to DMHAS guidelines for certifying, scheduling and compensating MODs to ensure effective and efficient use of staff and other hospital resources. This policy also requires that each facility submit a plan to the division for approval of its MOD services.

### **II. Scope**

This bulletin applies to all DMHAS hospitals.

### **III. Definitions**

On Duty MOD – a physician who is physically stationed in the hospital and who is responsible for responding to all medical/psychiatric calls during other than regular administrative hours.

Alternate MOD – a physician who is scheduled as a backup to on-duty physicians and who can be reached by phone to come to the facility to assist an on-duty MOD or to replace the on-duty physician, if the latter is unable to work because of illness or another emergency.

### **IV. Procedures**

#### **A. Hospital Plan for MOD Services**

1. Before June 1 of the start of each fiscal year, the Medical/Clinical Director of each hospital shall submit a written plan to the Office of State Hospital Management (OSHM) and to the Medical Director in DMHAS. The plan should describe the hospital's MOD program, specifying the extent of the psychiatric/medical coverage, and the MOD duties, as well as the Alternate MOD assignments.

2. If any changes are made in the plan during the subsequent fiscal year, these must have the explicit approval of the Assistant Director for the Office of State Hospital Management and the Medical Director in DMHAS.
3. The standard coverage for the hospitals shall be defined as one psychiatrist per shift. If the plan proposes other or additional coverage, such as the assignment of a medical physician during one shift, or in place of a psychiatrist then supporting information (admission rates, medical and psychiatric calls from duty logs, etc.) must be provided in order to justify the plan.
4. The coverage plan should rely primarily on salaried staff physicians who work as full-time or part-time MODs, as well as on staff physicians paid at an hourly rate to serve as on-duty MODs.
5. If the number of physicians volunteering for on-duty MOD is inadequate, the hospital CEO can mandate that staff physicians accept these assignments. With DMHAS approval, he/she can also request to utilize Temporary Employment Services (TES) as MODs who are paid either the Physician or Psychiatrist MOD rate.
6. Physicians who are hired as Temporary Employment Service (TES) must complete hospital orientation and adhere to hospital policies specifying their duties and responsibilities as MODs. These physicians shall be advised that they are provided liability coverage through the Tort Claims Act and do not necessarily require their own malpractice insurance.

#### **B. MOD Assignments and Duties**

1. Tours of on-duty MODs shall not exceed 8 hours on weekdays when a regular staff psychiatrist has worked the day shift or 16 hours on weekend days. Staff shall not work more than 16 hours continuously (this includes both regular duty and MOD duty). If individuals have worked 16 hours continuously, they shall be required to have a break or at least 8 hours between the time they end regular duty or MOD duty and begin another tour of MOD or regular duty.
2. MODS are required to sign in and pick up a cell phone at the beginning of their tour of duty. They are to remain on hospital grounds and to have such devices turned on at all times during their tours of duty.
3. On-duty MODs shall be immediately available to respond to emergencies at all times, including the overnight shift. As such, they shall not sleep during their tour of duty and shall make rounds of the hospital or be available in a call room when not responding to calls.

4. On-duty MODs are expected to comply with DMHAS and hospital policies on patient handoffs and handoff communication. They shall report all significant events or calls to the supervisory managing physician and document all activities on an MOD log.

### **C. Compensation of MODs**

1. The hourly rates for on-duty MOD services shall be established by DMHAS at the start of each fiscal year. There will be one rate for Physicians and one rate for Psychiatrists.
2. Hospitals shall not compensate physicians for serving on the Alternate MOD schedule. Hospital physicians shall also not receive any compensation for serving in an administrative role, such as for being in charge of scheduling or for serving as Executive MOD.
3. As Alternate MODs, physicians shall be required to work all or part of a tour of duty when the on-duty MOD is unable to work. In such situations, the MOD will be compensated at the hourly rate as on-duty MODs. The Alternate MODs can be physicians working full time as an MOD or staff Physicians who are working hourly (TES).
4. If an Alternate MOD fails to be available when called or fails to sign in and pick up a cell phone, the hospital shall examine the circumstances to determine whether disciplinary action or removal of the physician from the MOD roster is needed.

### **D. Administration of the MOD Program.**

1. Each hospital shall have a written MOD policy detailing the duties of the MOD. These shall include the following: to respond to calls and emergencies and provide appropriate clinical care; to communicate and provide handoffs to other caregiver; to document their calls and services; and to bill Medicare Part B for their services, when appropriate.
2. All physicians assigned as MODs must be credentialed and privileged specifically for MOD duty. All MODs shall be certified in Basic Cardiac Life Support, or BCLS, which includes CPR, control of bleeding, treatment of shock, stabilization of injuries and wounds, and first aid. Furthermore, if an MOD at any time serves as the only on-duty MOD physician, he/she may be required to demonstrate additional proficiencies in emergency medical management. DMHAS or the hospitals have the option of adding additional requirements as needed.

3. If physicians not holding staff positions are paid to work as MODs, the hospital will ensure that they have the qualifications to serve and also have an adequate orientation to the facility and be aware of all relevant hospital policies, the documentation for which shall be maintained in their credentials files. The orientation for staff with prior hospital or DMHAS facility experience can be abbreviated, and applicants can be paid the TES hourly rate while attending the orientation.
  
4. Managing physicians shall oversee the MOD program and be responsible for the monthly assignment schedule and for reviewing the MOD duty logs and promptly investigating all incidents of significant clinical nature occurring during non-regular hours.

Valerie L. Mielke  
Valerie L. Mielke, Assistant Commissioner

March 29, 2016  
Date