TITLE: **CONSULTATIVE SERVICES**

PURPOSE: To provide a standardized process by which consultative services are requested and delivered in the University Health System (Health System). This is a revised policy and supersedes policy dated 04/07/15. [Key words: Access Plus, Consulting Service, Inpatient Setting, Next Available, On-call Roster, Today Routine, Today STAT]

POLICY STATEMENT:

The Health System provides effective, efficient and timely care for patients. All requests for consultative services will be managed in a standardized and efficient manner to facilitate timely response and action, resulting in effective progression of the patient's care.

POLICY ELABORATION:

   I.   **DEFINITIONS**

       A.   **Access Plus** – the department that receives post-discharge electronic requests for outpatient consultative services and provides patient assistance in obtaining follow-up, specialist, or special procedure appointments.

       B.   **Consultant Service** – the service providing consultative services.

       C.   **Consultant Services** – specific services requested by the patient's primary provider for the involvement of another specialty to provide evaluation and recommendations related to the patient's condition and/or plan of care.

       D.   **Consulting Service** – the service requesting consultative

services.

E. **Inpatient Setting** – for the purposes of this policy will include all patient treatment areas within University Hospital, including the Emergency Center.

F. **Inpatient Consults** – requests for inpatient consultative services that may be prioritized as "STAT," "Expedited," or "Routine." These requests must be simultaneously accompanied by verbal communication with the consultant.

G. **Next Available or Specific Date** – requests for outpatient consultative services for conditions that do not require immediate attention. This type of request is entered as "Next Available" or "Specific Date" and does not require verbal communication.

H. **Expedited** – a request for consultative services that require action in order to facilitate the immediate care of the inpatient. This type of consult does not involve immediate life or limb threatening conditions but does involve acute or acutely worsening conditions that require timely action by the consultant. This type of request is entered as "Expedited" and is simultaneously accompanied by a verbal communication with the consultant.

I. **On-call Roster** – the official source for contact information for all providers responsible for patient care activities at a given time in the Health System.

J. **Outpatient Consults** – requests for outpatient consultative services that may be prioritized as "Expedited," "Routine," "Next Available," or "Specific Date." With the ex*ce*ption of "Expedited," these requests do not require verbal communication with the consultant.

K.   **Routine Inpatient –** a request for consultative services for conditions that do not require immediate attention for the patient's care to progress. This type of request is entered as "Routine" and is simultaneously accompanied by a verbal communication with the consultant. The consulting service should evaluate and provide preliminary recommendations within 24 hours. Because of this 24 hour window, Routine Inpatient consults should not be ordered for patients being evaluated in the Emergency Department.

L.   **Routine Outpatient –** a request for outpatient consultative services for conditions that do not require immediate attention. This type of request is entered as "Routine" and does not require verbal communication.

M.   **STAT –** a request for inpatient consultative services that, in the opinion of the patient's primary provider, if not performed immediately will result in a de-compensation in the patient's condition. This type of consult usually involves immediate life or limb threatening conditions. This type of request is entered as "STAT" and is simultaneously accompanied by a verbal communication with the consultant.

N.   **Consult Order –** the official method to document time and purpose of consultation in the electronic medical record (EMR). Each consult request whether by phone or in person should promptly be followed up with a documented order in the EMR. One important purpose of this order is to facilitate the tracking of time to consultation and time to admit metrics for quality improvement purposes.

II.   PROCEDURE

A.   When in the course of patient care, a condition is identified that the patient's primary provider desires the involvement of

another specialty, that provider should request a consult. This request may be performed by the patient's primary provider, provider or member of the patient's primary team but this team member should be able to clearly indicate the details of the consult.

B. The consult request should include the following:

1. Patient name, Medical Record Number (MRN) and location of the patient
2. Date and time of request
3. Consulting service, provider and primary physician contact information
4. Requesting location (outpatient only)
5. Urgency of request (STAT, Expedited, Routine, next available, specify date)
6. Justification for STAT and Expedited consults
7. Attending physician
8. Specific clinical history and reason for request
9. Special patient conditions that could potentially impact additional work-up
10. Number of authorized visits (as appropriate)

C. All requests for consultative services must be made through the electronic medical record (EMR).

D. For all inpatient consults, the primary physician or team representative will simultaneously contact the designated consultant, based upon the most current On-call Roster, to discuss the details of the consult.

E. Services should not "refuse" a consult. If there is a reason that a service believes a request for consultation is inappropriate, the consulted service faculty should speak to the requesting faculty to discuss.

F.   The patient's primary provider will continue to be responsible for writing all orders unless, through mutual agreement, this responsibility is given to the consultant. This agreement will be documented by the primary provider in the EMR and an order should be written allowing the consultant to write orders.

G.   The consultant service will continue to follow the patient until the condition for which they were consulted has stabilized. Prior to "signing off" from the care of a patient, the consulted service should communicate verbally with the primary service to ensure that all questions have been addressed and further consultation is not needed.

H.   If a consultation for admission is made and the consulted service does not believe admission is warranted, the consulted service faculty must be involved and speak to the primary faculty directly.

III.   REQUESTS FOR OUTPATIENT CONSULTS

Requests for consults for patients in the outpatient setting will be managed through the established outpatient procedures and routing, which may include processing through Access Plus. At any time the requesting provider may contact the consultant service directly and request an appointment.

IV.   REQUESTS FOR INPATIENT CONSULTATIVE SERVICES

A.   All requests for inpatient consultative services will be categorized according to urgency.

B.   All requests for inpatient consultative services will be made through the electronic medical record (EMR) and simultaneously accompanied by verbal communication with the

consultant.

C.   Requests with the urgency status of "STAT" require immediate involvement of the consultant service. The consulting service's attending physician must approve all "STAT" requests prior to contacting the consultant. A face-to-face, verbal discussion between the consulting and consultant services is preferable. STAT consult requests will receive an evaluation and preliminary verbal recommendations within 30 minutes of initial consultation and a complete evaluation with recommendation documented in the EMR within 45 minutes of initial consultation or as soon as the patient's condition permits.

D.   Requests with the urgency status of "Expedited" require timely involvement of the consultant service. The consulting service's attending physicians must approve all "Expedited" requests prior to contacting the consultant. Expedited consult requests will receive an evaluation and preliminary recommendations within 60 minutes of initial consultation and a completed evaluation with recommendation documented in the EMR within two hours of initial consultation.

E.   Requests with the urgency status of "Routine" require involvement of the consultant service. Routine consult requests will be completed and documented in the EMR within 24 hours of initial consultation. This time period may be extended but this must be mutually agreed upon by both the consulting service and the consultant service.

V.   REQUEST FOR EMERGENCY DEPARTMENT CONSULTATIVE SERVICES

The default Emergency Department Consult is "Expedited Status."

VI.   PROCESS IMPROVEMENT

A.   The following performance criteria will be collected and monitored to identify process improvement opportunities and trends:

1.   Accurate On-call Roster
2.   Adherence to defined response times
3.   Availability of consulting service to receive recommendations from consultant service
4.   Timely implementation of recommendations by the consulting service, without supporting documentation
5.   Professional and collegial interaction during the consultative process
6.   Presence of attending physician participation

B.   Performance metric monitoring results will be reported to the Quality/Risk Management Committee.

C.   Negative outcomes or "near misses" related to deviations from this policy will be reported per Health System policy.

REFERENCES/BIBLIOGRAPHY:

Health System Policies:

5.01.05, Occurrence Reporting
10.03, Medical Records
10.10, Provider On-Call
8.03, Emergency Medical Treatment and Patient Transfer

OFFICE OF PRIMARY RESPONSIBILITY:

Executive Vice President/Chief Medical Officer