

Department of Medicine Rules Regulations and Best Practices

Options to fulfill requests for consultation

Background - there are several issues that have been noted with respect to consultation services provided to patients in the hospital. Please note that these issues described herein are not unique to our system but are nationwide concerns and affect virtually every hospital and healthcare system in the country.

1. There are selective areas of decreased availability of certain consultation services due to inadequate numbers or availabilities of consultants.
2. Many consultations requested may not truly be necessary and the patient could have been cared for without a consultation. This has been a persisting and frequent complaint of virtually all consultants who care for patients in the hospital, and appears to transcend virtually all specialties.
3. Consultants are not contacted directly and in a timely fashion by the person requesting the consultation, either by phone or by secure text messaging. This is the other significant complaint of virtually all consulting physicians in all fields.
4. Due to the excessive number of consultations, among other reasons, there is increasing use of APP's, even when an attending physician evaluating the patient more often would be desirable. This is a common concern of attending physicians, who often wish to see consulting attending more frequently involved in the evaluation of their patients. Consulting physicians indicate that they currently often do not have the manpower to do that with the number of consultations that are being requested.
5. Due to the above circumstances, many times consultations are being performed in a delayed fashion compared to what is either needed for the patient's care, or that would optimize the patient's length of stay.
6. Many consultation requests are such that discussion only is needed without a comprehensive examination and evaluation as per traditional consultations.

Best Practice Options:

1. Consultation requests may be fulfilled in the traditional fashion, as currently defined in hospital bylaws, rules, and regulations, including evaluating the patient, performing an examination, making recommendations, and providing a complete and timely report that is documented and available in the medical record in the time span appropriate for the needs of the patient, and in keeping with hospital policy. (Traditional consultation practice)
2. Consultation request may also be satisfactorily fulfilled in an alternative fashion as described herein. This option may be used when it is mutually satisfactory to the requesting and consulting attending physicians. This will be considered by Department of Medicine to have satisfactorily

fulfilled the initial request for consultation for all review and evaluative purposes within the department.

- a. The requesting physician and the consulting physician will discuss the patient in a timely fashion in concert with the initiation of the consultation request. The discussion will involve attending physicians, and take place via direct verbal communication, phone communication, or support secure text messaging. Either physician can initiate the discussion.
- b. There will be discussion of the reason for consultation, the patient's situation including review of medical record by both physicians, and the type of information, recommendations, and evaluation requested.
- c. If both physicians decide that the full consultation initially requested is no longer needed, then the consultation may be canceled. This may be canceled either by one of the physicians completing an order to cancel the consultation, or by documenting in the progress notes that the consultation request is canceled. It is preferable and desired for both to be done. There is no option to refuse a consultation request in this option, as such a decision to cancel the consultation can and must be mutual.
- d. There will be documentation in the medical record of the discussion as well as the substance of the conclusions or recommendations. Either physician may document this conversation, but it is expected that the consultant will do that. Such documentation may be done remotely, consistent with the time, nature, and circumstances of the discussion.
- e. Both physicians may decide that a full consultation is still requested in addition to the management and treatment discussions that occur in their conversation, but that the time for completing such consultation can satisfactorily be delayed to a more optimal time for the workflow the consulting physician. For example, the attending consultant may not physically be available now, but will be available at a different point in the patient's hospital stay, and they both agree that such evaluation can take place at that later time. Such consensus should be documented in the medical record.

This Department of Medicine Best Practice is intended to achieve the following improvements in patient care

1. Prompt and timely communication between the consultant and the physician requesting the consultation.
2. Reduction of potentially unnecessary consultation requests and preservation of the consultative workforces.
3. Faster and timelier consultations when such is indicated.
4. Faster and timelier scheduling of procedures when such are needed.
5. Increasing the role of the attending physician in the consultation services wherever appropriate.
6. Reducing burnout and stress among consultation services when called too often, too frequently, or when there is diminished availability of backup or covering physicians.
7. Making Catholic Health an even more desirable place to practice for both admitting physicians and consulting physicians.

8. **Avoiding delays in initiation of consultant's diagnostic recommendations as well as recommended treatments by instituting such on a timelier basis and therefore improving patient care outcomes.**
9. **More quickly terminating treatments no longer needed, reducing or simplifying treatments sooner, or streamlining/reducing/eliminating testing that can be avoided.**
10. **Reducing costs and increasing value through the above measures**