



Applies To: <b>UNM Hospitals</b> Responsible Department: Office of Clinical Affairs Revised: 9/2014
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Title: <b>Medial Staff – Hospital Consultation</b>	<b>Policy</b>
<b>Patient Age Group:</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> All Ages <input type="checkbox"/> Newborns <input type="checkbox"/> Pediatric <input type="checkbox"/> Adult	

**POLICY STATEMENT**

To ensure rapid Inpatient and Emergency Department (ED) assessment and disposition for patients requiring consultation, inpatient admission, or transfers of care and to ensure efficient patient flow through the UNM Hospital.

**APPLICABILITY**

UNM Hospitals

**POLICY AUTHORITY**

Chief Medical Officer, UNM Hospitals

**REFERENCES**

*Documentation of Clinical Activities by UNMH Medical Staff and House Staff*

**IMPLEMENTATION PROCEDURES****1. Emergency Department Consultation**

- 1.1. Requests for consultation and/or admission from the ED require prompt patient evaluation by the consulting service. The following timeframes are guidelines for reasonable response times to the ED:
  - a) **Emergent** (defined as immediate life-threatening illness) within 10 minutes
  - b) **Urgent** (defined as potentially life or limb-threatening) within 60 minutes
  - c) **Routine** (defined as requiring prompt evaluation but not life or limb-threatening) within 2 hours.
- 1.2. Formal consultations from a provider may not be declined unless in mutually agreed upon circumstances where this formal request is no longer required (e.g. the wrong service was called, change of patient status, etc.).
- 1.3. The provider placing the consult request will enter the consult in the electronic medical record by using the inpatient consultation order, including the reason for consultation. The requesting physician will also place a phone call to the respective consultant verbally requesting the consultation.
- 1.4 Consultations and/or admissions will be completed in a timely fashion. A consult/admission is considered complete when:
  - a) the consulting service provides the ED provider(s) a final written or verbal plan and/or
  - b) admission orders have been placed in the electronic medical record
- 1.5 All consultations require an electronic summary of recommendations immediately available to the referring provider(s). Formal documentation of consultations shall be placed in the electronic medical record in keeping with the *Documentation of Clinical Activities by UNMH Medical Staff and House Staff* policy unless it is explicitly agreed that no formal recommendations are necessary.
- 1.6 If the consulting service provider cannot or does not respond within time frames appropriate to a patient’s condition, or if the consulting service workup and evaluation seem prolonged,

the ED attending will contact the consulting service attending. It will be the consulting attending physician responsibility to provide response in a timely fashion.

- 1.7 If delays of response are considered by the ED attending to compromise patient care or safety after contacting the responsible consulting attending physician, the ED attending will contact the appropriate Department Chair and/or the Office of Clinical Affairs on-call physician for resolution.
- 1.8 Once a decision to admit a patient is made and the patient is reasonably stabilized by ED staff, the consulting service admitting the patient assumes responsibility for that patient even if an inpatient bed is not immediately available for patient placement. The ED physician staff will only serve to provide for emergent responses for admitted patients still housed in the ED unless otherwise discussed with the admitting service.
- 1.9 For those patients who only require consultative evaluation as an outpatient, the ED physician will contact the consulting service attending physician if any difficulties are encountered scheduling follow up in an appropriate time frame. It will then become the responsibility of the consulting service attending to arrange follow-up in the appropriate outpatient clinic within the time frames deemed appropriate for good patient care.
- 1.10 If a dispute arises as to which consulting service will accept a patient for admission, the ED attending will first attempt resolution at the attending level. If this does not resolve the dispute, then the ED attending may admit to the inpatient service deemed most appropriate for the patient's condition unless the attending physician from that service is physically present in the ED and has evaluated the patient and declined admission to his/her service. If the attending from the potential admitting service is present and determines that the patient does not require admission, he/she will assume responsibility for the clinical care of the patient, including the discharge, arrangements for follow-up, and documentation of the same in the medical record.

## 2. Inpatient Consultation

- 2.1 Requests for inpatient consultation require prompt patient evaluation by the consulting service. The following timeframes are guidelines for reasonable response times for inpatients:
  - a) **Emergent** (defined as immediate life-threatening illness requiring immediate intervention and/or higher level of care) - within 10 minutes
  - b) **Urgent** (defined as impending, or potential for, deterioration with need for higher level of care or specialty expertise) - within 60 minutes
  - c) **Routine** (defined as requiring prompt evaluation but not life or limb-threatening) - same day consultation unless request is placed after-hours for an off-site provider/service in which case within 24 hours. Clinical circumstances may require more timely consultation than this definition of "routine."
- 2.2 Formal consultations from a provider may not be declined unless in mutually agreed upon circumstances where this formal request is no longer required (e.g. the wrong service was called, change of patient status, etc.).
- 2.3 The provider placing the consult request will enter the consult in the electronic medical record by using the inpatient consultation order, including the reason for consultation. The requesting physician will also place a phone call to the respective consultant verbally requesting the consultation.
- 2.4 Consultations will be completed in a timely fashion. A consult is considered complete when:
  - a) the consulting service provides the requesting physician a final verbal plan and summary recommendations have been entered in the electronic medical record and/or
  - b) transfer orders have been placed into the electronic medical record transferring the care of the patient to the consultant service

- 2.5 All consultations require a written or electronic summary of recommendations immediately available to the referring physician. Formal documentation of consultations shall be placed in the electronic medical record in keeping with the *Documentation of Clinical Activities by UNMH Medical Staff and House Staff* policy unless it is explicitly agreed that no formal recommendations are necessary.
- 2.6 If the consulting service provider cannot or does not respond within time frames appropriate to a patient's condition, or if the consulting service workup and evaluation seem prolonged, the requesting attending will contact the consulting service attending. It will be the consulting attending physician responsibility to provide response in a timely fashion.
- 2.7 If delays of response are considered by the requesting attending to compromise patient care or safety even after contacting the responsible consulting attending physician, the requesting attending will contact the appropriate Department Chair and/or the Office of Clinical Affairs on-call physician for resolution.
- 2.8 For those inpatients that only require consultative evaluation as an outpatient, the responsible provider will contact the consulting service attending physician if any difficulties are encountered scheduling follow up in an appropriate time frame. It will then become the responsibility of the consulting service attending to arrange follow-up in the appropriate outpatient clinic within the time frames deemed appropriate for good patient care.

## SUMMARY OF CHANGES

Replaces former "ED Consultation and Admission Policy", last revision 5/2007.

## DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
<b>Owner</b>	Chief Medical Officer, UNMH		
<b>Consultant(s)</b>	Executive Medical Director for Medical Staff Affairs, Associate Dean of Clinical Affairs		
<b>Committee(s)</b>	Medical Executive Committee		Y
<b>Nursing Officer</b>	Sheena Ferguson, Chief Nursing Officer		N/A
<b>Medical Officer</b>	David Pitcher, Chief Medical Officer, UNMH		Y
<b>Official Approver</b>	Bob Bailey, MD, Associate Dean of Clinical Affairs		Y
<b>Official Signature</b>		Date: 10/2/2014	
<b>Effective Date</b>		10/2/2014	
<b>Origination Date</b>		1/2005	
<b>Issue Date</b>	Clinical Operations Policy Coordinator	10/2/2014	ar

## ATTACHMENTS

None