

Issuing Department:

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Approved By:

Richard Gold, MD

POLICY

Participants in the process and their rights and responsibilities.

Patient: Patients have the right to request a consultation. Absent a cogent reason not to have a consultation, that request should be honored. Patients have the right to choose the consultant they wish. Patients have the right to refuse a consultation and to refuse to be seen by a specific consultant. If a pre-existing relationship exists between the patient and a consultant, that consultant should be called unless the patient declines to see that physician or the attending feels that the care of the patient would be imperiled. In the latter case, the attending physician should discuss the situation with the patient.

Attending: The attending is that physician who is legally responsible for the care of the patient. Since the attending is legally and ethically responsible for the care of the patient, no consultation should be requested without the explicit consent of the attending. It follows, therefore, that it is the designated responsibility of the attending to specify the specific consultant desired.

Consultant: The staff consultant is the attending consulting physician directly responsible for the conduct and outcome of the consultation. Consultants have an obligation to report their opinions to both the patient and the attending. Consultants have an obligation to be available, either personally or through a coverage arrangement, and to respond in a timely manner.

PROCEDURE

Process

- c. When a consultation is desired, an order is entered by the requesting caregiver in POM (Physician Order Management). The attending physician will identify the

specific consultant desired. (See TMH policy) The requestor should be a physician or a subintern. The consultation request should be placed with the approval of the attending physician.

- d. During the conversation between the requesting physician and the consultation team, the following will be addressed:
 - a. The urgency of the consultation
 - b. Who should be contacted following the consultation
 - c. The responsibilities for implementing the recommendations (i.e., who will be writing the orders)
3. The nurse caring for the patient and other appropriate caregivers should be informed about the consult request so that appropriate expectations for arrival of the consultation team will be understood by all caregivers
4. The consulting team will perform the consultation.
5. Communication to those requesting the consultation will occur including a verbal response and a clearly understandable note with recommendations written by the consultation team. **A request for a consultation from an appropriate source and the need for consultation (i.e., the reason for a consultation service) shall be documented by the consultant in the patient's medical record and included in the requesting physician or qualified NPP's plan of care in the patient's medical record; and after the consultation is provided, the consultant shall prepare a written report of his/her findings and recommendations, which shall be provided to the referring physician.**
6. Orders are entered in POM by appropriate caregivers as decided by discussion occurring during the consultation request. Orders will be entered by the consultation team only after mutual agreement between the requestor and the consultation team.
7. The nature and duration of follow-up should be indicated by the requesting physician.

Generally, the request for a consultation should be communicated by the attending to the staff consultant. The attending may delegate the responsibility for communicating the consultation to another physician such as a resident or fellow. The request for a consultation should be directed to the staff consultant. The staff consultant may designate residents or fellows to see the patient. Communication between the requesting physician or designee and a member of the consultation team should occur. The consultation team member receiving the consultation request will usually be a physician although with certain consultation teams (for example, the psychiatry liaison team) others such as

secretaries or nurses may be involved in receiving the consultation request. It is understood that the attending physician on the consultation team will be informed of the consultation request in a timely fashion.

The request for a consultation should not be directed primarily to a resident or fellow. If, on occasion, a consultation is requested from a resident or fellow the attending must specify the specific staff consultant desired and that consultant must be notified promptly by the resident or fellow of the requested consult. Since the residents and fellows are working under the supervision of the staff consultants, the attending consultant is legally and ethically responsible for the conduct of the consultation. The attending consultant, thus, must be aware of the request for the consultation.

Emergency Department Consultations:

Every effort should be made to inform the primary care physician of his/her patient's arrival in the Emergency Room. The involvement of the primary care physician in making clinical decisions regarding his/her patient is considered to be beneficial in all cases.

Prior to the time that a decision is made to admit a patient to the hospital, the ER attending is the attending of record and is responsible for initiating consultations. During this time it is important to differentiate between several groups of patients:

- A. Patients who have an established relationship with a TMH primary care physician but not with a TMH physician specialist in the required area of expertise.

ER attendings generally will contact those TMH doctors to see if they have a preference for consultants. TMH primary care physicians may communicate their preferences for consultants to the ER. In the absence of knowledge of preferred consultants or a prompt response by telephone, the ER attending will choose a consultant. The choice of a consultant is always subject to approval or rejection by the patient.

- B. Patients who have an established relationship with a TMH consultant in the required area of expertise (regardless of whether they have a TMH primary care physician).

That consultant should be called unless the patient declines to see that doctor or the attending feels that the care of the patient would be imperiled. In the latter case the ER attending physician should discuss the situation with the patient. In these rare situations a consultant should be chosen in collaboration with the patient.

- C. Patients who have no established relationships with a TMH primary care physician or a TMH specialist physician in the required area of expertise.

These patients will be referred to consultants from an on call list provided by the various departments and divisions. In the absence of such a list or in the event of a lack of timely response from the on call consultant the ER attending may choose a

consultant. (Response times have been previously established) Formulation of the on call list is the responsibility of the various departments and divisions, not of the ER. As noted above, the staff consultant must be contacted at the initiation of the consultation.

When an ER physician requests a consultation either from the primary care physician or a specialist, the urgency of the consultation and the time of arrival of the appropriate physician in the Emergency Room should be agreed upon. Once the decision to admit a patient to a specific service has been made the attending on that service assumes responsibility for care and therefore for requesting consultations and receiving consultation reports.