

Physician **MEMO**

To | Active Medical Staff

From | Bruce D. Walley, MD

Date | June 15, 2011

Re | **Consultation Revisions**

The Medical Executive Committee would like your input regarding changes to the rules and regulations governing consultations. Another Novant facility has much more detail in their documents that outline protocol for consultation. Enclosed is the current wording of our rules and regulations pertaining to consultation. The document following contains the changes that the MEC would like to make to the process. After you have had a chance to review the changes please contact Brenda Schwab in Medical Staff Services area with your thoughts.

When the Medical Executive Committee meets on July 11th, 2011 we will discuss the proposed changes and any comments that have been added by the medical staff.

Thank you for your attention to this important matter of medical staff governance.

FMC Current Rules & Regulations **Concerning Consultations**

Consultations shall show evidence of a review of the patient's record by the consultant who will be a member of the Medical-Dental Staff, pertinent findings on examination of the patient, the consultant's opinion and recommendations. This report shall be made a part of the patient's record. It is the attending Practitioner's responsibility to communicate with the consultant regarding the scope of the consultation. In general, a consultant may write orders for the patient unless the attending Practitioner directs otherwise. The attending Practitioner remains responsible for the primary care of the patient unless the patient is transferred to the consultant. When operative procedures are involved, the consultation note shall, except in emergency situations so verified on the record, be recorded prior to the operation, and the operating surgeon shall be responsible to see that the consultation record is present on the patient's record.

The attending practitioner is primarily responsible for requesting consultation when indicated and for calling in a qualified consultant. He will provide written authorization to permit another attending practitioner to attend or examine his patient, except in an emergency. A practitioner shall expect a nurse who has any reason to doubt or question the care provided to any patient, or believes that appropriate consultation is needed and has not been obtained, to call this to the attention of her superior, who in turn may refer the matter to the Director of the Nursing Service. If warranted, the Director of Nursing may bring the matter to the attention of the Chair of the Division wherein the practitioner has clinical privileges. Where circumstances are such as to justify such action, the Chair of the Division may himself request a consultation.

Proposed Changes to Rules & Regulations Concerning Consultations

A consultation with another member of the Medical Staff is encouraged for non-emergent cases in which the diagnosis is obscure, there is doubt as to the best diagnostic or therapeutic measures to use, or the patient demonstrates suicidal behavior. When called by a referring physician, medical staff listed on the ED unassigned call roster are required to provide inpatient consults during their assigned call period. The following guidelines apply to consultations:

- a. A consultant must be well qualified to give an opinion in the field in which his/her opinion is sought. The selection of the consultant is made on the basis of an individual's training, experience, and competence. In general, a consultant may write orders for the patient unless the attending Practitioner directs otherwise. The attending Practitioner remains responsible for the primary care of the patient unless the patient is transferred to the consultant.
- b. A satisfactory consultation includes examination of the patient and the patient's record. A written opinion signed, timed and dated legibly by the Consultant must be included in the medical record following each consultation visit. When operative procedures are involved, the consultation note, except in an emergency, shall be recorded prior to the operation except in situations when the procedure is an integral part of the consultation.
 - i. The referring physician is responsible for directly contacting the consulting physician or his/her designee*, when a consultation is needed. The only exceptions to this will be routine tests and routine radiological procedures (invasive radiologic procedures would require physician to physician consults). Referring physicians actively participating in invasive procedures may relay information to consulting physicians using intermediaries in these clinical scenarios. Voice mail, pager messages and emails do not constitute a consult. A referring practitioner may use these forms of communication, but the consulting practitioner's responsibility begins only after direct communication from the referring practitioner or his/her designee.
 - ii. If a specific physician is requested for a consultation but is unavailable, the physician on-call for that physician is responsible for assuring the consultation is completed.
 - iii. Consultations not designated as urgent/emergent by the requesting physician will be seen within 24 hours of the request for consultation.

iv. The timeliness of response can be decided with the referring physician based on the patient's acuity. In the event of a disagreement regarding appropriate response time, the referring physician's opinion will prevail.

v. Floor unit secretaries and nurses will not assist with contacting the consulting physician. They may give contact information to the referring physician, if it is available.

* Physician Assistant, nurse practitioner, registered nurse or a certified medical assistant under the direct supervision of the physician, and who have been identified in writing to the hospital by the physician as the physician's designee for the purposes of accepting consultation requests.

c. A practitioner shall expect a nurse who has any reason to doubt or question the care provided to any patient, or believes that appropriate consultation is needed and has not been obtained, to call this to the attention of her superior, who in turn may refer the matter to the Director of the Nursing Service. If warranted, the Director of Nursing may bring the matter to the attention of the Chair of the Division wherein the practitioner has clinical privileges. Where circumstances are such as to justify such action, the Chair of the Division may himself request a consultation.

d. It is the duty of the Medical Staff, through its Campus Department and Division Chairpersons, to make certain that appointees to the Medical Staff do not fail in the matter of calling consultations as needed.

e. Requested consultations must be accomplished within 24 (twenty-four) hours of the consultation request. If a physician who has been asked to provide a consultation has not seen the patient within 24 (twenty-four) hours, the patient's attending physician shall be notified and asked to select another physician to provide the consultation.