



CaroMont Regional Medical Center

Number:	MS - 006
Effective Date:	September 26, 2016 BD
Revised:	
Author:	
Approved:	Patrick Russo, MD, Chief-of-Staff
Authorized:	Todd Davis, MD, EVP, CMO

MEDICAL STAFF POLICY ON CONSULTATION

PURPOSE:

To clarify the types of consultations provided by physicians and privileged practitioners at CaroMont Regional Medical Center and the responsibilities of practitioners for the performance of consultations.

REQUIREMENTS:

Procedure/Guidelines:

Any practitioner holding a Medical Staff appointment can be called for consultation within his area of expertise. Consultations with prominent practitioners residing outside the community may be permitted for a medical record review only.

It is the responsibility of every practitioner to provide a means of direct, immediate contact. The acceptable modes are either a Pager, Cell Phone, Answering Service, or secure texting.

Types of Consultation

Consultations at CaroMont Regional Medical Center are characterized in the four types categories of consultation are:

- a) **Emergency/Urgent** – a consult for a patient in unstable condition and/or clinical situation which requires immediate evaluation and/or treatment by a consulting practitioner.
- b) **Routine/Non-urgent** – a consult for a patient in stable condition and clinical situation which requires the evaluation and/or treatment by a consulting practitioner between the hours of 0600-2000.
- c) **Off-Hours Routine/Non-urgent** – a consult for a patient in stable condition and clinical situation which requires the evaluation and/or treatment by a consulting practitioner between the hours of 2000-0600.
- d) **Courtesy Listing** – A notification by the Attending Practitioner to another practitioner that a patient they know has been admitted. The Courtesy Listing is not a formal consult as defined by the Medical Staff Rules and Regulations.

1. A patient's attending practitioner is primarily responsible for requesting consultation when indicated and for calling in a qualified consultant or his/her designee (Privileged Practitioners under the supervision of the physician and who have been identified in writing to the hospital by the physician for the purposes of accepting consultation requests). An appropriate order in writing and will be placed in the medical record. The order shall provide a clear reason for the consultation request and indicate the type of consultation being sought.
2. The consulting physician's Privileged Provider may see the patient initially, unless the referring physician specifically requests for the initial consultation to be performed by a physician. The consulting physician must evaluate the patient in consult (and thereafter as often as the patient's clinical situation dictates) and countersign the Privileged Provider's notes within 24 hours of the initial consult request.
3. In unusual situations where a delay could compromise patient safety, a practitioner caring for a patient who is not the attending may request a consultant to assist the management of the patient.
4. Emergency consults and consultations on patients in the Emergency Department require direct verbal practitioner-to-practitioner communication. The Attending Practitioner shall immediately contact the Consultant Practitioner directly and verbally to request the consult, discuss the reason for the consult, and mutually determine the consulting practitioner's response time based on the patient's condition and urgency of the clinical situation.
5. The Attending Practitioner will contact the Consultant Practitioner directly to request a Routine *or* Off-Hour Routine consult.
6. 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. For unassigned patients, the on-call provider for the ED is responsible for that patient's care.
7. The Attending Practitioner is not required to notify a Practitioner of a Courtesy Listing.

Guidelines for Consultation Response Times

Emergency consultations: Response time shall be by agreement between the requesting and the consulting practitioner and based on the patient's clinical situation.

Routine consultations: Response time shall be as soon as reasonably possible. Preferably the consultation will be completed on the same calendar day as the request, but no greater than 24 hours from notification.

Documentation of Consult

A Consultant Practitioner should document the consultation in the patient's medical record immediately upon completion of the consult. The report should include evidence of a review of the patient's medical history and current condition, pertinent findings on examination of the patient, the consultant's findings, opinion and recommendations, and, if applicable, the treatment provided.

Scope of Consultations

The Consultant Practitioner may provide written orders for the patient upon whom he/she consults, unless the Attending Practitioner restricts the scope of the consult to evaluation and opinion only. A consultant informed through a "Courtesy Consultant" Practitioner shall not have the authority to give physician orders or provide treatment to the patient during the hospitalization.