

<p>Name of Policy: <u>Standards for Consultation</u></p> <p>Policy Number: 3364-87-15</p> <p>Approving Officer: Chief of Staff</p> <p>Responsible Agent: Chief Medical Officer</p> <p>Scope: All University of Toledo Campuses</p>	 <p>Effective Date: 08/01/18</p> <p>Original Effective Date: 07/14/99</p>
<p><input type="checkbox"/> New policy proposal</p> <p><input checked="" type="checkbox"/> Major revision of existing policy</p>	<p><input type="checkbox"/> Minor/technical revision of existing policy</p> <p><input type="checkbox"/> Reaffirmation of existing policy</p>

(A) Policy statement

It is the policy of the Medical Staff and the University of Toledo Medical Center that healthcare providers follow the standards set forth in this document.

(B) Purpose of policy

The purpose of this policy is to establish processes and standards for consultation.

(C) Definitions

Primary provider – the healthcare provider primarily responsible for the patient’s care.

Consulting provider – the healthcare provider contacted by the primary provider for the purpose of obtaining a consultation.

(D) Procedure

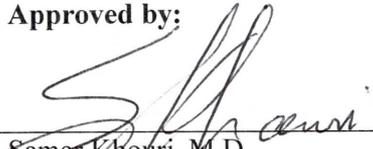
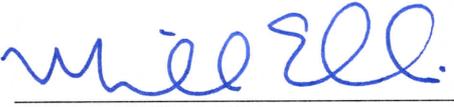
1. Primary provider responsibilities

- a. The primary provider (or representative) will directly contact the consulting provider (or representative) to outline the specific reason for the consultation. The communication will be verbal or via approved electronic means. The key aspects of the consultation request include:
 - i. The specific reason for the consultation (e.g., procedure, evaluation, etc.)
 - ii. The timeline for the consultation (emergent, urgent, routine)
 - iii. Whether co-management is also requested. Co-management implies the ability for the consultant to write orders
- b. The primary provider will concurrently place an order for the consultation in the medical record. The order will specify whether the request is for consultation or for co-management.
- c. If possible, the primary provider will inform the patient of the specific reason for the consultation and the role of the consultant.

- d. For emergency consultations, the primary provider will contact the consulting provider verbally.

2. Consulting provider responsibilities

- a. Consulting providers who are on call/on service *may not decline* a consultation request except in mutually agreed upon circumstances.
- b. Consulting services will promptly evaluate patients. There are three types of consultations:
 - i. **Emergent.** Defined as life-threatening illness requiring evaluation as soon as possible and no more than 60 minutes.
 - ii. **Urgent.** Defined as potential for clinical deterioration requiring evaluation within 6 hours.
 - iii. **Routine.** Defined as clinically stable requiring evaluation within 24 hours.
- c. The consulting provider will introduce himself/herself to the patient and state his/her service and the purpose for the consultation.
- d. The consulting provider will focus on the clinical issue that prompted the consultation; however, additional recommendations should be offered as dictated by specific circumstances.
- e. The consulting provider will not consult additional services without approval from primary service unless it is an emergency or co-management has been requested.
- f. In addition to a personal verbal communication with the primary provider, when applicable, the consultant will document the following in the medical record within **24 hours**:
 - i. Working diagnosis
 - ii. Recommended diagnostic tests (and whether they have been ordered)
 - iii. Recommended therapeutic plan, including medications at discharge
 - iv. Recommended other consultations
 - v. Suggested follow-up after discharge
- g. Unless the patient is unstable and the safety of the patient is at risk, the consulting provider may not assume a co-management role without communicating with the primary service.
- h. The consulting provider will communicate verbally and in the medical record when the consulting service signs off.

<p>Approved by:</p> <p> _____ Samer Khouri, M.D. Chief of Staff</p> <p> _____ Michael Ellis, M.D. Chief Medical Officer</p> <p><i>Review/Revision Completed By: Medical Executive Committee</i></p>	<p>Review/Revision Date: 12/13/00 09/10/03 08/09/06 09/01/15</p>
<p>Next Review Date: 08/01/2021</p>	
<p>Policies Superseded by This Policy: <i>MS-CC-003 Standards for Consultation</i></p>	