DEDER GENERAL HOSPITAL

INTERDEPARTMENTAL CONSULTATION PROTOCOL

PREPARED BY*: *HSQU

JULY 2016 E.C

DEDER, EASTERN ETHIOPI

PROTOCOL APPROVAL SHEET

NAME OF PROTOCOL: INTERDEPARTMENTAL CONSULTATION PROTOCOL

PREPARRED BY			
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THIS PROTOCOL IS EFFECTIVE FROM JULY 2016 E.C TO JUNE 2018 E.C

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INTRODUCTION

In simple terms a consult is a request made from one physician or provider to another physician or provider to give an opinion or advice on a specific patient. A consultation is usually sought when a physician or provider with primary responsibility for a patient recognizes conditions or situations that are beyond his or her training or expertise. An effective consult should always be performed with the patient's best interest in a positive impact on the patient's Care. Open communication between the referring physician or provider and the consult provider is essential for effective consultation

OBJECTIVES

General objective

• To give appropriate, comprehensive and quality of care for patients

Specific objectives

- To determine specific diagnosis and give specific treatment
- To increase quality of care in Hospital
- To minimize preventable deaths in Hospital
- To reduce consultation delayance

POLICY STATEMENT

To ensure rapid IPD,OPD , Maternal and Child health and Emergency assessment disposition for patients requiring consultation to save life.

Policy Authority

CEO, CCO and Quality unit of DEDER GENERAL HOSPITAL

Procedure/Guidelines:

Any Seniors 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.

TIMEFRAMES FOR REASONABLE CONSULTATION

1) **Emergent (**Defined as immediate life-threating illness) with in **10 minutes**
2) **Urgent (**Defined as potentially life-threating) with in **30 minutes**
3) **Cold (**Defined as requiring prompt evaluation but not life-threating) **with in 24hrs**

GENERAL RULES

.1. The consultation request should be made by the most senior clinician from the department

.2. The consultation response should be made by most senior clinician from the department.

.3. All consulting physicians/providers should document patient's pertinent history and physical examination findings on patient's chart

.4. All consulting physicians/providers should request consultation using consultation request form

.5. All pertinent history and physical examination should appear on consultation request form

.6. consulting physicians/providers should document date and time of consultation-on-consultation request form.

.7. consulting physicians/providers should write their name, profession and sign

.8. the Consultants should clearly document their Date & Time of arrival

.9. Consultants should document their patients' findings note & their decision & recommendation clearly & write their Name, Profession & Sign.

.10. Nurses/Midwives Identifications of patients for whom Consultation was made, Date & time at which consultation was made & Date & Time at which Consultants arrived on Consultation registration log book prepared for this purpose

Guidelines for Consultation Requesting Physicians/ Providers

1. Ask a clear and specific question.

- Don't make the consultant guess what your question is. A vague question will likely result vague response.
- Consulting physicians/providers are encouraged to contact the consultant directly to clarify the question to be addressed.
- If the Consulting physician/provider is interested in arranging a procedure he/she should make that request clear to the consultant.
- A request for a consult should be placed in the medical record

2. Establish the degree of urgency.

- The Consulting physician/provider must decide if the consult should be seen emergently (immediately), urgently (same day) or routinely. Underestimating the urgency of the consultation may negatively impact patient care; repeatedly overstating the urgency may annoy the consultant.

3. Call the consult early

- Call early in the day to allow the consultant the best opportunity to see the patient the same day.

- Call early in the week, especially if attempting to schedule specialized procedures or diagnostic studies not routinely performed on weekends.
- Call early in the hospital course; calling a consult on the day the patient is scheduled for discharge reflects poor planning and may not allow the consultant to make effective interventions.

4. Physician to physician /provider communication is critical!

- Don't delegate the responsibility of calling a consult to anyone who is not fully familiar with all details of the patient's case
- If the consulting physician/provider calls the to return the favor after the patient has been evaluated In all but emergent circumstances, the consultant should reasonably expect to find a complete admission history and physical examination for the patient entered in the medical record.
- In particular, the referring physician/provider should provide critical details that may not be immediately available to the consultant (e.g information from outside hospitals)

5. Notify the patient to expect a visit from the consultant

- The referring physician/provider should always discuss plans for consultation with the patient to be sure that the patient is in agreement and to avoid any misunderstandings.

6. **Acknowledge the recommendations provided by the consultant**

- The referring physician/provider has the option to accept or reject the consultant's recommendation. However , if the referring physician/provider elects not to implement the consultant's recommendations, he/she should at least acknowledge in the medical

record that the consultant's recommendations have been received and reviewed.

7. **Avoid "curbside" consultation except for simple, straight-forward problems**

- Curbside consultation is best suited for questions with a factual answer that can be looked-up quickly in a reference source (e.g drug dose, lab test interpretation, etc.). for more complex questions, a request for formal consultation is more appropriate
- Be willing to request formal consultation if that is suggested by consultant.
- Curbside questions should ideally be discussed between attending physician/providers without involvement of trainees or other personnel

8. **If co-management of the patient is desired, the referring physician/provider Should discuss that directly with the consulting physician/provider.**

- The patient's attending physician remains in charge of the patient's overall care, but can delegate specific aspects of management to the consultant, if mutually agreeable
- Co-management should not be assumed or presumed by either party. If the referring physician and consultant
- Agree on co-management, the boundaries should be carefully defined and entered into the medical record by referring physician

9. **Discuss the consultant's findings and recommendation with the patient.**

Guidelines for physicians/providers Responding for consultation

1. **Answer the question that was asked**

- Don't be distracted by other interesting findings that are outside of the scope of the original question.
- If the consultant uncovers other previously un recognized clinical problems that need to be addressed, the consultant should call the referring physician to discuss them further

2. See the patient in a timely manner

- When the consult is called, establish the degree of urgency with the referring physician/provider
- As a general rule, all consults called should be seen and staffed within 24 hrs, whenever possible.
- All hospital consultative services must make arrangements to provide consults on nights, weekends, and holidays when requested.

3. Make certain that the recommendations are clear and easy for the consulting physician/provider to understand

- Be concise and use definitive language
- Recommendation offered in a list are easier to follow than recommendation buried in paragraph or text
- When the diagnosis is uncertain, listing every possible differential diagnosis is not helpful. offer the top 5 possibilities.
- Prioritize your recommendation. make clear which recommendation are critical, which should ordinarily be 5 or fewer. Indicate which (if any) of the recommendation will be carried out by consulting team.

- Be very specific and offer detailed recommendations.
- The referring physician/provider should not be expected to have the consultant's level of expertise.
- Clearly define drug doses, routes of administration, frequency and duration of dosing. Specific testes to be ordered, etc..
- For handwritten notes, legibility counts. Recommendations that cannot be deciphered are not helpful and carry potential for harm,

4. **Physician-to-physician/provider communication is critical**

- A telephone call from the consult attending/provider is usually appropriate and appreciated by the referring physician/provider. When the consult contains critical recommendations that need to be implemented as soon as possible, direct physician- to physician/provider communication is essential
- Never leave critical recommendations in the medical record without notifying the referring physician/provider
- In less critical situations, communication by other team members may be acceptable

6. **The consultant's note should be professional and respectful in language and tone**

- An effective note should be informative without being patronizing and should be helpful without being condescending.
- A consult note is not an appropriate place to offer criticism of other providers, services, or institutions
- Chart wars are counterproductive and should always be avoided; providers who disagree on management plans should discuss their differences of opinion directly.

7. **The consultant should first discuss his/her finding and conclusion with the consulting physician/provider, not with the patient.**

- Remember that the consultant's recommendation may or may not be implemented by the referring physician/provider. Don't confuse the patient
- If the consultant suspects a diagnosis with high potential for emotional impact (e.g. a new diagnosis of cancer), the consultant and referring physician/provider should discuss who is in the best position to break this news to the patient.

8. **Continue to see the patient as frequency as required until the medical issues has been satisfactorily resolved**
    - Appropriate frequency of follow up depends on the severity and place of the problem under evaluation.
    - When further follow up is no longer necessary, the consultant should enter a formal sign off note into the medical record.

9. **Define parameters for co-management when requested by consulting physician/provider**

- If the referring physician/provider requests that a consultant take over management of specific aspects of the patient's care, the parameters should be carefully defined in a conversation and documented in the medical record
- Identify the contact person from consulting team who will be writing the co-management orders and enter that information in the medical record.

10. **Accept request for curbside consultation only when the issue is simple, straight-forward and clearly within the consultant's area of expertise**

- For questions where decision making is more complex, the consultant should not hesitate to suggest formal consultation and offer to see the patient
- "Curbside" questions are ideally discussed between attending physician. Trainees should not offer curbside opinion without first reviewing the question with the attending consultant.

IMPLEMENTATION OF THE PROTOCOL

- ❖ The protocol will be implemented after orientation is given to relevant stakeholders for further comments & awareness creation.
- ❖ All departments should avail interdepartmental registration logbook to register all information of patients for whom consultation was made & date & time of respond to consultation.
- ❖ All department heads should avail hard copy of Consultation request form to their wards & monitor the implementation of interdepartmental consultation according to this protocol
- ❖ QIU always audit its implementation status quarterly by protocol utilization monitoring audit tool

REFERENCES

1. https://www.queensu.ca/secretariat/sites/uslcwww/files/uploaded_files/policies/Consultation%20Guidelines%20for%20Policy%20Development_0.pdf
2. ETHSG 2016

DEDER GENERAL HOSPITAL
INTERDEPARTMENTAL CONSULTATION FORM

Nature of consultation: ☐ Emergent ☐ Urgent ☐ Cold

Patient Name_____Sex_____Age_____MRN_____

Consulting Department _____

Consulted Department_____

Consulting Health Care Professional _____

Consulted Health Care Professional _____

Consultation date & time Date_____Time _____

Pertinent History

_____
_____
_____
_____

Pertinent Physical Examination Finding

V/S:- BP_____PR_____RR_____T_____Pain Score_____

_____
_____
_____

Assessment: -

_____

_____

Name_____Profession_____Sign_____Date _____

Consultant Arrival Date & Time

Date_____Time_____

Decision of Consultant

_____

_____

Name_____Profession_____Sign_____Date_____

NOTES:

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