 Department of Health Government of Nunavut		NURSING POLICY, PROCEDURE AND PROTOCOLS	
		Community Health Nursing	
TITLE:		SECTION:	POLICY NUMBER:
Nurse Practitioner Consultation Process		Nursing Practice	07-043-00
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
June 2022	June 2025	NEW	7
APPLIES TO:			
Nurse Practitioners; Health Care Providers Community Health Centre Setting			

1. BACKGROUND:

The Department of Health (Health) is committed to improving access to quality health care by supporting Health Care Providers (HCP) through the Nurse Practitioner (NP) consultation process. Client consultations support the HCP who is seeking advice in managing client care related to diagnosis, investigation, and treatment options. This practice is not without risk and as such mitigation strategies need to be considered and safety parameters established.

This policy will outline the required procedural steps when a client consultation occurs, along with reviewing the responsibilities of both the HCP and NP.

2. POLICY:

- 2.1. The NP is required to follow their own personal scope of practice based on their level of experience, knowledge, judgement and skill when the HCP consults them on client care. If the NP is not comfortable proceeding with the consult, it is deferred to the physician via the HCP. Refer to Appendix A.
- 2.2. Client consultations do **NOT** fall under the parameters of an informal Hallway Consult and are considered a formal process. Refer to Appendix B for further clarification on what constitutes a Hallway Consult vs Formal Consult.
- 2.3. NP telephone consults are permitted, but **NOT** intended to replace regional on-call physician support. NP telephone consults may be used in place of the regional on-call physician when the NP is already familiar with the patient or presenting case and continuity of care is maintained.
 - 2.3.1. Exceptions are permitted in the event of significant delays with the regional on-call physician due to consult volume and acuity issues.
- 2.4. Privacy must be maintained when discussing confidential patient information.
- 2.5. When engaging in the consultation process, both the HCP and the NP are each responsible for documenting the formal encounter and following the Documentation Standard Policy 06-008-00.

3. PRINCIPLES:

- 3.1. NPs will provide clinical leadership to HCPs within the community health centre setting.
- 3.2. NPs will be open and flexible with the idea of supporting HCPs with client consultations, utilizing their advanced training, education and expertise.
- 3.3. There is no professional scope of practice restrictions in Nunavut imposed on either in-person consults or telephone consults for the NP.

4. DEFINITIONS:

- 4.1. Healthcare Provider: Community Health Nurse; Supervisor of Health Programs; Public Health Nurse; Home Care Nurse; Licenced Practical Nurse; Mental Health Nurse; Advanced Care Paramedic; Primary Care Paramedic; Midwives; other Nurse Practitioners.
- 4.2. Consultation: A formal request for medical advice or opinion regarding the evaluation and/or management of a specific problem.
- 4.3. Hallway Consultation: An informal consultation process that focuses on generic advice about patient care or a medical academia question (i.e. best practice guidelines). No formal documentation processes involved.
- 4.4. Referral: A transfer of care from the HCP to the NP, where the NP now takes over the responsibility for the treatment of the patient.

5. GUIDELINES FOR IN-PERSON CONSULT OR VIRTUAL CARE CONSULTS

- 5.1. Prior to engaging in consultation, privacy must be maintained. The case is to be discussed in a private room with the door closed.
- 5.2. The HCP must present the case in a systematic approach using the SBAR communication technique (refer to Appendix C) with a focal question to the NP. Please refer to the Transfer of Care Between Colleagues policy (#07-019-00) for more details on SBAR communication.
- 5.3. Since the HCP remains the most responsible provider (MRP) during consultations, they can either choose to accept or seek a second opinion on a consult. However, if a second opinion is being sought after, it is a professional courtesy to advise the NP.
- 5.4. If the NP feels that they should assume the care of the client, the HCP and client are both made aware, and the client is referred to the NP.
- 5.5. It is the professional responsibility of both the HCP and NP to accurately document all consultation requests.

6. GUIDELINES FOR AFTER HOURS TELEPHONE CONSULT

- 6.1. Prior to the NP agreeing to be available for after hours telephone consults, they must obtain pre-approval from the SHP.
- 6.2. After hours telephone consults are **NOT** intended to replace the regional on-call physician and meant for clients that the NP is already familiar with.
 - 6.2.1. Exceptions are permitted in the event of significant delays with the regional on-call physician due to consult volume and acuity issues.
- 6.3. Prior to engaging in consultation, the NP must ensure privacy is maintained and the case is discussed in a private location over the phone.
- 6.4. The HCP must present the case in a systematic approach using the SBAR communication technique (refer to Appendix C) with a focal question to the NP.
- 6.5. All orders received by the HCP will be read back to the NP for confirmation.
- 6.6. While engaging in the consultation, if the NP believes they need to assess the client in person or perform an advanced function beyond the HCPs scope of practice, the NP is permitted to see the client in the health centre. This potential scenario should be pre-discussed with the SCHP.
- 6.7. It is the professional responsibility of both the HCP and NP to accurately document all consultation requests.

7. NP Documentation:

7.1. There are two permitted functions for the NP to document an in-person consult:

7.1.1. The NP may utilize the amendment function in Meditech to document on the HCP's SOAP note. This will allow the NP's documentation to be linked to the same note as the HCP.

7.1.2. If option 7.1.1. does not allow for timely documentation, the NP will create their own note in Meditech and reference the HCP consult.

7.2. There are two permitted functions for the NP to document an after-hours telephone consult:

7.2.1. The NP may document in Meditech following the instructions in 7.1.1 if they are able to maintain timely documentation

7.2.2. If access to Meditech does not allow for timely documentation, the NP is to utilize the telephone triage forms for documentation. The completed forms are to be filled in the client's paper chart.

8. HCP Documentation:

8.1. In addition to the HCP following the SOAP Documentation Guidelines (#06-009-01) and the Documentation Standard policy (06-008-00), the HCP will document the reason for the consult, the name of the NP whom they consulted along with result of the consult/orders received.

9. RELATED POLICIES, PROTOCOLS AND LEGISLATION:

Policy 07-019-00	Transfer of Care Between Colleagues
Policy 06-008-00	Documentation Standards
Policy 06-008-01	Documentation Standard Guidelines
Policy 06-009-00	Documentation Format
Policy 06-009-01	SOAP Documentation Guidelines

10. APPENDIX

Appendix A: Decision Making Model

Appendix B: Considerations for Hallway Consultation vs Formal Consultation

Appendix C: SBAR Communication Tool


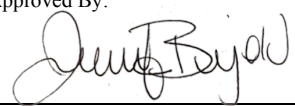
11. REFERENCES

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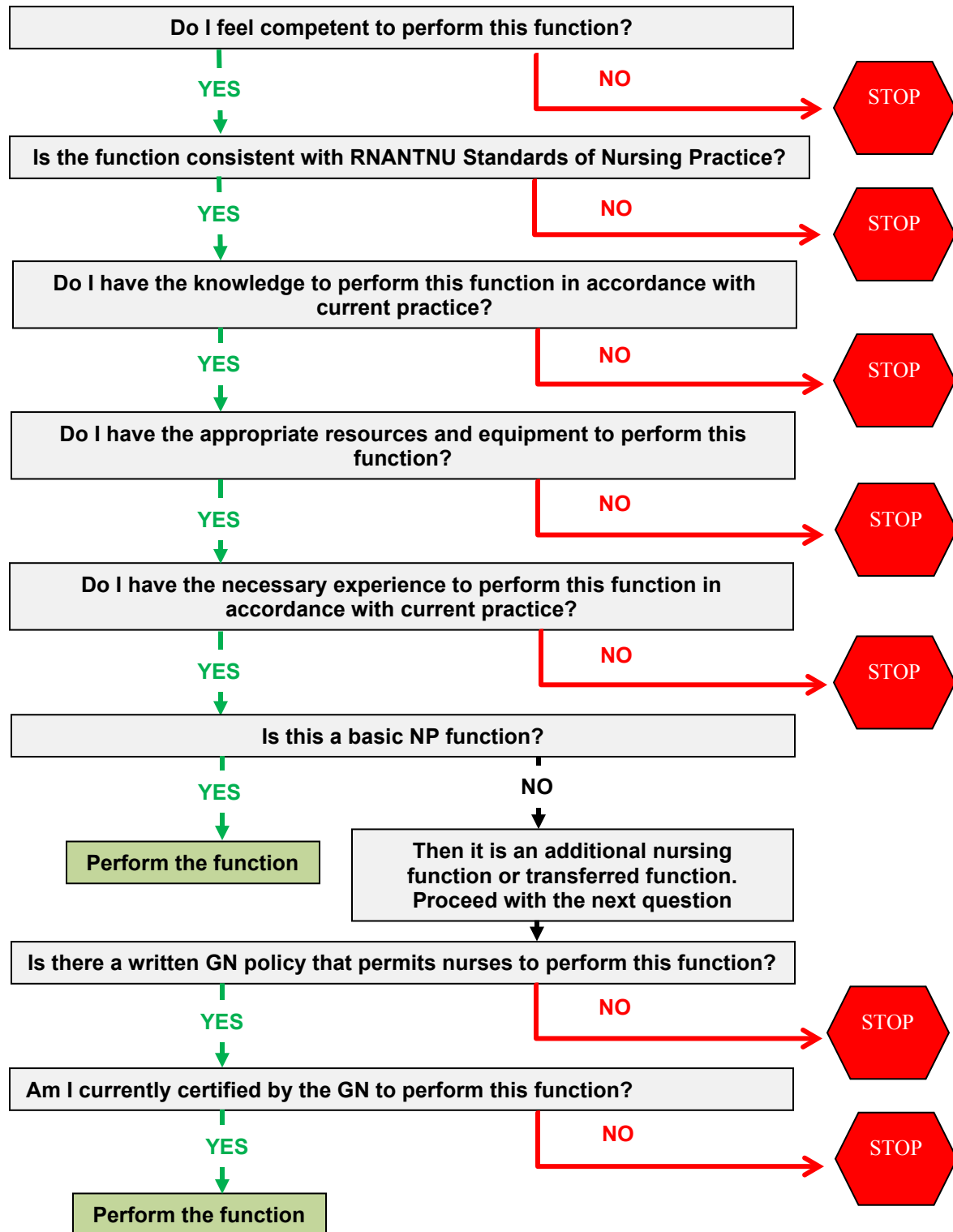
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www.rheumatology.org/Practice-Quality/Administrative-Support/Encounter-Forms/Consultations-Referrals

Approved By: 	Date: July 21, 2022
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APPENDIX A: DECISION MAKING MODEL



APPENDIX B: CONSIDERATION FOR HALLWAY CONSULTATION VS FORMAL CONSULTATION

Factors to consider when deciding whether or not to obtain a formal or informal consultation

LOW RISK FOR AN INFORMAL CONSULTATION	CONSIDER A FORMAL CONSULTATION
Academic questions for the general education of the person seeking the consult	When you need to examine the patient to give good advice
Does not involve making or confirming a diagnosis	The situation presents complex issues or multiple variables to sort out
No detailed discussions or complex advice are required	When the patient requested the consult or knows of your consultation
No need to review patient records or history	If it becomes clear to you that your colleague will suspend his or her own professional judgment to substantially rely on your advice
Questions about whether to order laboratory tests, studies, etc.	When you are consulted because of your specialization or expertise in an area
Amenable to short, simple answers; in general terms; little complexity/few variables to the case; nonspecific advice	You are billing for your advice
To ascertain whether a formal consultation is needed	

(www.ncbi.nlm.nih.gov/pmc/articles/PMC2882285/)

APPENDIX C: SBAR COMMUNICATION TOOL

S	Situation: Identify Client and age <ul style="list-style-type: none"> Brief history of present illness 	
B	Background: <ul style="list-style-type: none"> Past medical history Current Medications including dosage, route and frequency Any IV infusions/antibiotics and when last given Allergies Most recent vital signs and any discrepancies from baseline Pertinent lab results Other clinical information Any follow up appointments, teaching etc. Presence of advance directives 	
A	Assessment: What is the nurse's assessment of the situation. Differential diagnosis	
R	Recommendation: What does the nurse want done	