RIH Emergency Department
Consultation Policy

Endorsements:

I. Purpose

To define expectations for the delivery of consultations in the emergency departments (ED) of Rhode Island Hospital, including the Anderson Emergency Center (AEC) and Hasbro Children's Hospital. The overall goal is to support safe, timely, high-quality, patient-centered care.

A. Definitions

- **On-site consultation**: A request to an on-call service for clinical guidance, performance of a procedure, or admission to the hospital by the service on a specific patient in the ED.

- **Remote consultation:** Remote consultation is defined as when a consultant, (physician or advanced practice provider) is asked for recommendations regarding a specific patient (not general questions about a disease) and does not physically evaluate the patient. Contrary to common perception, this is in fact a remote consultation, not a "curbside" discussion.

- **Curbside (informal) discussions:** For clarity, it is important to note that remote consultations differ from an informal discussion about general medical care, (i.e., "curbsides"), which are gene4ral questions about disease processes not involving a specific patient.

II. Procedures

A. Accurate and reliable on-call schedule. Each service will maintain an accurate on-call list and ensure that on-call schedule changes are communicated to Telecommunications. This is important so emergency physicians (EPs) can page the appropriate consultant and obtain a consult in a timely manner.

B. Emergency physician or advanced practice provider (APP) provides a defined clinical question to consultant. The EP or APP will enter an order in EPIC for each consultative request which will include the specific clinical question(s) asked of the consultant. This ensures that the consultant answers the EP/APP's question to the consultant.

C. Response times: As per Rhode Island Hospital Medical Staff Bylaws, consultants have 30 minutes to return a request (page or call) for consultation, and an additional 30 minutes to initiate the actual evaluation at the bedside. As this is the maximum time for response, it is expected that 80% of consultant callbacks to ED pages will occur within 20 minutes of being paged, and that for 80% of consultations, an in-person evaluation will begin within 20 minutes of returning the page. Additionally, it is expected that 80% of consultations should have initial consultation recommendations communicated to the responsible emergency medicine provider within 2 hours of initial request for consultation (page or call).

- **Definitions:**
    1. *Request for consultation*: Time when the ED secretary pages the consultant. This time is recorded by the ED secretary.
    2. *Call-back.* This is the time when the consultant responds to the EP's request for consultation by phone. This time is recorded by the ED secretary.
    3. *In-person evaluation.* This is the time when the consultant begins assessing the patient in-person. This time should be documented by the consultant and can be documented by starting a note and documenting the "in-person evaluation time."
    4. *Initial consultation recommendations*: These are specific recommendations in response to the clinical question including any additional diagnostic tests that are needed in the ED or after the ED evaluation (as inpatient or outpatient, recommended treatments, and recommended disposition). Initial consultation recommendations should be documented.

D. Real-time, closed loop communication between emergency physician and consultant upon consultation completion. Real-time, closed-loop communication allows both parties to discuss the case, recommendations and disposition and fosters feedback and mutual understanding. This is a two-way communication and includes in-person, telephone, or secure chat communication between EP and a consultant at the time of consultation completion.

E. Documentation of consultation. Documentation of emergency department consultations should be completed and finalized in a timely fashion. Documentation should include, at a minimum:

- A focused patient history and physical exam.
- Recommendations in response to the clinical question. The consultant should specify if she or he believes that additional tests or treatments are needed to answer the clinical question, or if any additional tests or treatments are needed before the patient leaves the ED (and if they should be performed as an inpatient or outpatient). Initial consultation recommendations may be updated to final consultation recommendations after results of these tests are complete.
- The name of the supervising physician with whom the case was reviewed (if the consultation was performed by a trainee), and the time of communication.
- The emergency physician or APP with whom the recommendations were communicated, and the time of communication.

F. Clarification of requests for admission. Some calls to consultative services are requests for admission that are specifically guided by hospital or ED policies or guidelines, e.g., "RIH Admission Service Determination and Patient Placement Guidelines." If such a call for admission results in acceptance for admission over the phone, then an in-person consultation and a separate consultation note is not required.

G. Clarification of the process of consultations. The expectation is that requests for **on-site consultation** from the ED will result in an in-person evaluation by the consultant, from the service team. In cases where the consulting service plans to provide **remote consultation** without an in-person evaluation, the attending EM physician should be aware of this, and specify if the request is for an **on-site consultation** or not.

- Appropriate documentation. **Remote consultations** should be documented. Both parties in a remote consultation should be aware that the conversation is a request for consultation and that their name will be documented in the chart. **Informal discussion (curbsides")** about general medical care should not be documented by Emergency Physicians or APPs as they are not specific requests for consultation about a specific patient.