HSHS St. Vincent
St. Mary's
St. Nicholas
St. Clare

COPIES ARE ONLY VALID ON THE DAY PRINTED

FACILITY:	HSHS St. Vincent Hospital HSHS St. Mary's Hospital HSHS St. Nicholas Hospital HSHS St. Clare Hospital		**MANUAL:** Medical Staff
TITLE:	**Medical Consultation (Required and Recommended)**		**ORIGINATING DEPARTMENT:** Medical Staff Services
SUPERSEDES:	SVGB SNS SMGB SCO	200-01-008 --- --- ---	**POLICY NUMBER:** MS-009

I. POLICY:

Medical Staff recommendations and/or hospital guidelines specifically delineate when medical consultation is required or recommended.

Physicians will be informed of consultation/coverage requests in order to give appropriate medical care.

II. PURPOSE:

To define the circumstances and timeframes within which consultations are completed.

To provide accurate and timely communication of a physician consultation/coverage request.

To specify that consultations are completed in a timely manner.

To reinforce the proper process when requesting a consultation from another healthcare provider.

To comply with Joint Commission, regulatory and CMS standards.

III. GUIDELINES/PROCEDURES:

To expedite a safe consultative process, physician to physician is expected:

- A satisfactory non-urgent (the condition being consulted on is unlikely to deteriorate in 24 hours) consultation shall include a review of the EHR, examination of the patient, recommendation for treatment or diagnostic testing and/or implementation of such within 24 hours of the receiving the consult.
- A satisfactory urgent consultation (the condition being consulted on is likely to deteriorate in 24 hours) should include a review of the EHR, examination of the patient, recommendation for treatment or diagnostic testing and/or implementation of such within 6 hours of receiving the consult.
- For emergent consults, communication must occur between the physician requesting the consult and the consultant. The timing of response must be agreed upon between the two providers. If the two physicians disagree on the timing of response requested for an emergent consult, both parties are strongly urged to reach an agreement that puts the patient's best interest at the forefront. If needed, the requesting physician and/or consultant may address the disagreement with the Medical Staff Services Director at a later time.

A. Consultation Process

1. The physician requesting a consultation should enter the consult order in EPIC and directly contact the consultant to provide the reason for the consult and urgency of the consult. In extenuating circumstances, a telephone or verbal order may be given to the nursing staff. Contact information for the physician requesting the consult should be provided to the consulting physician.
2. The nurse will verify that the consultant has been notified; if unsure they will contact the referring physician ordering the consult for clarification.
3. If the physician to physician contact has not been made, the nurse will contact the referring provider ordering the consult and document in the nursing progress note.
4. For non-urgent consults after 2100, the ordering physician or nurse may contact the consultant's answering service for notification.
5. If the consultant is not available the nurse will notify the referring physician ordering the consult for further instructions.
6. The patient's name will be added to the clinical information system under "MD Consult."

B. The following medical consultations are **REQUIRED**: (As applicable to each HSHS EWD Hospital) Reference all hospital and department policies on the "HSHS EWD MCN Policy Management System."

1. Dialysis/CRRT – Prior to patients receiving any kidney dialysis modality in the inpatient or outpatient units, they have had a consultation with a nephrologist credentialed to provide dialysis.

2. Plasmapheresis – Prior to patients receiving plasmapheresis they have had a consultation with a nephrologist credentialed to provide plasmapheresis.

3. Trauma Surgery – Level I and II Trauma Patients require a consultation with a trauma surgeon prior to admission. (Reference Level I and II Trauma Guidelines).

4. Suicidal Patient Transfers – Inpatients with suicidal behavior require a psychiatric/psychologist or crisis counselor consultation prior to transfer to a psychiatric facility for evaluation and disposition unless EM1 documentation is present.

5. Durable Power of Attorney/Declaration to Physicians – To activate an advance directive (Durable Power of Attorney {DPAHC} or Declaration to Physicians {DP}, the primary physician consults with another physician or a psychologist to determine if the patient is incapacitated {for DPAHC}; or with another physician to determine that a patient is terminally ill/in a persistent vegetative state {for DP}). (Reference Policy MR-13, *Advance Directives Wisconsin*).

6. Critical Care Services Admits – Appointees of the Medical Staff can admit to the ICU's; however, Medical Staff appointees who do not possess ICU privileges are required to transfer the ongoing care of the patient to a Medical Staff appointee who is appropriately credentialed with ICU privileges. (Reference Policy GN-018, *Critical Care Services-Cardiovascular ICU Regulations*).

7. NICU Transfers – Infants being admitted/transferred to the NICU require a consultation by a physician with NICU privileges prior to transfer.

8. PICU Admits – Surgical patients admitted to the PICU without a pediatric intensivist as the attending physician will have a pediatric intensivist consultation. Medical patients admitted to the PICU will have a pediatric intensivist as the attending physician. (Reference policy GN-079, *Admission/Discharge – Pediatric Critical Care*).

9. Dentist, Oral Surgeon, Podiatrist H&P and Coverage for Inpatients – If granted privileges to do so, dentists, oral surgeons and podiatrists may perform the H&P for ASA 1 and ASA 2 classifications of patients. ASA 3 and ASA 4 patients require a History & Physical by a physician who is a member of the medical staff. In all cases, the H&P must be on the chart prior to surgery along with an interval note if one is required. The dentist, oral surgeon and podiatrist must have a relationship with a physician on the Medical Staff (established and declared

in advance) who is available to respond should any medical issue arise with a patient. (Reference policy MR-009 *Medical Record Regulations*).

10. High Risk/Special Needs OB Conditions – Family practitioners are required to consult with an obstetrician or maternal/fetal medicine specialist prior to or at the time they admit an OB patient with special needs/high risk obstetrical conditions. The high risk/special needs obstetrical conditions are mutually agreed upon by the Department of OB/GYN & Department of Family Medicine (reference policy WI-001 *Labor- OB Consults*). Note: It is also strongly recommended that the family practitioner obtain the consultation from an OB or maternal/fetal medicine specialist at the time the high risk/special needs OB condition is diagnosed or suspected.

11. Radiation Physics Consults – Patients with the following conditions or situations will have a Radiation Physics consult as requested by a provider: Prostate seed implants; brachytherapy cases of all types; stereotactic radiosurgery/radiotherapy; pacemaker patients receiving radiation treatments; other types as requested by the radiation oncologist.

12. Hyperbaric Oxygen Therapy – Prior to patients receiving hyperbaric oxygen therapy, they are required to have a consultation with a medical staff appointee credentialed to provide hyperbaric oxygen therapy. Orders to initiate or discontinue therapy are written by a medical staff appointee credentialed to provide hyperbaric oxygen therapy.

13. Renal Artery Stenting – Consultation with a nephrologist is required prior to renal artery stenting, and in most cases, prior to renal arteriography.

14. Intravenous Thrombolysis in Acute Ischemic Stroke – It is required that patients with an acute ischemic stroke who are candidates for intravenous thrombolysis have a consultation with a neurologist/neurointerventionalist/neurosurgeon. (Reference policy PH-030 *Criteria for Administration of Intravenous tPA for Acute Ischemic Stroke*).

C. The following medical consultations are **RECOMMENDED**:

1. Stereotactic Breast Biopsy – It is recommended that patients scheduled for a stereotactic breast biopsy or Ultrasound Guided Breast Biopsy in the Radiology Department have a consultation with a surgeon or be referred by their primary care provider. (Reference Radiology Department Scheduling Criteria).

2. GI Bleed – It is recommended that patients with an active GI bleed who are admitted to the ICU, are hemodynamically unstable or that have other signs of acute bleeding have a consultation with a gastroenterologist or general surgeon with therapeutic GI endoscopy privileges.

3. Neonatal Resuscitation – A physician certified in neonatal resuscitation is recommended, as requested by delivering physician, to be present at deliveries of patients with special care needs.

4. Hysterectomy – In cases where hysterectomy is contemplated and no gross pathology of the uterus is anticipated, pelvic floor relaxation or dysfunctional uterine bleeding do not exist, it is recommended that the consultation with another physician be obtained. The consultation should be recorded in the patient's EMR prior to surgery.

5. Pediatric admits to IMCU status – At the discretion of the admitting/attending physician, pediatric patients admitted to IMCU status may consult a pediatric intensivist.

    - Serious questions relating to PIMCU placement may be arbitrated by the PICU Medical Director or his/her designee, or the Chairperson of the Pediatrics Department (Reference policy: GN-078 *Admission/Discharge-Pediatric IMCU*)

6. Outside Biopsies – For patients that are scheduled for a major surgery, that have had a biopsy performed at another facility, it is recommended that the outside biopsy slides, pertaining to the surgery, be reviewed by a St. Vincent Hospital pathologist prior to surgery. The St. Vincent Hospital pathologist provides this review at no charge to the patient.

7. Non-Heart Beating Cadaver (Cardiac Death) Organ Donation – An Ethics Committee consult is recommended for non-heart beating cadaver organ donation cases. Following the removal of life support for non-heart beating cadaver donors, a physician not associated with the Transplant Team must be consulted to declare the patient's death. (Reference Policy GN-020, *Organ Procurement*).

8. Unresolved emotional or physical issues that affect quality of life – A Palliative Services consult is highly recommended for patients who are experiencing a serious illness/injury including a debilitating chronic or life threatening illness/injury regardless of prognosis. Palliative Services can provide assistance in making health care decisions/goals of care whether that be aggressive, hospice care, or some combination of both. Palliative Services can also address unresolved symptom control, such as pain, fatigue, grieving, respiratory distress, delirium, constipation, anorexia, insomnia, nausea/vomiting, etc. (Reference policy *Adult Palliative Services.*)

IV. SPECIAL INSTRUCTIONS:

Documentation of Consultations: Per *Medical Record Regulations*, Policy MR-009, consultation requests will be documented in the medical record.

V. DISTRIBUTION:

Medical Staff Appointees
Allied Health Professionals