

Title: <i>ED Consultations or Requests for Admission</i>			
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Endorsed: N/A	Date	Endorsed: NA Date	Pages 1 of 2 Written: 12/02/15 Reviewed: Revised: Issued: 11/9/17
Approved: <i>Loring Rue</i> 02/1/2016 Loring Rue, MD, FACS Chief Medical Officer UAB Health System	Date	Approved: <i>Martin Heslin</i> 02/1/2016 Martin Heslin, MD, MSHA Chair, Med Exec Committee	Discontinued:

PURPOSE: To establish standards for medical staff practices with regard to requesting and providing consultations or admissions from one of the Emergency Departments.

SCOPE: This policy applies to all Medical and Dental Staff who are requested to consult on or admit patients to UAB Hospital.

POLICY STATEMENT: It is our belief that patient care is best when there is appropriate communication between the emergency department and consulting or admitting teams. Consultations and admissions that are provided in a timely manner facilitate patient throughput and make resources available for other patients.

ASSOCIATED INFORMATION:

- A. **Definitions:**
 1. **ED Service** is the group of physicians (attending and resident) providing medical care for a patient in the emergency department.
 2. **ED Attending** is the physician who is in charge of the patient’s care in the emergency department.
 3. **Consulting/Admitting Team** is the team or physician that has been called by the ED Service to help with a particular problem, either by providing consultative services or by admitting the patient to the hospital.
- B. **Background Information:** Consultations, if not provided in an expeditious manner, may delay patient care. Patient care may also be adversely affected by poor communication between the Emergency Department and consulting/admitting teams.

POLICY:

- A. Consults shall not be refused.
 1. Consulting/admitting services shall see a patient when requested to do so by the ED Service and a note shall be placed in the patient’s electronic medical record.
 2. Residents and fellows shall not refuse consultation requests. In the event that a request is outside the scope of a consultant’s practice, the matter should be escalated to the consulting team’s attending physician, who may choose to see the consult or discuss the matter with the ED service.
- B. When requesting a consult from a medical or surgical service, the ED Service shall initiate the consult request by personally contacting the consulting service to discuss the question to be answered by the consultation or request evaluation for admission. The date and time of the request, as well as the person contacted, shall be documented by the ED Service.
- C. Consultations shall be appropriately documented in an IMPACT Consult Note. Admissions to the hospital shall be documented by a History and Physical.

1. **Significant or time-sensitive recommendations or major changes in patient care shall be clearly relayed by personal communication** (e.g. not by e-mail or chart messaging) to the ED Service as soon as feasible.
- D. For consultation or admission requests from the Emergency Department, the following are expected:
 1. The patient shall be seen by the consulting/admitting team within one hour of the request, regardless of whether further tests have been ordered. If the patient has not been seen one hour after the consultation request, the ED attending physician shall discuss the delay with the attending of the consulting/admitting service.
 2. If the patient is to be admitted, the admission orders shall be entered within 2 hours of the initial request to see the patient. Alternatively, for patients requiring inpatient admission or observation status, the ED Service may place a bed request and order for admission after discussing the patient with the admitting team.
 3. If the patient is to be discharged, appropriate disposition and/or recommendations shall be entered in the medical record within 2 hours of the consultation request.
 4. Some consultants and services are not readily available at the UAB Highlands campus; therefore, an urgent need for access to these physicians or services shall be facilitated by transferring the patient to the main campus. The decision to transfer shall be made after a discussion between the ED service and the consulting team. However, **patients shall not be transferred to the main campus simply for the purpose of routine consultation.**
- E. Patients accepted in transfer from an outside emergency room to the UAB Emergency Department shall be personally seen by the accepting team upon request from the UAB ED Service. Although the UAB Emergency Department is generally willing to help evaluate and manage these patients in the ED, as appropriate, the accepting team shall be held responsible for the appropriate management of the patient. This shall include, but is not limited to, calling appropriate consultations and either admitting the patient or arranging an alternative disposition.
 1. Immediately following a brief initial assessment by the ED Service, the ED physician shall page the accepting physician (or a representative from that physician's team) with a notification of the patient's arrival and request for evaluation by the accepting service.
- F. Completion of the initial consultation shall not be deferred by the consulting team due to pending data or test results.
- G. Every effort shall be made to complete consultations promptly in order to **avoid delays in patient care** and promote patient throughput.
- H. Expectations for follow-up shall be clearly communicated by the consultant in documentation.
 1. If the ED Service disagrees with the documented schedule for follow-up, the issue shall be resolved by **personal communication between attending physicians.**
- I. Recommendations for specialty-specific post-hospital care shall also be specified by the consulting team in the documentation.
 1. Consultants shall be expected to either coordinate or provide explicit instructions for how to coordinate recommended follow-up care.
- J. As noted throughout this policy, any conflict between services shall be handled **by personal communication between attending physicians.** Any persistent conflict shall be escalated to the medical director or, if necessary, to the CMO-on call.

REFERENCES: None			
CMS:	None	TJCH:	None
NFPA Ref #			

Cross-References (CR):		
*Generation of Orders (Patient) (CR)		

ATTACHMENTS: None.

INTERDISCIPLINARY COLLABORATION

<i>None</i>	
Physician / Medical Committees	Endorsement Date
<i>None</i>	
Committees / Councils	Endorsement Date
<i>None</i>	
Hospital Department(s)	Endorsement Date

Tracking Record

Supersedes:
File Name: <i>ED Consultations or Requests for Admission MS#29</i>
REVISIONS: Consistent with Joint Commission Standards, this policy is to be reviewed 3years and/or as practice changes.