



# Stony Brook Medicine Administrative Policy and Procedures

<b>Subject:</b> MS0005 Consultations	<b>Published Date:</b> 07/26/2021
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<b>Scope:</b> SBM Stony Brook Campus	<b>Original Creation Date:</b> 08/01/1988

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## **Responsible Department/Division/Committee:**

Medical Staff Office

## **Policy:**

The medical staff obtains and performs consultations for University Hospital patients using a standard procedure whenever a medical evaluation regarding the diagnosis/treatment/management is required.

Consultation is appropriate in cases in which the diagnosis is obscure, when doubt exists as to the best therapeutic measure to be utilized and in major surgical cases in which the patient is judged to be a poor surgical risk.

Routine consultations must be performed within 24 hours. Urgent consultations must be answered within 4 hours, emergent consultations must be initiated within 60 minutes. When operative procedures are involved, the consultation note shall be recorded prior to the operation except in emergency situations. Consultations provided by resident staff must be done in accordance with the hospital policy on supervision of postgraduate trainees.

Physicians on-call to consult in the Emergency Department respond, examine and treat patients with emergency conditions where stabilization of individuals is necessary, as soon as possible but no longer than 60 minutes.

## **Definitions:**

**Emergent consultation-** Consultant service expertise is required for emergency stabilization of the patient. Assists with diagnosis and/or recommendations for management. Must be initiated within 60 minutes.

**Urgent consultation-** Consultant service expertise is required to assist with diagnosis and/or to direct the care of the patient. These are to be completed and signed within 4 hours.

**Routine consultation-** Consultant service expertise is needed to assist with diagnosis/and or management of the patient, but the patient is currently stable and receiving treatment. These are completed and signed within 24 hours.

## **Procedures:**

### A. Requesting a Consultation:

- a. When a patient's primary team has decided that another service is needed to assist in the care of their patient:
  - i. A consultation request will be entered into the EMR.
  - ii. The primary team calls the service for the consultation and provides to the consulting service:
    1. The reason for the consultation; describing specifically what service the team wishes the consultant to perform and/or the question to be answered regarding the patient's diagnosis/management.
    2. The timeframe for the consultation to be initiated (which includes bedside exam) i.e. emergent, urgent or routine.
  - iii. If the consultation is emergent, and the consultative service does not respond to a text/page to request the consultation within 10 minutes, the attending physician of the consultative service is called. If they do not respond in another 10 minutes, the chief of the division or their designee is to be called (as applicable). After 10 more minutes, the chairperson of the service is called. And if still another 10 minutes has passed, the Chief Medical Officer/designee is called.

### B. Performance of a Consultation:

- a. When contacted by the patient's primary team, the consultative service informs the primary team when the consult will be done, keeping within the required timeframe based on the clinical status of the patient.
- b. Requests any additional information to prioritize the consultation.
- c. Upon completion of the consultation, the consultant:
  - i. Writes a summary of his/her activities, findings, and/or recommendations in a Consultant Note in the EMR.
    1. Emergent and Urgent consultations, also, require a verbal report to the primary service that requested the consultation to allow for the ability to ask and answer questions.

- ii. States in a progress note in the EMR: "Chart reviewed, history obtained, and patient examined. Full report to follow." If this option is chosen, the full report must be given within the timeframe required by the urgency of the consult. Emergent consult reports are completed as soon as possible.
  - d. Consultations are not considered complete until signed by the attending physician.
- C. If an authorized provider wishes a non-University Hospital health practitioner to perform a consultation on a patient, he/she arranges for the proposed consulting authorized provider to receive administrative privileges for the consultation. (Refer to the policy on Administrative Privileges cross referenced below.)
- D. In all cases the patient's authorized provider advises the patient that he/she has arranged for a consultation from another health practitioner and that the consultant may charge a fee for his/her professional services.

**Forms:** (Ctrl-Click form name to view)

Consultation Request and Report (Downtime DAS form UH2C017)

**Policy Cross Reference:** (Ctrl-Click policy name to view)

None

**Relevant Standards/Codes/Rules/Regulations/Statutes:**

[Medical Staff Rules and Regulations Section 8](#)

**References and Resources:**

None