



Stony Brook Medicine Administrative Policy and Procedures

Subject: MS0005 Consultations	Published Date: 06/01/2023
Medical Staff	Next Review Date: 06/01/2026
Scope: SBM Stony Brook Campus	Original Creation Date: 08/01/1988

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

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.

Definitions:

Authorized provider - A member of the medical staff, resident/fellow physician, nurse practitioner or physician's assistant permitted by law and Stony Brook University Hospital (SBUH) to provide medical care, treatment and services within the scope of licensure and/or consistent with individually granted privileges.

Emergency consultation- Consultant service expertise is required for emergency stabilization of the patient. Assists with diagnosis and/or recommendations for management. Must be initiated as soon as possible, but within 60 minutes.

Urgent consultation- Consultant service expertise is required to assist with diagnosis and/or to direct the care of the patient. Urgent consultations are to be initiated by an attending physician or an authorized provider as their representative within 4 hours. When the patient is seen by a representative, the patient is discussed with the consulting attending physician and the plan of care is communicated to the requesting service within 4 hours. A note is entered in the patient's medical record which documents the plan of care and attending supervision, and then to be subsequently cosigned by the attending physician within 24 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.
 - a. It is acceptable for an on-call physician to send another authorized provider as their representative to appear at the hospital and provide assessment or stabilizing treatment to an individual. The designated on-call physician is ultimately responsible for providing the necessary service to the individual in the ED, regardless of who makes the in-person appearance.
 - b. Telehealth consults may be used, as appropriate, during a public health emergency when provided for by relevant regulatory agencies such as the Department of Health and CMS. Additionally, video visits may be used to evaluate patients without a procedural need or for conditions where physical exam is not a major contributor to clinical decision making. Telehealth is provided in accordance with [LD0112 Telehealth Services](#).
 - 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)

[LD0112 Telehealth Services](#)

[MS0015 Responding to Consultation Requests for Emergency Stabilization](#)

Relevant Standards/Codes/Rules/Regulations/Statutes:

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

References and Resources:

None