



Washington University Physicians

Washington University School of Medicine in St. Louis

Standards for Inpatient and Addendum for Emergency Department Consultations on the Washington University Medical Center Campus

Approved by WUSM Faculty Practice Plan: November 21, 2017

Previous versions approved March 2003, December 2005, and June 2008

Principles:

- 1) Consultations are provided within a reasonable time frame, as determined by the patient's condition. Requestor of the consultation may clarify on discussion with the consultant during initial request.
- 2) If additional consults are necessary within the same specialty, they are provided by the physician who performed the original consultation whenever possible.
- 3) Medically urgent consultation results are reported to the attending physician as soon as possible and no later than by end-of-business day.
- 4) An abbreviated note is entered in the chart at the time of the consultation, indicating the patient has been seen and summarizing major findings and recommendations. Full consultation notes are in the chart within 24 hours. Consulting trainees should clearly state the supervising attending physician.
- 5) Consultation notes are added to the patient's permanent medical record.
- 6) A faculty attending physician provides all requested inpatient consults and supervises house staff in the provision of requested inpatient consults. This policy applies to all patients. As a general principle, attending physicians staff and see the consult within one business day, or sooner based on patient condition.
- 7) Inpatient consultations should be requested in situations where the consult may impact the patient's hospital care. Many non-acute problems are best handled by outpatient consultation following hospital discharge (ex: patient has chronic back pain or needs a routine gynecologic exam or pap smear). The consulting service can discuss this with the primary team to enable continuity of care and access.
- 8) Non-emergent day-of-discharge consults should be avoided by anticipating the need for potential consultations as early as possible during the patient's hospitalization. Non-emergent consults requested on the day of hospital discharge may be managed by a consulting resident who may communicate with their faculty attending.
- 9) First year residents must review with a supervising attending the need for inpatient consultation before requesting a consult from another service.
- 10) Consult requests for certain very minor problems or routine care may be provided by a resident.
- 11) In the care of complex patients, in which multiple consultants are engaged, the primary team may request that the specialties discuss care together, and may coordinate with the respective attending physicians.
- 12) Inpatient consultations should be billed only if a credentialed faculty attending has been involved in the patient's care and all other requirements of Medicare and/or the WUSM Physician Billing Compliance Policy have been met.
- 13) Concerns regarding compliance with these standards for inpatient consultations should be directed to the CMO of the Faculty Practice Plan and the CMO of the hospital.

Addendum for Consultations in the Emergency Department

The following policy and process changes are designed to expedite ED consults and admission decisions. This policy is being recommunicated:

1) The appropriate inpatient service for “medically stable” ED patients will be determined by the primary indication for admission. Below are guidelines defining common medical/surgical conditions to be admitted to the various inpatient services.

- A. ED patients requiring surgical procedures will be accepted on the relevant surgical service if the admission would not otherwise be warranted, even if the surgery is not immediate.
- B. Patients presenting to the ED within 72 hours of discharge from a given inpatient service and requiring re-admission for a related medical problem will be accepted onto that service.
- C. Patients presenting to the ED within 14 days of a procedure with a related chief complaint will be accepted by the service that performed the procedure.

2) Consult delays and disagreements regarding the appropriate admitting service or extent of testing required to make an admission decision will be resolved by direct discussion between the EM attending physician and the attending physician on duty for the consulting clinical service.

3) If the two attending physicians disagree as to the appropriate inpatient service, the EM attending will make the final decision.

4) Many patients have significant co-morbidities requiring care by more than one subspecialty. All clinical services will provide timely inpatient consultations on patients admitted from the ED. Consultations should be performed within 8-12 hours of admission or sooner if dictated by the patient’s medical condition and needs.