***Sent on behalf of Sajeev Handa, MD, Chief, Hospital Medicine – LPG

& President, RIH Medical Staff Association and

James Arrighi, MD, Director, Graduate Medical Education***

Inpatient Consultation Flexibility During COVID19 Crisis

Effective March 18, 2020 until further notice

This guideline pertains to consultations on any hospitalized patient.

For primary care teams seeking consultations:

1. Consider whether your clinical question can feasibly be answered with a "telephone" consult.

2. If so, call consult resident/fellow/attending, state reason for consult and what data are available for review.

3. For any consult initially initiated as telephone consult, it may be escalated to a usual consult at the discretion of primary or consult team, based on clinical situation and complexity of case.

For consulting services:

1. "Telephone" consults (initial or follow up) are encouraged if the guidance requested by the primary care team can reasonably be provided without

obtaining your own history and physical exam on the patient. If for any reason, face-to-face consultation is in the best interests of patient care, then usual consult practice should be followed.

2. Consultant should review any relevant data on LifeChart (e.g. lab results, ECG, imaging studies).

3. Telephone consults should be documented in LifeChart with a consultation or progress note that is appropriate to the clinical scenario.

4. If consult is performed by a resident or fellow, attending medical staff should attest note as usual, but using attestation options that accurately reflect your level of engagement. Most of these options already exist in the attestation templates (e.g. I have discussed the case with the fellow" or "I have reviewed the ECG").

5. *You should not generate a billing code for a telephone consultation at this time. Should this change in the future we will advise accordingly.*

For imaging review and consultation:

1. While it often is "best practice" to review images on your patients with the imaging service in a reading room, this practice is discouraged at present.

2. It is advised that most imaging review and consultation be performed over the phone with the imaging team.

3. If direct, face-to-face review of the imaging study with a radiologist is in the best interests of the patient, then this should be done as usual.

Provider to provider communication is key.

Inpatient Consultation Flexibility During COVID-19 Crisis