



Mental Health Emergency Center

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CONSULTATIONS

POLICY STATEMENT

It is the policy of the Medical Staff to assure that a consultation with a qualified Medical Staff member is ordered when the attending practitioner's expertise does not meet the clinical needs of the patient, or when the best interests of the patient will be thereby served. All capitalized terms not defined in this Policy shall have the meaning set forth in the Medical Staff Bylaws.

1. INDICATIONS FOR REQUIRED CONSULTATION; QUALIFIED CONSULTANT

Whenever a Staff Member is confronted with any of the circumstances described below, the Staff Member must consult with Staff Members who possess the appropriate qualifications. An appropriately qualified consultant should: (1) be a recognized specialist in the applicable area as evidenced by certification by the appropriate specialty or subspecialty board or by a comparable degree of competence based on equivalent training and experience; and (2) have the licensure, skills, judgment and Clinical Privileges requisite for evaluation and treatment of the condition or problem presented. Except in an emergency, the Medical Staff requires consultation with the following Staff Members in the following circumstances:¹

Circumstance	Consultant
An issue or question arises that is outside the scope of the Staff Member's licensure, education, training, experience, skills, or Clinical Privileges	An appropriately qualified consultant
The complexity of the patient's condition requires careful coordination	An appropriately qualified consultant

¹ Wis. Admin. Code DHS § 124.12(5)(b)10 (2016).

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Circumstance	Consultant
Patient is known or suspected to be suicidal and/or homicidal	Psychiatrist or Clinical Psychologist
Admission to a particular unit or department of the Medical Center requires consultation	Refer to the Department policy
Consultation is required by law	An appropriately qualified consultant
Consultation is requested by the patient or patient representative(s)	An appropriately qualified consultant
A surgery, procedure or treatment is considered high risk or controversial	An appropriately qualified consultant
Problems of critical illness in which a significant question exists with respect to the appropriate procedure or therapy	An appropriately qualified consultant
Cases of difficult or equivocal diagnosis or therapy	An appropriately qualified consultant

2. REQUEST, RESPONSE AND DOCUMENTATION

2.1 Request.

The Staff Member requesting the consultation must:

- (a) Contact the consulting Staff Member directly by telephone or in person (Staff Member to Staff Member contact required) to request the consult;
- (b) enter an order requesting the consult; and
- (c) Provide the consulting Staff Member with adequate information to enable the consulting Staff Member to provide the consultation, including the reason for the request and the extent of involvement in the care of the patient expected from the consultant (e.g., “for consultation and opinion only,” “for consultation, orders, and follow-up about a particular problem”).

2.2 Consultation and Documentation.

The consulting Staff Member shall be responsible for: (a) responding to a request for consultation within twenty-four (24) hours of his or her receipt of the request, unless otherwise directed by the requesting Staff Member; and (b) preparing and signing a consultation report which describes the consultant’s findings, opinions and recommendations, and reflects an actual examination of the patient and the medical record.² Pre-procedure consultation reports should be entered into the medical record or dictated prior to the procedure.

REFERENCES:

Federal Regulations

² Wis. Admin. Code DHS § 124.14(3)(a)8. (2016).

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- None.

Wisconsin Statutes

- None

Wisconsin Administrative Code

- Wis. Admin. Code DHS § 124.12 (2016)
- Wis. Admin. Code DHS § 124.14 (2016)

FORM(S): None

MEDICAL EXECUTIVE COMMITTEE APPROVAL:

BOARD OF DIRECTORS APPROVAL: