

## Clinical Service Standards

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### Introduction

While all clinicians strive to provide quality clinical care, few pause to consider what constitutes clinical “quality”. Quality has been defined as “doing the right thing the right way”, and most of the chapters in this book will focus on “the right thing”, i.e., acquiring and applying knowledge and clinical skills to make correct diagnoses and offer appropriate recommendations. In this chapter, we focus on the second half of the definition, “the right way”, because as will become clear, both components are required in order to render quality clinical services.

Consider a patient on an orthopedic surgery service who develops tachycardia and hypotension on postoperative day three. The general medicine consultant is called, sees the patient within one hour of the request, recommends obtaining a spiral CT of the chest that confirms the diagnosis of pulmonary embolism, and ensures that appropriate therapeutic measures are instituted. While the knowledge and skills needed to suspect, diagnose, and treat pulmonary embolism are important, equally vital to the success of the consultative effort is the availability of the consultant, the timeliness of the response, an effective triage process, and the ability to communicate clear and concise recommendations. As with other aspects of clinical practice, effective General Medicine consultation requires the physician to do the “right thing” the “right way” to ensure optimal patient care. Goldman et al previously identified “ten commandments” for effective consultations.<sup>1</sup> Here we will focus on four elements of the consultative process which are critical to meet the needs of the referring physicians and their patients: accessibility, timeliness, triage, and clarity.

### Accessibility

Arguably, the most important component of the consultation process is accessibility, or being available to receive referrals from colleagues on a continuous basis. While the general internist may not field as many urgent or emergency consultations as their colleagues in critical care, it is not unusual for clinicians to call the general internist initially when a patient acutely deteriorates, particularly when the etiology of a problem is not readily apparent. Thus, establishing effective procedures to remain continuously available to receive incoming requests is necessary to ensure proper care for acutely ill patients. In addition, for patients who are

stable, ease of access will encourage referring physicians to call and enlist the assistance of the generalist, thus improving the quality of care for all patients.

Maintaining constant availability is difficult, particularly when other duties and responsibilities are present, such as seeing patients in ambulatory settings. Therefore, the availability of an internist to respond to consultative requests is likely to be associated with the size of the group practice. A solo practitioner, or a small group (e.g., < 3 Internists), will have difficulty in reliably responding to consultative requests. If the availability is inconsistent or unreliable, specialty referrals will eventually wane, even if the quality of the consultation is better than other internist groups. Thus, for small groups, it is reasonable to establish procedures whereby a nurse or other non-physician healthcare provider fields the consultation requests to ensure availability. Alternatively, consultative duties may be shared with a colleague, or clinicians from another group practice, so that consultative responses are consistently available.

### Timeliness

The second service dimension of consultation is timeliness, referring to the interval between the request for consultation and the time the patient is seen. In their survey of clinical service standards at academic health centers (AHCs), Retchin et al., found wide variation in standards for timeliness of response to emergent consultation requests. Of sixteen AHCs with written service standards, nine had standards for timeliness of response to inpatient consultation requests. Of these, the expected response time varied from ten minutes to “same day”.<sup>2</sup> Standards for timeliness of response to routine consult requests showed much more homogeneity with eight of nine requiring response within 24 hours.

In general, the timeliness of consultative response is influenced by the information gathered during the early stage of response (see “Triage” below). Thus, the clinical stability of the patient, the referring physician’s comfort level in managing the patient, and the context of the patient’s illness within which the consultation occurs are important variables that determine how quickly the patient is to be seen. Often it is helpful to let the referring physician know an approximate time that the consultant will be seeing the patient so the timeliness can be incorporated into the patient’s treatment plans. This time interval can also be helpful to communicate to the patient, families, nurses and others.

### **Triage**

Regardless of the mechanism used to receive consult requests, all referrals must be reviewed in a timely manner so the third service dimension, "triage", can occur. "Triage" is derived from the French word "trier" meaning "to sort". For clinicians, this usually involves deciding which patients are unstable and, thus, must be seen urgently. In order to effectively triage consultation requests, the clinical question being posed by the referring physician must be clear and a basic understanding of the context of the consult should be obtained.

The referring clinician's impression of the clinical stability of the patient is vital to the evaluation of the urgency for consultation. If, after hearing about the patient, the general internist consultant is unclear regarding the urgency from the referring physician's perspective, the consultant should ask, "How urgent is the request?" or, "How soon would you like me to see your patient?" If a nurse or other provider answers these calls, these may be particularly important questions to include in their protocol.

Assessment of the severity of the patient's clinical status is largely based upon the information given by the referring physician. Sometimes a colleague may be dealing with a much more acute problem than they had previously recognized and a few simple but specific questions can suffice, such as, "What are the patient's vital signs? What are the patient's other active medical problems?" These questions can help to delineate the urgency of the consultation.

The clinical context of the consult request is integral to triage decisions. For example, a preoperative evaluation is typically not an urgent consultation unless the patient is undergoing urgent surgery to address a life-threatening problem. Thus, it is important to understand the principal reason for the hospitalization and the acuity and severity of the problem to be addressed in the consultation. Other variables may influence the urgency of the consultation, such as the comfort and skill level of the nurses caring for the patient, as well as the patient's expectations of their care as well as that of their family.

### **Clarity**

Once the patient is seen and recommendations are formulated, clear and concise recommendations for the referring physician are necessary to complete the effective consultation. The mode of communication is not as important as ensuring that the recommendations are received and understood.

Thus, while a dictated consultation note is desirable, a telephone call to a colleague expedites the communication of a few key recommendations and ensures that the consultant's input will be received. Moreover, at the same time this communication gives the referring physician an opportunity to ask questions and clarify the recommendations. Clarity is extremely important regarding both the question from the referring physician and the recommendations. Lack of clarity can lead to serious disagreements for both of these areas. Lee et. al., showed that requesting physicians and consultants on general and subspecialty medical consultation services disagreed on both the reason for the consultation and the principal clinical issue in a significant number of cases.<sup>3</sup>

If handwritten notes are used, legibility is critical to avoid misunderstandings that might lead to medical errors. In addition, recommendations should be explicit and precise. Thus, rather than simply recommending that a particular pharmaceutical agent (e.g., Digoxin) be initiated, the consultant should expand the recommendation to include the dose, frequency, and route of administration. At the same time, it is important to be concise. Sears et. al., demonstrated that compliance with consultant recommendations increased when fewer recommendations were made.<sup>4</sup> Thus, the recommendations should be limited to those that are most relevant and germane to the original reason(s) for the consult and have the potential to significantly impact the patient's care and outcomes.

Regular follow-up notes have also been shown to enhance requesting physician compliance with consultant recommendations.<sup>5,6</sup> However, a word of caution is necessary in this suggestion. Medicare guidelines specify clear guidelines in qualifying consultations for payment. Full explanation about the requirements for consultative follow-up is beyond the scope of this section; however, among these guidelines have been the specific requirement that consultant follow-up visits require explicit requests by the referring physician. Thus, routine follow-up visits by consultants may not be appropriately billed as consultations without this request.

In summary, the general internist who provides consultative services must possess the knowledgeable and skills necessary to provide quality clinical care to their patients. At the same time, the consultant must ensure that their care is accessible and timely, that they effectively triage or prioritize requests for consultation, and that their communication is clear, concise, and addresses the

needs of the referring physician. By focusing on “doing the right thing the right way” the generalist can provide a valuable service to colleagues and quality care to patients.

### **References**

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