

## CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

<b>SECTION I:</b>	<b>PATIENT FOCUSED FUNCTIONS</b>
<b>CHAPTER 2:</b>	Provision of Care, Treatment and Services
<b>PROCEDURE 2.23:</b>	<b>Clinical Consultation</b>
<b>REVISED:</b>	10/27/08; 04/13; 07/17; Reviewed 02/18
<b>Governing Body Approval:</b>	02/26/09; 04/25/13; 07/27/17; 04/18

**PURPOSE:** All clinical staff members play a role in ensuring the delivery of high quality health care services. When issues are identified that are outside the treatment team's collective scope of practice or expertise, consultation resources need to be provided to meet these patient needs. This policy outlines the process for obtaining clinical consultation.

**SCOPE:** All Clinical Staff

### **PROCEDURE:**

1. All members of the treatment team are encouraged to suggest consultation in circumstances including, but not limited to:
  - Patient dissatisfaction
  - Diagnostic uncertainty
  - Lack of therapeutic progress
  - Risk concerns
  - Need for diagnostic procedure beyond the scope of the treatment team's scope of practice
  - Need for therapeutic intervention beyond the scope of the treatment team's scope of practice
2. The team Psychiatrist is responsible for the decision to obtain behavioral health consultations. The assigned Ambulatory Care Service (ACS) Clinician is responsible for the decision to obtain medical consultations.
3. Requests for behavioral health consultations are presented to the Service or Division Medical Director. Requests for medical consultation are presented to the Chief of Professional Services. They will review the appropriateness of each consult request. If the request is approved they will also determine if the identified need can be met through the use of internal resources (regular CVH professional discipline staff) or if external consultation is required, ("External consultation" includes that performed by people with less than full privileges, e.g., physicians with consulting privileges on the Medical Staff.) The Service or Division Medical Director will notify the Chief of Professional Services (COPS) of all approved requests for external behavioral health consultation.
4. For all external behavioral health consultations, the originating clinician, in conjunction with other necessary staff, will tentatively schedule the consultation after receiving approval. If special funding is required the COPS is contacted. The COPS will verify the availability of

funding, and confirm with the originating clinician that the consultation may proceed.

All external medical consultations will be arranged through ACS, and the team will be notified of the time, place, and other requirements related to the consultation.

5. The originating Clinician, either a Psychiatrist or ACS Clinician dependant on the type of consultation, is responsible for assuring that the purpose of the all consultations is clearly conveyed to the consultant, and for arranging with the consultant for the appropriate documentation of consultation results. (For external consultation, this will generally involve a written report by the consultant; internal consultation can be documented in a progress note written either by the consultant or by a participating team member.)
6. The originating Clinician, either a psychiatrist or ACS Clinician depending on the type of consultation, is also ultimately responsible for assuring that recommendations of the consultation are reviewed and discussed with the treatment team, and implemented when considered appropriate. If the recommendations are not going to be implemented, the psychiatrist or ACS Clinician should document the rationale in a progress note.
7. When an external (to CVH) authority requests consultation, the Division/Service Medical Director should be informed immediately.