

PHYSICIAN POLICY BRIEFS

Consultation Policy

It is the policy of Lourdes that attending licensed independent practitioners (LIPs) will request a consultation with a qualified consultant, for hospital inpatients, when diagnosis or management is in doubt for an unduly long period of time, when complications arise, or when specialized treatments or procedures are contemplated that are beyond the scope of privileges granted to the attending LIP. The attending LIP shall (a) personally contact the consulting physician when the inpatient's condition/treatment requires the consultant's assessment in person; (b) write an order using the Consultation Record form; (c) document the reason for the consult and discussion of case; (d) document details regarding pertinent clinical and diagnostic information; and (e) document the time frame in which the consult is requested, using one of the following criteria: (1) emergent – seen by the consultant immediately; (2) urgent – seen by the consultant within a few hours; (3) less urgent – seen by the consultant today; (4) routine – seen by the consultant within 24 hours. **Regardless of whether a consultation is needed emergently, urgently or routinely, the attending LIP must speak directly with the consultant.** The consulting physician must complete the consult within the time frame specified by the attending LIP. The consultant shall write a brief progress note within the applicable time frame. A complete consultation summary shall be written or dictated within 24 hours of the consultation visit.

Disruptive Behavior

It is the policy of Lourdes that all individuals are treated with courtesy, respect, and dignity. Lourdes requires that all associates, contracted staff, vendors, and providers conduct themselves in a professional and cooperative manner in the hospital or on Lourdes property. There is zero tolerance for intimidating or disruptive behaviors. Incidents that involve disruptive behavior by a provider will be reported to the VPMA for immediate attention. A discussion with the offending provider will be conducted by the VPMA and the President of the Medical Staff. All meetings and action plans will be documented and will be reviewed at the time of reappointment.

Duty to Respond

All on-call physicians are required to respond to the hospital to evaluate and treat patients in a timely manner. Where an emergency exists, the response shall be within 30 minutes, and in all other cases, the response shall be within 60 minutes. For patients in the Women's and Children's unit, the response time by attending or covering physician shall be within 15 minutes. In the event a patient's condition requires immediate physician attention, the registered nurse shall notify the attending physician or designee by using the prefix 911 page system (dial beeper number, enter unit number, enter 911, then pound (#) key, and hang up). On-call physicians who are not able to fulfill an on-call shift are responsible for securing their own backup coverage and for notifying their respective answering services and covering physicians to avoid a failure in coverage.

Ethics Consultation

When an ethical issue presents either because conflicts exist between parties involved or the care itself presents ethical, spiritual or legal issues which require consultation with the Ethics Committee, the Ethics Consultation process can be initiated. A referral may be made by the physician, patient, family member or staff member by calling Administration at extension 5515 during regular business hours or the Administrator On Call during non-business hours.

Impaired Practitioner

An impaired practitioner, as defined by the American Medical Association, is “one who is unable to practice medicine with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs, including alcohol.” Referrals of impaired practitioners shall be made to the Medical Staff Health Committee and ultimately to the MSSNYS Commission for Physician Health (CPH) or the NYS Department of Education Professional Assistance Program. The phone number to contact the MSSNYS CPH is 1-800-338-1833.

Patient Care Conference

Patient care conferences employ an interdisciplinary approach to identify patient needs and the best way to meet those needs. When it becomes evident that a patient has complex medical problems or complex discharge planning needs, the assigned case manager will consult with health team members caring for that patient to determine whether a multi-disciplinary care conference is indicated. Any member of the health care team may request a patient care conference. Care conferences should automatically be considered in the following circumstances: (a) Frequent admissions to the hospital (3 related admissions within a 30-day period, or more than 5 admissions within the last 6 to 12 months); (b) Traumatic brain injury; (c) Ventilator patient – 7 days on the vent; (d) Patients needing multiple consultations where it is unclear which physician is overseeing total patient care; (e) Terminal patients, or patients involved in end-of-life issues, in need of coordination of care for discharge to home, inpatient Hospice, or transition to another facility; (f) Any patient situation in which the complexity of the case warrants a team discussion; (g) Intractable pain (pain rating on 0-10 scale of 7 or greater) that persists after 48 hours of admission.

Professional Misconduct, Reporting to NY Department of Health

Lourdes is required by law to report all applicable occurrences of medical misconduct to the New York State Department of Health (DOH), Office of Health Systems Management (OHSM), the Office of Professional Medical Conduct (OPMC), and any suspicion of professional misconduct of licensed professionals to the Office of Professions. Within 30 days of occurrence, Lourdes shall report in writing to the DOH, OHSM, and OPMC any denial, suspension, restriction, termination, or curtailment of training, employment, association, or professional privileges of any physician for reasons related in any way to any of the following: (a) alleged mental or physical impairment, incompetence, malpractice, misconduct or endangerment of patient safety or welfare; (b) voluntary or involuntary resignation or withdrawal of association or of privileges with the hospital to avoid the imposition of disciplinary measures; (c) the receipt of information concerning a conviction of a misdemeanor or felony; or (d) denial of staff privileges for reasons of mental or physical impairment, incompetence, malpractice or misconduct.