

TEMPLE UNIVERSITY HOSPITAL ADMINISTRATIVE POLICIES AND PROCEDURES

Number: TUH-ADMIN-950.2103
Title: RESIDENT / FELLOW /ATTENDING COMMUNICATIONS
Effective Date: 11/13/2003
Last Revised: 03/19/2015
Last Reviewed: 03/19/2015
References:
Attachments: None

PURPOSE

The purpose of this policy is to ensure patient safety and well being for any patient admitted to Temple University Hospital.

POLICY

It is the policy of Temple University Hospital that attending physicians, resident physicians and consulting physicians have prompt and detailed communication between each other regarding clinically significant patient information, as set forth below.

SCOPE AND RESPONSIBILITIES

1. Within two (2) hours of a patient's admission to the hospital, resident physician shall be in contact with the attending physician under whose service the patient has been admitted. Discussion of admitted patients between resident physicians and attending physicians should be detailed, and should include but not limited to:
 - a. Information obtained during the admission process and results of the history and physical
 - b. Laboratory results
 - c. Diagnostic imaging and other relevant test results
 - d. Initial diagnostic/treatment plan
 - 1) Major tests
 - 2) Medications
 - 3) Procedures
 - e. Questions from the attending physician that he or she believes are pertinent based upon the information provided as well as his/her experience, training and knowledge.
2. Resident physicians shall also contact the attending physician promptly when a patient's condition changes involving any of the issues listed below:
 - a. Death
 - b. Transfer to any ICU
 - c. Transfer to another service

NOTE:

Refer to the on-line version of this policy for the most current information. Printed copies of this policy may not be current.

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- d. Clinically significant change in status (e.g. a patient's unexpected deterioration), especially when such change:
 - 1) Requires emergent testing (e.g., stat CT)
 - 2) Requires an urgent or emergent consultation from another service
 - e. Plan for inter-hospital transfer outside the Temple system
 - f. Other serious events
3. Resident physicians shall also promptly contact the attending physician if the attending physician's patient:
- a. Elopes from the hospital
 - b. Leaves the hospital against medical advice
 - c. Has completed inter-hospital transfer outside of the Temple system
 - d. Has been discharged
4. **Consults.** The consulting resident physician, or fellow, shall discuss the clinical findings and any plan of care with the supervising attending physician for the consulting service. The timing of that discussion is at the discretion of the requesting service, and should occur:
- a. Within 24 hours of any non-urgent, non-critical consultation (e.g., casting of a routine fracture; placement of a bladder catheter); or
 - b. Within two (2) hours for consults considered to be emergent by the requesting service, including patients in the emergency department or before a patient's discharge.
 - Only the requesting service may waive the requirement for discussion with the consulting service's attending within two (2) hours of consultation.
5. **ICU consults.** When an inpatient service or the emergency department requests transfer / admission to the ICU, the ICU service shall provide a written consultation (to be included in the medical record) if the request for ICU transfer / admission is denied. These consultations can be conducted by a representative resident or fellow, but must be discussed with the ICU attending within two (2) hours.
6. Attending-to-attending discussions are encouraged and will be conducted as necessary in the interest of patient care.
7. All of the scenarios discussed above in Sections 1-5 must be documented in the medical record by the resident physician or fellow. In addition, the attending physician must document in the medical record, as soon as is practicable, that the resident / fellow contacted her/him in compliance with this policy.

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Recommended by:

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On behalf of the Temple University Hospital Peer Review Committee

03/19/2015

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03/19/2015

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