Perfecting the Art of Consultation

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Area of Interest/Problem Statement

Currently, consultants at Osceola Regional Medical Center have different preferences for communication in regards to placing consults for new patients.

These different preferences lead to confusion for consultees and frustration for consultants when communication/patient care is delayed.
Background Information

Communication between providers is essential for good patient care.

Communication is most effective when it is stream-lined and efficient.

Primary teams and consultants need pre-determined modes of communication to reach each other when needed, especially when placing initial/emergent consults.

The use of an incorrect method of communication among referring physicians can lead to delayed consults, delayed patient care and physician frustration.
Nephrology: similar to Cardiology.

ID: Not on intranet, must contact multiple ARNP’s and Consultant’s before reaching the correct one.
Current Condition

Scope

- Nephrology, ID and Cardiology consultation process at Osceola Regional Medical Center

Average Level of Satisfaction of Specialists with the consultation process [1 (not satisfied) - 10 (highly satisfied)]

- Nephrology (5 responses): 6
- Cardiology (1): 5
- ID (0): N/A
- GI (1): 1
## Current Condition

### Residents consultation process at Osceola Regional Medical Center

- 26 responses (8 PGY-1, 9 PGY-2, 9 PGY-3)

### Average Level of Resident Satisfaction with consultation process (1-10):

- Calling Nephrology Consults: mean 5.2
- Calling Cardiology Consults: mean 4.8
- Calling ID Consults: mean 5.9

- Know preferred method of communication (1-5): mean 2.5
- Know preferred method of communication for urgent consults (1-5): mean 3.1
- How often do you use text (1-5): mean 1.8
- How often do you use phone (1-5): mean 2.5
- How often do consultants communicate after initial eval (1-5): mean 1.7
- How comfortable are you with calling consults (1-10): mean 6.7

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Barriers to Contacting Consultants

“Not having a clear point of contact such as NP numbers available to call for non-urgent matters”

“Never clear who is on call and their preferred method of contact.”

“Multiple contacts, not knowing who to contact”

“Knowing that they will not like to be called”

“Finding the phone number.”
Metrics

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Process</th>
<th>Balancing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant level of satisfaction</td>
<td>Number of times potential database is used</td>
<td>Satisfaction</td>
</tr>
<tr>
<td>Resident/Intern level of satisfaction</td>
<td>% of time preferred mode of communication is used</td>
<td>More consultations than are necessary?</td>
</tr>
</tbody>
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Aim/Goal of Quality Improvement Project

- Increase consultant communication satisfaction by 20% for new consults within a 6-month period
- Increase resident physicians’ level of satisfaction by 20% within 6 months for calling new consults to specialists
- Proposed Intervention: Create a centralized database for consultant contact information that includes the preferred method of communication for each consultant
- Consultation requests to be communicated in a timely manner to the correct person.

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Next Steps

- Publicize to residents the communication preferences for Nephrology as agreed upon by the Nephrology group.
- Continue surveying Cardiology, ID
- Create a database of the above on intranet
- Repeat surveys at 6 months and monitor for intervention success and pitfalls
References

