The (Re) Arrangement of Hospital Consultation Services: A Needs Assessment Study: Scientific Letter

Hastane Konsultasyon Hizmetlerinin Yeniden Düzenlenmesi: Bir Gereksinim Belirleme Çalışması

ABSTRACT Objective: The aim of this paper is to determine the problems regarding consultation services and to give information about the process of related directive preparation. Material and Methods: A structured form, which includes six variables concerning the assignment of consulting physicians, consulting skills and knowledge, follow-up and evaluation, problems, solutions and recommendations for good quality consultation services, was used in-depth interviews. Results: Consultation knowledge and skills were obtained through master-apprentice relationship. The clinics did not follow-up or evaluate the consultation. There was no cooperation and communication between physicians. Feedback to the consultation was not timely and consultations were left to night shifts. Conclusion: Constructed consultation written request and consultation directive will be effective positively as far as quality of patient care is concerned. It is expected that medical errors could be reduced by the way of follow-up and evaluation of the consultation process.

Key Words: Consultation, hospital administration, hospital legislation, needs assessment


Anahtar Kelimeler: Konsultasyon, hastane yönetimliği, gerekşim belirleme, hastane başvuru


Consultation is a physician meeting with another physician or physicians to discuss or to seek advice on the diagnosis and treatment of a patient and therefore consultation service is one of the indispensable services of a hospital.1 Hospital consultation services are classified as routine and urgent consultations. The fact that the consultation services should be carried out punctually is very important for both inpatients and outpatients. Literature review revealed some important issues concerning consultation services.1-4 Consultation services are carried out by the coope-
rati on of referring and consulting physicians. Com-
mu ni ca ti on be tween refer ing physi ci ans and con-
sulting physi ci ans has a special and dif fer ent
mean ing. The other im por tant point re gard ing con-
sultation ser vices is timing. Re sponding con-
sultation within a re as on able time in cre a ses the qual-
y and ef fe cti ven ess of the consultation ser vices. Thus,
urgent con sul ta ti ons should be an swered with in 30
mi nutes af ter re ce i ving the re quest. For con sul-
ti ons to be an swered back withi n a shorter time, pa-
ger sys tem in a hopi tal is ne ces sary. Cer tain
sol u tions are searched by de fining cer tain prob lems
con cer ning con sul ta tion ser vices. These prob lems
can be pre ve nted by de fining the re spon si bilities of
refer ing and con sul ting physi ci ans and the pro cess
of consultation. This way consultation ser vices
would be car ri ed out ef fec ti vely and in a stan dard way.

Ege Uni ver sity Hopi tal has 1811 beds and
4368 staff mem bers. Ege Uni ver sity Hopi tal,
which is the lar gest hopi tal of the Bal kans, has mo-
dern di ag nos tic and tre at ment fa ci li ti es and con-
tem por ary out pa ti ent and in pa ti ent cli nics. The
hopi tal has 579.785 out pa ti ents and 49.450 in pa ti-
ents an nu ally.

The large ca pa city of the hopi tal may le ad to
prob lems re gard ing con sul ta tion ser vices. A study
has been car ried out since early 2007 to re du ce the
prob lems as so ci a ted with con sul ta ti ons and to in-
crease the qual ity of con sul ta tion ser vices. The ma-
in pur pose of the con sul ta tion study group was to
deter mine the prob lems that re qu i red sol u tions
(ne eds as sess ment study), to pre par e a di rec ti ve and
to put it in to prac ti ce.

The aim of this paper was to de ter mine the
prob lems re gard ing con sul ta tion ser vices, to de-
scribe the pro cess of pre par ing the re lated di rec ti ve
and to pre sent sug ges ti ons for the in ter gra ti on of
con sul ta tion ser vices in resi dency tra i ning.

MATERIAL AND METHODS

The needs as sess ment study was de sign ed as a qu-
ali ta ti ve study. Sin ce qu an ti ta ti ve da ta ob ta i ned
with a sur vey has limi ted con tri bu ti on to the so lu-
tions of the prob lems, the de sign of the re search was
qual ita tive. We con ducted in-depth in ter vi ews
with the physi ci ans pro viding consultation ser-
vices; the qual ita tive data that were dif fic ult to ex-
press in num bers were re ported in the re sults
sec tion with the physi ci ans’ very own state ments.
This study was con ducted in March 2007 in the Ege
Uni ver sity Hopi tal. All cli nics pro viding consul-
tation ser vices (16 cli nics) par ti ci pa ted in the in-
depth in ter vi ew about consultation ser vices in our
hopi tal.

Data regard ing consultation ser vices were gat-
hered with in-depth in ter vi ews with con sul ting
physi ci ans. A struc tu red form was used for the in-
ter vi ews. When con sul tant physi ci ans were in-
ter vi ed with this form, they were given an
op por tu ni ty to ex press their views in-de pth. This
was not a sur vey form and it was used to ob tain qu-
lit ative rather than quan ti ta ti ve data. The ques-
tions in the form in vol ved, 1) how the con sul ting
physi ci an was de ter mi ned; 2) whe ter the con sul-
ting physi ci ans were tra ined for carr ying out con-
sul ta tion ser vices be fore being as sig ned for the task;
3, whe ter consultation ser vices were fol low-
up by de part ments; 4) the most com mon prob lems
en countered dur ing consultation ser vices; 5) rec-
ommen da ti ons for qu al if i ed consultation ser vices
in the hopi tal. Dur ing this in-depth in ter vi ew, an-
swers to the ques ti ons and all the other op in ions of
consulting physi ci ans were re corded as written. All
the con sul ting physi ci ans were in for med about the
inter vi ew and in for med con sents were ta ken. As in
other qual ita tive an aly ses, the them atic an aly sis
was used for the an aly sis of the da ta ob ta i ned by
using the struc tu red form. All the op in ions ex press-
ed by the physi ci ans were writ ten down and then
were read three times by the re search team. Key
words stat ing the main ideas of these op in ions we-
re de ter mi ned and then they were cate go ri zed.
Sample trans cript state ments were cho sen among
the physi ci ans’ state ments that ex press the cate-
gorized si tu a ti ons, and they were given in the re sults
sec tion of this paper for bet ter un der stand ing of
consultation ser vices.

RESULTS

Sixteen cli nics giving consultation ser vices in the
hopi tal par ti ci pa ted in the in ter vi ew. Those physi-
Consulting physicians gave various answers to the question how they were assigned. The procedure used for the assignment of consulting physicians differed among clinics. While in some clinics, specialists were responsible for consultation in others residents carried on the consultation services. Some specialists responsible for consultation had additional duties in their own clinics. The residents could be assigned to consultation services when they became seniors.

“In our department, consultation services are carried out by specialists. I have been a consulting physician for 4-5 years continuously. In the previous years, specialists took turns as consulting physician every 3 months. It seems like that I’ll be the one responsible for this service from now on” (physician 4)

“In our clinic, residents are consulting physicians for general issues, whereas specialists serve as consulting physicians for topics regarding sub-specialties” (physician 2)

“Throughout residency, we serve as consulting physician several times each lasting 2 months” (physician 3)

“In our clinic, consultation services are carried out by residents rotating monthly” (physician 5)

The way consulting physicians are assigned, which changes among clinics, affects consultation services, physicians’ skills and continuity and quality of consultation services. If a non-senior resident is assigned for consultation and needs expert opinion about an issue, the consultation process takes longer time. A resident is a trainee and is not allowed to make his/her own decision about the case that is consulted. He/she is not adequately trained for situations that need additional expertise; however, residents can learn how to give consultation services with the assistance of a specialist. Training of physicians who will carry out the consultation services becomes inevitable when the quality and effectiveness of the consultation services are considered. A resident working together with a specialist for consultation is a good opportunity for the learning experience regarding consultation services.

The duration of consultation services for a specific person in clinics differed; while in some clinics, only one consulting physician carried out consultation services continuously, in others consulting physician changed every 3 months. Another practice was to change the physician daily.

“Specialists are assigned for consultation services and I have been carrying out this task for five and a half years continuously” (physician 16)

“….the person on duty in the wards is responsible for consultations” (physician 6)

The important point in this was not the working hours of the consulting physicians, but the accessibility of the consulting physicians and the continuity and effectiveness of consultation services. Uninterrupted consultation services provide efficacy and follow-up of consultation process. Daily changing physicians usually worked in clinics with many sub-specializations and group night shifts. The major problem in this situation was that the required consultation was not related to the study field of the group responsible for the consultation on that specific day. In such a case, consultation was not attended within a reasonable time (group effect). As a result, continuity of the consultation service could not be provided.

B. CONSULTATION KNOWLEDGE AND SKILLS
Consulting physicians were asked whether they obtained or were provided by any knowledge on how they would carry out consultation services. All physicians stated that they were not informed on this issue. However, they stated that they had some knowledge on consultation services in a manner of master-apprentice relationships in the hierarchy of the clinic. Only one physician reported attempts to learn how to do consultation by reading the sources regarding consultation services.
I did not participate in any training programs on consultation services. There is no such program in our clinic” (physician 10)

I did not receive full information; it is generally learned through master-apprentice relationships” (physician 2)

“Generally, people learn this from the senior staff. Sometimes we take the opinions of the senior staff members” (physician 5)

“Night shifts during the first 3 months of residency are accompanied by senior residents or specialists. The consultation procedure is taught during that time. Diverse cases are taught via master-apprentice relationships as time passes” (physician 6)

“I have received information about consultation skills during my residency training (at another university hospital). Here, I am not given any information whatsoever. I carry out this task by skills I gained before” (physician 4)

“Yes, I am informed. During Clinical Liaison Psychiatry rotation, each resident receives this information” (physician 8)

“When I was told to carry out consultation services, I read some textbooks concerning preoperative evaluation and consultations in Internal Medicine. Moreover, I asked my experienced colleagues about some topics and procedures” (physician 12)

Consultation service is an important service. The physicians who will be responsible for consultation services should be trained in a standard way. At the end of this training, practice of consultation services and basic principles of this practice in the institution and responsibilities of the physicians are learned. Otherwise, consultation services will be individualized and could not be controlled leading to inefficiency.

C. FOLLOW-UP AND EVALUATION OF CONSULTATION SERVICES

When consulting physicians were asked whether consultation services were followed-up or evaluated in their clinics, they reported that there was no control system for consultation services; however, they informed the chief of their departments when there was a problem.

“No follow-up or evaluation is done regarding consultation services given by our clinic” (physician 2)

“I have no idea whether follow-up or evaluation is done, but I willingly carry out this task” (physician 4)

“Generally I consult related staff members about problematic and different cases, no follow-up and evaluation meetings are performed routinely” (physician 5)

“A staff member, responsible for outpatient services, evaluates consulted cases daily, but no general meeting is carried out” (physician 3)

“Yes, follow-up and evaluation are carried out. Once a week, a meeting is organized to evaluate all the consulted ward patients. Supervision is given to consult outpatient cases. In addition, round meetings are organized once a week” (physician 8)

Consultation services should be followed-up and evaluated. This requires a follow-up and evaluation mechanism carried out by clinics and the hospital management. Thus, the dynamics of clinics could be followed-up better and problems could be established and solved more easily.

D. PROBLEMS

The following were the main problems in consultation services expressed by consulting physicians: 1) there was no standardized written consultation request; instead, a piece of paper was used for consultation requests most of the time. Written requests were illegible, and nonstandardized abbreviations were used in the text. Medical records of the patients consulted were not properly filled-out. The consulted patient could not be found in his/her bed. Sometimes consultation was performed verbally by individual efforts. 2) Consultation requests were not answered back punctually because of the group effect leading to different consultation practices, the absence of a pager system, lack of triage to differentiate urgent or routine consultation requests, physical structure of the hospital (each clinic in different buildings), and coded doors. 3) Some consultation requests were answered during night shifts.
because of the senior staff (faculty member) factor and this led to an increase in workload in the night shift. Senior staff members were not assigned to consultation services in clinics. Lack of communication between referring physician and consulting physician was another problem encountered during consultation services.

“The fact that consultation requests are not detailed, informative and proper is the leading problem. I missed consultation requests with nonstandardized abbreviations; in other words, they were not universal. If the consultation was requested in the morning hours, consultation was likely to be answered back in time” (physician 4)

“The reason of the consultation should be written on the request form clearly. Incomprehensible abbreviations were used” (physician 7)

“Most common problems to my opinion are unnecessary consultation requests, waste of time due to such consultations and communication problems” (physician 2)

“Consultation requests are not read easily. Some consultation requests include only the name of the patient and no detailed information regarding the patient and his/her illness. Most of the time, the reason of the consultation request is not written. Some physicians are used to make a request in an inappropriate way” (physician 5)

“The name of the ward in which patients stay and the number of the room are not written on the request form. Urgent consultation requests are not realistic most of the time. Patients who can walk are asked to be consulted in their wards” (physician 6)

Consultation request forms that do not include the reason of the consultation were the most common problem. In the case that a referring physician did not write the reason of consultation clearly, and the consulting physician did not communicate with the referring physician, consulting physicians just performed physical examination and ended the consultation without discussing the main problem with the patient. Due to the horizontal construction of our hospital, the clinics are far from each other and those who do not have authorized pass-cards cannot pass through the coded doors after certain hours of the day, which is a major obstacle for consulting physicians to enter another clinic. Because of the hospital costs in surgery departments, the patient is prepared for surgery on an outpatient basis and is admitted to the hospital as an inpatient the night before the operation. Thus, the request for preoperative consultation is done during the night shift. Elective preoperative consultation of the patient during the night shift increases the workload of the consulting physician on night shift. In the case that such requests are not answered, a hierarchic problem develops between junior and senior staff members. When follow-up and evaluation of consultations are accomplished, most of these problems will be solved.

E. THE SOLUTIONS

When the physicians were asked what they did when a problem regarding consultation services arose, they reported that they solved the problem by their individual efforts.

“We try to arrange matters by communication. First, referring physicians should examine the patient and then if necessary they should ask for consultation. If consultation requests are made at a designated time of the day, consultation services will be carried out more effectively” (physician 1)

“Generally I try to solve the problems by way of personal communication” (physician 2)

“I try to solve the problems by individual efforts and by communicating with clinics in which problems occur” (physician 4)

“Generally I solve the problems by my individual efforts and my friendship relationships. If necessary, I inform my senior staff” (physician 5)

“We inform the clinic or referring physician via telephone or we communicate with referring physician in person. We give information about the problem to the chief of the department. These are the most common ways of solutions” (physician 6)

“Speaking with the referring physician in person!” (physician 8)

“Instead of facing the same problem again and again, I prefer to go to the ward and consult the pa-
tient again and make recommendations on the written request form” (physician 10)

“We get into action together with the senior staff” (physician 3)

When the individual efforts were insufficient, informing the chief of the department was another solution. Some consulting physicians said that they did not try to find any solution to the problems and did not spend any effort on this; this was worrying.

“I do not make anything for solution; I think that it’s always been this way and it always will be” (physician 11)

F. GOOD QUALITY SERVICE RECOMMENDATIONS

Physicians were asked to list their recommendations for the improvement of consultation services. These recommendations were as follows. The consultation process should be standardized starting from the requesting stage to consulting of the referred patient. Responsibilities of the consulting physicians should be determined and declared. Residents should learn how to do consultation by accompanying senior staff during their residency training. The purpose of the consultation request should be written clearly. Communication information should be announced for the transmission of the consultation request to the consulting physician. For the communication between the physicians, pager system can be a good choice. Assignment of faculty members will allow follow-up and evaluation of consultation services in their clinics. Improvement of communication between physicians could be another solution to the problems. Physicians stated that all these recommendations were important to supply good quality health services.

“First of all, referring physician should examine the patient and then if he/she thinks that the patient has a problem regarding chest diseases, he/she should ask for consultation” (physician 1)

“The purposes of the urgent and routine consultations should be known, written requests should be legible and abbreviations should not be used. A sentence such as “I ask you to consult the patient” should not be adequate for consultation requests. Consultation requests should be delivered to the consulting physicians until a predetermined time; a specific place should be determined in clinics for the delivery of written requests to the consulting physicians. Standards should be known for consultation requests and consulting the referred patient. For internal medicine with many subspecialties, a general internal medicine expert should consult the patient before others” (physician 11)

“There should be a time limit for routine consultation requests. I recommend that there should be a substitute for the consulting physician (nevertheless generally junior staff members-residents are being assigned); purpose of consultation request should be clear; abbreviations should not be used; entrance to the clinics with coded doors should be made easier; the referring physician should attend the consultation instead of a nurse or another health officer” (physician 4)

“Problems with communication should be solved for better service. Date, hour, information about the patient and the name of the referring physician should be legible and complete. My opinion is that senior staff should evaluate the necessity of the consultation request” (physician 2)

“Basic background should be improved. When consultation is requested, we should evaluate the necessity and priority of the consultation. The reason of consultation request should be written clearly, so that true urgent consultation could be handled within a reasonable time. Abbreviations should not be used in written requests” (physician 3)

“When consultations are requested, only if it is necessary will everyone be more comfortable and will the quality of service increase” (physician 5)

“Legible written consultation requests, not using abbreviations, communication of consulting physicians with the referring physician in person, follow-up of repeating consultations, urgent consultation of patients in the emergency department are my recommendations. If the consulting physician is to be late, he/she should call the referring physician and inform him/her. The telephone number of the consulting physicians should be written on request forms” (physician 7)
“Written consultation requests should be delivered to the consulting physician with a signature” (physician 13)

“Residents should be informed and trained” (physician 12)

Problems defined also bring about the recommendations for their solutions. As far as referring and consulting physicians are concerned, interphysician communication is important. Support by the hospital management seems crucial for established consultation processes and the follow-up and evaluation of this process.

CONCLUSIONS

This needs assessment study was performed to determine the situation regarding consultation services carried out in the Ege University Hospital and to put forward recommendations for the preparation of a directive devoted to the solutions of the problems. The results of this study showed that criteria for the assignment of consulting physicians lacked and there were no fixed working hours. In addition, there were problems during the consultation service process such as the lack of interphysician communication and follow-up evaluation. Another important result was that just one-sided efforts were not enough. To carry out consultation services successfully, they should be a part of the institutional culture. For this, all parts of the process (patient-physician-senior staff member-health worker and manager) should notice the importance of the consultation service and be aware of their responsibilities. Documented process should be provided for owned institution culture.

The literature regarding consultation processes is scarce. Ideal consultation process was defined based on the literature, legal necessities in our country and results of the needs assessment study.1-8 The comparison of the recent and ideal consultation process was shown in Table 1. The comparison provides some important data regarding further targets of the consultation study group. In order to provide a standard and traceable consultation service in our hospital, a “written consultation request form” and a “consultation directive draft” were prepared by the consultation study group. The results of this study and related legislations guided us when constructing the written request form and the draft consultation directive.7,8 The draft consultation directive consists of definitions regarding service, responsibilities of the physicians (referring-consulting physician), process of consultation (Figure 1), follow-up-evaluation and sanctions when the principles of the directive are not applied. The written consultation request form and the draft consultation directive were presented to the hospital management. The hospital management decided that a “written consultation request form” and a “consultation directive” should be used. The approved directive and written request form has been used since April 2008. According to the directive, all clinics were asked to provide the hospital management with the names of the consulting physicians and communication information. The procedure is still in effect and the difference between the present and past years will be assessed in the middle of 2009.

The results of this needs assessment study were used effectively and rapidly for the establishment of a standardized consultation process in our hospital. The integration of consultation services learning into residency training will be another field of this study. Training for consultation services are suggested to take place at the beginning of the residency training within the orientation program. The orientation program still continues to be developed. The residency-training program, which will be revised in 2009 is planned to include training for consultation service skills.

In conclusion, the constructed consultation written request form and the consultation directive are expected to improve the quality of patient care by reducing medical errors through follow-up and evaluation of the consultation process.

Acknowledgement

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<table>
<thead>
<tr>
<th>Consultation Process</th>
<th>Recent Situation</th>
<th>Ideal Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assignment of consulting physician</td>
<td>Different practices in each clinic, specialist and/or residents</td>
<td>Specialists (residents can work with the specialists to learn)</td>
</tr>
<tr>
<td>Usage of consultation written request</td>
<td>No standard consultation request, being written onto cursory papers</td>
<td>Forming of copied consultation written request and usage</td>
</tr>
<tr>
<td>Urgency of consultation request</td>
<td>No standard consultation written request, communication with telephone</td>
<td>Clarification of whether consultation is urgent or routine</td>
</tr>
<tr>
<td>Determination and announcement of the consulting physicians’ list</td>
<td>No list, not being determined</td>
<td>Determination of list monthly and being announced to hospital</td>
</tr>
<tr>
<td>Consultation written request delivery to the consulting physician</td>
<td>No specific way of delivery, being delivered by the way of individual efforts</td>
<td>Establishment of pager system known and used by everyone</td>
</tr>
<tr>
<td>Documentation of consulting physicians’ reports</td>
<td>No documentation</td>
<td>Documentation of consulting physicians’ reports</td>
</tr>
<tr>
<td>Follow-up and evaluation</td>
<td>No follow-up and evaluation</td>
<td>The evaluation of the documented reports by the assigned senior staff member for the assessment of the consultation process in each clinic</td>
</tr>
<tr>
<td>Consultation skills training</td>
<td>Learning by the way of the master-apprentice relationship</td>
<td>Giving information in the residency training as a part of the adaptation program</td>
</tr>
<tr>
<td>Legal base of the consultation services</td>
<td>Unknown</td>
<td>Being aware and announcing of the legal necessities, construction of consultation directive for application</td>
</tr>
</tbody>
</table>

**TABLE 1:** The comparison of the recent and ideal consultation process.

**FIGURE 1:** Ideal consultation process.
REFERENCES


