Development of Standardized Communication Template for Emergency Department Consults

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Background

- Timely and efficient communications between emergency department (ED) providers and consultant services is essential to providing high quality care in a busy ED.
- The consultation process requires effective communications that are considered a core competency within the Accreditation Council for Graduate Medical Education.
- Several evidence-based consultation framework methods exist, however there has been little study regarding implementation of secure messaging platforms for ED consultations.

Problem Assessment

- In 2020, Henry Ford Health System (HFHS) implemented a new system-wide Health Insurance Portability and Accountability Act (HIPAA) compliant secure messaging service from HALO Health.
- Implementation of a secure messaging system has the potential to fit more seamlessly into physician workflow than phone calls which can interrupt active tasks and interfere with patient care.
- Implementation of a secure messaging system without standardization of expectations for the communication process can lead to inefficiencies and points of confusion for both ED providers and consultant services.

Methods

- Residents and advanced practice providers (APPs) from consultant services were contacted to discuss experiences with the HALO Health communication tool since its implementation approximately 11 months prior.
- Consultant services discussed the platform as cohorts.
- One-to-one meetings took place between an ED resident and an individual representing each consult service.
- Thematic analysis was performed by investigators, identifying major themes and opportunities for improvement.

Disclosures

- The investigators of this study have no financial relationship to the secure-messaging system.
- The quality improvement initiative was implemented resultant from a contract that had been previously established between HFHS and HALO Health.

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Results

- Overall, consultant services were largely satisfied with current HALO communication practices, however there were areas of improvement identified by both ED providers and consultants.
  1. **How the consult should be initiated.**
  2. **Having a specific clinical question for the provider to answer.**
  3. **How to communicate final recommendations from consultant services to ED providers.**

Initiating the Consult

- **Problem**:
  - ED providers experienced confusion that some services required a phone call whereas others preferred a message.
- **Solution:**
  - ED Provider: Utilization of a standardized message template for initial consult notification.
  - Consultant service: Confirms receipt with an estimated time within which the patient will be seen.

The Clinical Question

- **Problem**:
  - A lack of a clear clinical question with the appropriate amount of detail or lack of a callback number can leave consultants unsure of the reason for the consult or who to call for clarification.
- **Solution:**
  - A specific clinical question should be included in the initial message.
  - There should be pertinent details, labs, and imaging provided, but should not be a copy/pasted HPI.
  - The ED provider should include their callback number.

Communicating Final Recommendations

- **Problem**:
  - Consultants often do not know who the primary provider is for a given patient, particularly those patients whose care spans multiple ED provider shifts.
- **Solution:**
  - ED Provider: At the time of sign out, a message should be sent to the consultant service notifying the service of the new ED provider.
  - Consultant service: Notification of foreseeable delays (related to volume, unexpected emergent cases) should be communicated to mitigate confusion and set expectations from a patient's perspective.

Message Templates

Initiating the Consult

Quick Notes | Edit Quick Note | Done

New Consult from the ED:

MRN:
Name:
Location:

Clinical Question:

Call back:

Transition of Care

Quick Notes | Edit Quick Note | Done

I have signed-out this patient.
The oncoming provider who will be handling their care is:

I have informed them that we have been communicating on HALO and they should be available for additonal questions/concerns/ updates.

Conclusion

- Initiation of this quality improvement project opened up lines of communication between ED providers and consultant services, leading to mutual engagement and buy-in.
- Both sides of the exchange were able to propose fixes that fit more perfectly into their workflow and these efficiencies likely will result in safer and more expedient patient-centered care.

Sample Bibliography

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