

# Consults Checklist

## Includes:

- ✓ Providing consultations
- ✓ Preparing and distributing consultation reports
- ✓ Special considerations when receiving and reviewing consultation reports:
  - during temporary absences from practice
  - for physicians practicing in walk-in clinics

## About this Checklist

The OMA has developed a series of checklists to help you understand and implement the CPSO's *Continuity of Care* policies.

This checklist organizes the expectations related to consults from across all four *Continuity of Care* policies into common tasks. It lists key action items followed by the exact wording from the source policies. It also includes optional guidance from the CPSO's *Continuity of Care: Advice to the Profession* document.

This checklist is not intended as a substitute for reading the CPSO *Continuity of Care* policies in full.

## Providing Consultations

### Tell patients what your role will be in their care, how long you expect to be involved, and keep them informed of any changes

- Consultant physicians **must** clearly communicate to patients the nature of their role, including which element(s) of care they are responsible for and the anticipated duration of care, and keep patients informed about any changes that occur in their role.
  - a) When it is possible to do so, consultant physicians **must** also clearly communicate when the physician-patient relationship has reached its natural conclusion or when it is anticipated that it will reach its natural conclusion. (*Transitions in Care*, 3)



#### Additional Advice to the Profession from the CPSO

Consultant physicians will need to provide appropriate follow-up care and handle any administrative work stemming from this care [the consultation]. Referring physicians may not have the expertise or resources needed to manage a patient's specialised care.

## Preparing and Distributing Consultation Reports

### Include necessary information about the patient's health status and needs in the consultation report

- Following an assessment of the patient (which may take place over more than one visit), consultant physicians **must** prepare a consultation report that includes the information necessary for the health-care provider(s) involved in the patient's care to understand the patient's health status and needs. While physicians must use their professional judgment to determine what information to include, this will typically include:
  - a) Relevant patient, consultant physician, and referring health-care provider identifying information;
  - b) The date(s) of the consultation;
  - c) The purpose of the referral;
  - d) A summary of the relevant information considered, including a review of systems, physical examinations and findings, and the purpose and results of tests or investigations;
  - e) A summary of the conclusions reached, including any diagnoses or differential diagnoses;

- f) Treatments initiated or recommended, along with their rationale, including medications or changes in ongoing medications;
- g) Outstanding investigations and referrals, along with their rationale;
- h) Important advice given to the patient; and
- i) Recommendations regarding follow-up and whether ongoing care from the consultant physicians is needed. (*Transitions in Care*, 20)



#### Additional Advice to the Profession from the CPSO

It is important for consultation reports to be clear and include a summary of the information necessary for the referring physician to understand the patient's needs and follow-up care. Depending on the circumstances, they may be short, or they may require more comprehensive and detailed notes.

### Distribute written consultation reports and any follow up reports to the referring provider and (if different) the patient's primary care provider within 30 days

- Consultant physicians **must** distribute consultation reports to the referring health-care provider and, if different, the patient's primary care provider. (*Transitions in Care*, 22)
- Consultant physicians **must** distribute the consultation report and any subsequent follow-up reports in a timely manner, urgently if necessary, but no later than 30 days after an assessment or a new finding or change in the patient's care management plan. What is timely will depend on the nature of the patient's condition and any risk to the patient if there is a delay in sharing the report.
  - a) If urgent, a verbal report may be appropriate, although the consultant physician must follow-up with a written consultation report. (*Transitions in Care*, 23)
- When consultant physicians are involved in the provision of ongoing care, they **must** prepare follow-up consultation reports when there are new finding or changes are made to the patient's care management plan. While physicians must use their professional judgment to determine what information to include, this will typically include:
  - a) The original problem and any response to treatment;
  - b) Subsequent physical examinations and their findings;
  - c) The purpose and results of additional tests or investigations; and
  - d) Conclusions, recommendations, and follow-up plan(s). (*Transitions in Care*, 21)

### Make sure that consultation reports are accurate if you use technology to prepare and distribute them

- Physicians who use technology to assist in the preparation and distribution of referral requests or consultation reports **must** ensure that they are accurate and follow-up with the receiving health-care provider if any errors are identified after the referral or consultation report has been sent. (*Transitions in Care*, 25)

### Keep a copy of the consultation report in the patient's record

- Both referring and consultant physicians **must** keep a copy of the referral request and any consultation reports in their respective patient medical records. Where the referring and consultant physician have access to a common medical record, referral requests and consultation report may be contained in that common medical record. (*Transitions in Care*, 24)

## Receiving and Reviewing Consultation Reports: Special Considerations

### When preparing for temporary absences from practice

#### Arrange for another health-care provider to i) receive and review consultation reports, and ii) if necessary, provide or coordinate follow-up care

- Physicians who will be unavailable during temporary absences from practice **must** make specific coverage arrangements with another health-care provider(s) to:
  - a) Receive, review, and provide or coordinate immediate care that is required during the temporary absence for all outstanding tests; and
  - b) Receive, review, and provide or coordinate immediate care that is required during the temporary absence for outstanding consultation reports. (*Availability and Coverage, 8*)

### For physicians practicing in walk-in clinics

#### Arrange for someone to review consultation reports and provide or coordinate follow-up care

- Physicians practising in a walk-in clinic who make referrals **must** provide or arrange for the provision of necessary follow-up care, including reviewing consultation reports. (*Walk-in Clinics, 6*)
- Physicians practising in a walk-in clinic **must not** rely on the patient's primary care provider or another health-care provider involved in the patient's care to provide or coordinate appropriate follow-up for tests they have ordered or referrals they have made, unless the other providers have agreed to assume this responsibility. (*Walk-in Clinics, 7*)

*The information provided in this resource is for informational purposes only and is not to be construed as legal advice. Physicians are ultimately governed by the CPSO policies which can be found at: <https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies>. This resource is not intended as a substitute for reading the CPSO Continuity of Care policies in full.*

## About this Checklist

This checklist contains a summary of the expectations related to consults set out across the CPSO's four *Continuity of Care* policies. It is not intended as a substitute for reading the policies in full.

# Consults Checklist Summary

## Providing Consultations

- Tell patients what your role will be in their care, how long you expect to be involved, and keep them informed of any changes

## Preparing and Distributing Consultation Reports

- Include necessary information about the patient's health status and needs in the consultation report
- Distribute written consultation reports and any follow up reports to the referring provider and (if different) the patient's primary care provider within 30 days
- Make sure that consultation reports are accurate if you use technology to prepare and distribute them
- Keep a copy of the consultation report in the patient's record

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