

CONSULTATION STANDARD OPERATING PROCEDURE (SOP) FOR PULMONARY AND CRITICAL CARE MEDICINE

Active Date

June 15, 2026

Applicability

Henry Ford Hospital, Main Campus

Scope

This standard operating procedure applies to physicians (senior staff and fellows) and advanced practice providers (APPs) within the Division of Pulmonary and Critical Care Medicine at Henry Ford Hospital Main Campus.

This SOP affects only workflow within the Division of Pulmonary and CCM. Providers and notification platforms outside of the division are not affected.

Background

The timely completion of consultation requests supports high quality patient care by providing important management recommendations to the primary service.

1. **Purpose:** The purpose of this document is to provide guidance for inpatient general pulmonary medicine and critical care medicine consultations for senior staff, fellows and APPs by identifying responsibilities of the consulting team. This includes timing of consultation response, prioritization, and workflow of the consulting team.
2. **What is not covered:** This document does not cover sub-specialty pulmonary medicine consultations services. Subspecialty pulmonary medicine consultation services include but are not limited to the interstitial lung disease service, pulmonary hypertension service, lung transplant service, and interventional pulmonary medicine services. These services are expected to have their own policies. Such policies should reflect the basic principles included in this document, but may vary in their specific applications.

Definitions

Inpatient pulmonary consultation: A request from an inpatient service for a pulmonary consultant to assess a patient. Such a request may be from either a general practice unit (GPU) or an intensive care medicine unit (ICU).

Critical care consultation: A request from an inpatient service for a critical care consultant to assess a patient. Such a request is generally from an ICU, but may be from a GPU in the case of an unstable patient.

Request for ICU transfer: A request from any unit for transfer of a patient to a medical ICU (MICU). Such a request may be paired with a request for a consultation, or it may be a request that only requires a decision/determination to transfer, depending on patient circumstances.

Weekday consultations: Consultations which take place on non-holiday days, Monday through Friday, between 0800 and 1700.

After-hours consultations: Consultations that take place at night, on weekends, and on holiday days.

Triage fellow: The fellow who is assigned to carry the ICU triage phone and assist in the care coordination of incoming patients to the MICU. Occasionally, a senior staff physician will be carrying the triage phone.

Yellow staff: The senior staff physician assigned to a MICU shift each day from midday until early evening. In addition to patient care activities, this physician provides supervision for fellows, residents, and advanced practice providers (APP) working in the MICU, including the triage fellow.

Night-time ICU staff: The senior staff physician who is assigned to an overnight MICU shift (7pm-7am). In addition to patient care activities, this physician provides supervision for fellows, residents, and advanced practice providers (APP) working in the MICU, including the triage fellow.

F2 Staff: The attending physician on the respiratory GPU (F2). On weekends, this senior staff physician also provides inpatient consultative services in addition to their patient care activities and supervision of residents working on the inpatient pulmonary medical unit.

Policy

Weekday consultation operations: The inpatient consultation service within the Division of Pulmonary and Critical Care Medicine will see all consultations requested during weekdays.

- a. **Inpatient Consultation Service Personnel:** The inpatient team personnel generally consists of a senior staff physician and fellow in Pulmonary and Critical Care Medicine. Rotating residents and medical students participate with this team.
- b. **Practice pattern:** All patients will be assessed initially by fellows, residents, and/or students, and supervised by senior staff. The senior staff may independently see patients without the fellows/residents/students if required due to workload, schedule constraints, or for expediency. The senior staff physician is responsible for developing a teaching program focused on patient specific problems that are encountered. Teaching may be informal and conducted at the bedside.
- c. **Intraservice communication:** The inpatient consultation team may be consulted on patients who require a subspecialty pulmonary team consultation rather than a general inpatient consultation. The inpatient consult team should communicate with the appropriate subspecialty consultant to ensure they are able assess the patient and meet the primary team's needs. Any requests for transfer to an ICU should be coordinated through the MICU triage fellow after evaluation by the inpatient consultation team.
- d. **Sign-out:** The inpatient consultation team will inform the yellow staff each evening when their duties are complete of any unstable patients who may require evaluation and assessment during the night. The inpatient consultation team fellow will inform the F2 staff on Friday afternoon, or the afternoon prior to a holiday day, of any patients that will require ongoing assessment on subsequent days. The F2 staff on the weekend or holiday will sign out to the inpatient consultation team prior to their resumption of duties on the next weekday.
- e. **Schedules:** Care should be taken to avoid scheduling the inpatient senior staff and the inpatient team fellow to alternate half-day clinics on the same day. This will ensure that the team can function properly and have adequate time for rounding and patient care.

After-hours consultation operations: These consultations take place at night, on weekends, or on holidays. Personnel available at night include the yellow staff,

night-time ICU staff, and the triage fellow. On weekends the F2 staff is present in addition to the yellow staff.

1. **Critical care consultations (after hours):** Critical care consultations should receive an evaluation by the in-house critical care team, which consists of the yellow or night-time senior staff, and the triage fellow. It is expected that critical care consultants would be able to give recommendations regarding management of general pulmonary issues (ie asthma, COPD) on a critically ill patient, if needed.
 - a. **Notification:** Calls for a critical care consultation may come through the triage phone (carried by the fellow). Halo notifications to the inpatient pulmonary (F2) rounder representing critical care consultations should be referred to the yellow or night-time staff.
 - b. **Workflow:** The consultation should be seen by either the yellow or night-time senior staff. In either case, the patient evaluation may provide teaching elements that may be discussed between the senior staff and on-call fellow. If an urgent consultation is received on a weekend or holiday morning and must be assessed before the yellow staff arrives, the ICU attending on call should see the patient. In this exigent circumstance, the designated ICU fellow may be able to continue rounds in the ICU at the discretion of the on-call attending, reporting to the attending later.
 - c. **Notes:** A critical care note may be placed by senior staff in lieu of a consultation note.
 - d. **Triage to MICU:** If a consultation is for a determination for transfer to the MICU, and if the decision to transfer to the MICU is made expeditiously, then the transfer can be performed without a consultation note provided that there is appropriate notification to the referring medical team, and hand-off to the receiving medical team. If sufficient time is spent in making this determination, then a critical care note by staff documenting time spent is appropriate.

2. **Pulmonary Consultations (after-hours):** Most pulmonary consultations will need to be seen within 24 hours. Routine pulmonary consultations will be seen by inpatient pulmonary consultation service (M-F), or by the F2 Staff on the weekends.
 - a. **After-hours requests for pulmonary consultation, Sunday through Thursday nights:** These are referred to the inpatient consultation service to be seen the next day.

- b. **After-hours requests for pulmonary consultation, Friday through Sunday nights:** These are referred to the F2 Staff to be seen on the weekend.
- c. **F2 staff consultation options on the weekend:** Recognizing that the F2 staff has responsibilities beyond consultation (F2 rounding, outside calls), and may receive consultation requests while not in the hospital, options exist for responding to consultation requests.
 1. Completion of a consultation note. This may provide optimal billing.
 2. Deferment of formal consultation for a period of not more than 24 hours.
 3. Provision of preliminary recommendations in a general note with full consultation to follow (especially when a patient is newly admitted or will require testing).
 4. Arrangement of outpatient follow-up only (especially if this is the primary reason for consultation) without a consultation note. This requires communication with the referring team.
 5. Transfer to F2 under the care of the F2 Staff provided that the transfer can be accomplished within 24 hours (communication informally or formally in a general note is necessary).

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