

## Clinical Practice Expectations

### Medical Staff Members Admitting Patients to an Inova Hospital

The mission of the Inova Health System is to provide world-class healthcare-every time, every touch-to each person in every community we have the privilege to serve. Our Mandate is to provide a people-centered, high reliability, high value, seamless system of care.

Aligning the central theme of Inova's Mission, Vision, Values with our Care Mandate the medical staff leadership have developed clinical practice expectations for all admitting medical staff members at Inova hospitals. All members of the Medical Staff of every Inova hospital are expected to adhere to the guiding principles outlined below. These principles have been designed to help achieve excellence on Inova's journey towards transformative care.

1. All patients shall be admitted and attended by a member of the medical staff in accordance with policies and procedures established by the *Inova Health System Quality and Reliability Committee* and the rules and regulations of the medical staff.
2. Each member of the Medical Staff who is recorded on the patient's medical record as the attending shall be primarily responsible for the care and treatment of the patient. The attending of record shall assure that prompt, adequate professional care is provided to the patient for whom the attending is responsible for being available, or having an eligible alternate attending available. Prior arrangements are expected to have been made with this eligible alternate attending. The attending of record will be listed in EPIC and adjusted as necessary on a daily basis.
3. The admitting attending or appropriate designee (APP or resident under physician supervision) is expected to:
  - 3.1. Examine the patient upon admission for inpatient or observation status to the hospital. **This must occur promptly from the time of the admission order to avoid unnecessary delay in care or compromise patient safety.**
  - 3.2. Develop a care plan that is supported by documentation of appropriate orders and notes. Communicate that plan to other members of the treatment team which includes physicians, APPs and nurses. Telephone or verbal admission orders are not acceptable.
  - 3.3. Complete a history and physical.
  - 3.4. Provide a progress note at least every 24 hours, or once every calendar day, which updates the patient's condition and plan of care and addresses their need for continued stay in the hospital. Patient should be seen at a frequency that avoids unnecessary delivery of care and avoids compromise in patient safety.
  - 3.5. Ensure appropriate documentation that accurately conveys patient condition and severity of illness and respond in a prompt fashion to queries regarding documentation.
  - 3.6. Comply with established policies regarding timeliness of medical record completion to include completing discharge or death summaries and signing all orders and dictations.
  - 3.7. Request consults as per **Clinical Practice Expectations for Consultants**.

### Consultants at an Inova Hospital

The mission of the Inova Health System is to provide world-class healthcare-every time, every touch-to each person in every community we have the privilege to serve. Our Mandate is to provide a people-centered, high reliability, high value, seamless system of care.

Aligning with the central theme of Inova's Mission, Vision, Values with our Care Mandate, the medical staff leadership have developed clinical practice expectations for all medical staff (physicians, podiatrists, APP's and residents) who are requesting consults and all those acting as, or on behalf of, the consultant.

All members of the Medical Staff of every Inova hospital are expected to adhere to the guiding principles outlined below. These principles have been designed to help achieve excellence on Inova's journey towards transformative care.

1. The on-call physician acting as a consultant shall be promptly available so as not to unnecessarily delay care or compromise patient safety. The on call physician acting as a consultant shall be promptly available, at least by phone, for their on- call period. If not available, for the on call period, then a reasonable effort to notify the hospital (operator, medical staff office professional) and secure a qualified alternative. A resident or APP may be called or respond to request for consult but will require input by supervising physician.
2. If a formal consult is needed, in addition to a provider- to- provider conversation, an order **MUST** be placed in Epic.
3. Communication to the consultant should include reason for consultation including any pertinent data. A resident and or an APP may call the consult only after attending physician input but, at their discretion, a consultant can escalate the discussion to the attending physician. **The communication MUST be HIPAA compliant.**
4. The attending physician (or resident or APP) requesting a consult should have a direct conversation with the consultant to initiate consultation. The expectation is that the consultant or designee, will respond promptly so as not to unnecessarily delay care or compromise patient safety. APP's and residents may respond/call back on behalf of the medical staff member who is listed on call, but ultimately the physician on call is responsible for the response. **The response time may be more specific as required for any certification requirements (ie STEMI, Stroke, Trauma etc.)**
  - 4.1. Consults should only be called after the admitting physician/team (or APP and/or resident under physician supervision) has had an opportunity to evaluate the patient. In emergent situations, the consultant can be called before the admitting physician/team has had the opportunity to evaluate the patient. The physician, resident or APP who is at the bedside primarily caring for the patient determines and communicates the urgency of the consultation.
  - 4.2. If the consultant is unable to respond within the expected reasonable time frame, the consultant **MUST** discuss with the attending physician and agree to an acceptable alternative time frame or help the attending physician secure a qualified alternate consultant.
5. A consultant should clearly document that the consult took place and what the recommendations will be. In the event that the recommendation(s) will change the plan of care, the consultant is expected to contact the attending physician (or resident or APP) to discuss.
6. Attending physicians will communicate with the patient and/or family member so they are aware that a consult has been requested and a consultant will come to see them and why. The consultant should let the patient and/or family member know what role they have in the care of the patient and that they will communicate their findings and recommendations to the primary care team. The consultant will also help patients and family members better understand that it is the attending physician team who ultimately decides plan of care and discharge timing.
7. **If a medical staff member fails to respond when on-call, it should be escalated to the relevant department chair or division chief, and, if needed the president of the medical staff and the hospital administrator on-call. It should also be reported in Safety Always.**

I have received and read the above expectations and agree to abide by them as long as I have privileges at Inova Alexandria

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Applicant's Signature

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Date