

# VUMC Urgent ED/EGS Consult Communication Pilot (Nov 1, 2022 update)

ED Clinicians Agree that EGS consult is indicated  
**(Time 0 min)** ED clinician enters eStar EGS consult order. ED clinician should communicate priority, Urgent (expected return call within 30 min) or STAT (expected return call within 15 min); clear question for consult, and enter a cell phone # for consultant to call for required verbal communication.

ED Attending has focused question that may not need a consult  
 ED Attending pages EGS Attending directly for expert advice and need for formal consult. (*Only Attending-to-Attending comms may use this curbside option.*)

← Consult needed

Question answered without consult

Consult Acknowledgement Communication  
**(Time 1-30 min for Urgent/ 1-15 min for STAT)** EGS resident calls ED team cell to acknowledge receipt of consult, discuss patient details and the reason for the consult, and provide estimated arrival time to bedside.

## Consult Escalation Process

If no callback to discuss the consult question, the ordering ED clinician proceeds as the following: (*Note: STAT consult escalation plan starts @16 min and ED Attending eStar pages EGS Attending @31 min with q15 min escalation increments*):

**31-60 min:** Send 2nd eStar page to the consult resident in Synergy  
**61-75 min:** If no response within 15 min, the ED attending eStar pages the EGS Attending listed in Synergy  
**76-90 min:** If no response within 15 min, the ED attending calls the EGS Attending's cell listed in Synergy  
**>91 min:** If no response within 15 min, the ED attending contacts the Chief of Staff on call listed in Synergy & COS will contact the Dept Chair

Consult acknowledged by verbal communications from EGS

No

Yes

Consult completed per Department/Division standard procedures and in accordance with VUMC Consult Policy/SOP (**Urgent Completion target 180 min/STAT target 105 min**) **\*\* (See Required ED Discharge SOP)\*\***

If the ED team does not receive the management or disposition recs within goal completion time (or sooner as required by the patient's acuity); or the ED attending has questions about the recommended plan, the ED attending should call the EGS Attending's cell listed in Synergy (eStar page if no cell listed). ED and EGS Attendings should communicate before escalation to the Chief of Staff on call.

EGS resident verbally communicates management recommendations w/in time goals based on available data<sup>^</sup>

No

Yes

EGS Resident enter *Consultation Initial Recommendations Communicated Order* or signs Brief Consult Note to document communication time; Additional required consultation documentation finalized by EGS resident per VUMC policies

Important Phone Numbers  
 Discharge Care Center :615-936-9300 (24/7)  
 Surgery HOT Clinic Pager: 615-403-5276 (Weekday Clinic hours)

**\*\*If the recommendation is made to discharge the patient from the ED after a consult order is placed, the patient must be seen and evaluated by the consulting service and the consult evaluation and recommendation documented in eStar.**

<sup>^</sup>Management recs may include conditional treatment/dispo plan if test results are pending.