

OPHTHALMIC HOSPITALIST INTEREST GROUP

NEWSLETTER

Donna Kim, MD | Maggie Hymowitz, MD

Announcements

Join the Community!

Meet your fellow OHIG members in the **AAO/OHIG Community**

Read about navigating Prokera for inpatients, post-op corneal abrasion protocols, and medical students on consults!

Click to join: [OHIG Community!](#)

OHIG at AAO 2022

Save the date for **"Who's on Call? - Ophthalmic Hospitalists: A Better Way to Solve an Age Old Problem"**, featuring an OHIG members **10/3 @ 9:45am-11:00am CDT**

Welcome New Members!

Thanks for joining OHIG! Please verify your information on the [OHIG website](#).

Call for Cases

Have an interesting case or topic you'd like to share on a future newsletter? Email ohig@ohig.org



Articles

[What Makes the "Perfect" Inpatient Consultation? A Qualitative Analysis of Resident and Fellow Perspectives, J of AAMC, 2020](#)

Trainee perspectives about how to optimize the consult process.

[The Courteous Consult: A CONSULT Card and Training to Improve Resident Consults, J of GME, 2015](#)

Another paper sharing trainee views on consult interactions and how they impact patient care.

[Opportunities to Improve the Quality of Inpatient Consultation: One Hospital's Investigation But Age Old Struggle, Israel J of HPR, 2022](#)

An interesting article reviewing quality measures for inpatient consults.

PEARLS



Inpatient Consult Protocol

Created by a Resident Peer Review Committee representing multiple consult services at **George Washington University**.

This inpatient consult protocol is used to help clarify expectations and improve interdepartmental communication.

[Click here](#)

Call Bag Options

Looking for new call bag? Here's a great option from ortho which has ample storage and movable dividers. Pricy but durable.



[Click Here](#)

CONSULT ROUNDS

You are paged by an internal medicine PA about a new consult for an inpatient with eye pain. The PA begins the conversation with "I have a guy with eye pain on 7 Tower. Can you come and see the patient?" You proceed to ask a series of questions, starting with the patient name, MRN, location, among others. The PA will have to get back to you about dilation clearance.

After a 15 minute exchange, you have the some of the information you need to review the chart and see the patient.

How can we make the process of requesting consults more efficient?



At OHSU in Oregon, EHR has become a great way to expedite consult requests. An order is placed by the primary team who must answer various questions about essential consult information including the patient's name, MRN, urgency, reason for consult, call back number, pager, and pupil dilation clearance.

This information is sent to the ophthalmology consult team through a direct page:

IP CONSULT TO OPHTHALMOLOGY (ADULT & PEDS)

Priority:

Reason for Consult:

Call back number:

Pager:

Cleared for pupil dilation:

Comments:

Scheduling Instructions: ☐ Auto-pages for medical consults are generated immediately and should be received by o

The page that the ophthalmology consult service receives:

Consults & Referrals	
IP CONSULT TO OPHTHALMOLOGY (ADULT & PEDS)	Routine, ONCE, On Thu 10/7/21 at 1045, For 1 occurrence Reason for Consult: worsening vision post-op Call back number: 60865 Pager: 24155 Cleared for pupil dilation: Yes Comments placed here are not sent in the page to the consulting service.

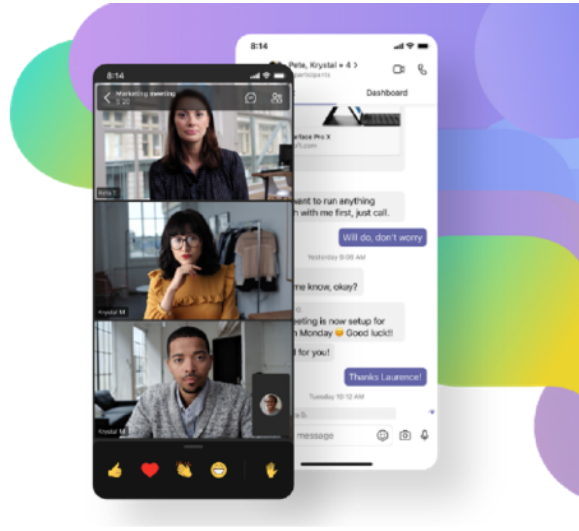
After your initial examination, you can inform other providers about a dilated eye exam via an EHR alert in the computer. This allow you to communicate with all providers who open the chart and prevent unwanted stat head CT's for "fixed and dilated pupils". The alert lasts for the anticipated duration of pharmacologic dilation based on the specific dilation medications used (4-6 hours vs 24 hours, etc).

Here is an example of an EHR dilation alert:

After you have seen the patient, you can follow up with the team to communicate your findings, including diagnosis and plan. You can refer to the initial consult page to obtain the name and contact number for person who requested the consult to relay important information.



At Northwell in NY, Microsoft Teams is used to communicate with the primary team in a HIPAA compliant way. Text messages, video conferencing, or a phone call can be made to communicate patient information securely. This is much more efficient than calling the floor to try and track down the resident, PA, NP, or attending who placed the initial consult. You can also communicate via group video conference or text to communicate with other consultants as well to ensure all teams are on the same page.



It is important to keep track of patients you have seen in the hospital, whether it be one or numerous times. As we know, patients often get discharged from the hospital when their medical conditions have been treated, but not necessarily their eyes.

One suggestion is to keep a list of ACTIVE consult inpatients you are following in the hospital and another list of INACTIVE patients who can be followed up outpatient. Ancillary staff can monitor the inactive list for patient discharges and call patients to offer follow up outpatient appointments. This ensures that patients receive timely follow up with the appropriate specialist in the optimal locations.

What systems do you use to make your consult service run efficiently while providing the highest level of ophthalmic care in the hospital?

Please share your experience on the AAO/OHIG Community. [Click here](#)