

Psychiatric Consultation on an Inpatient Medical Unit

Providers contracted for this level of care or service are expected to comply with all requirements of these service-specific performance specifications.

Psychiatric Consultation on an Inpatient Medical Unit is the subspecialty of psychiatry concerned with the provision of consultation to medically ill Members who are hospitalized on inpatient medical units. This service does not apply to Members presenting to emergency departments (EDs). The goals of this service are: 1) to ensure the safety and stability of Members within the medical environment; 2) to collect sufficient history and medical data from appropriate sources to assess the Member and formulate the problem; 3) to conduct a mental status examination; 4) to establish a differential diagnosis; and 5) to initiate a treatment plan. Whenever possible, the consultant is a liaison psychiatrist working as part of a ward-based multi-disciplinary team who is familiar with the routines of the medical/surgical environment. The use of outside consultants, unknown to hospital physicians and unfamiliar with the particular hospital system, is discouraged.

Components of Service

1. Psychiatric consultation for Members in the general medical setting is available 24 hours per day, seven days per week, 365 days per year.
2. The consultant is able to evaluate a Member with a suspected psychiatric disorder, a psychiatric history, or use of psychotropic medications in order to determine the effect the psychiatric condition has on the medical/surgical condition. The consultant is able to assess the extent that the Member's psychiatric condition is caused by the medical/surgical illness.
3. The consultant has experience in the evaluation of the medical and psychiatric reasons for acute agitation. The evaluation carefully reviews the medical and psychiatric reasons for agitation (e.g., psychosis, intoxication, withdrawal, dementia, delirium) and delineates possible etiologies (e.g., toxic metabolic disturbances, cardiopulmonary, endocrine, neurologic disorders).
4. The consultant has experience in the evaluation of a Member who wishes to die, including one who requests hastened-death, physician-assisted suicide, or euthanasia.
5. The consultant has experience in the evaluation of competency to consent to medical or surgical treatment.
6. If the consultation is requested to assess the adequacy of pain management, the consultant is familiar with the types of pain (acute, chronic, recurrent, and cancer-related); the distinction between pain, nociception, suffering, and pain behaviors; the multidimensional nature of pain; pain measurement and assessment; pain management (therapeutic goals, pharmacological and non-pharmacological strategies, multidisciplinary and multimodal management, monitoring of strategies and side effects); and the impact of pain and unrelieved pain (on recovery from illness or surgery, on the individual, on the family/caregiver).

Performance Specifications**Psych Consult on an Inpt Medical Unit**

7. If the consultation is requested to assess the extent that the psychiatric disturbance is related to a substance use disorder, the consultant has clinical skills in addiction medicine or addiction psychiatry.

Staffing Requirements

1. The provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the Senior Whole Health service-specific performance specifications, and the credentialing criteria outlined in the Senior Whole Health Provider Manual, as referenced at www.SWHMA.com.
2. Psychiatric consultation is provided by any of the following who have appropriate credentials and privileges at the facility: a psychiatrist who is board-certified and/or who meets Senior Whole Health credentialing criteria for a psychiatrist; psychiatric nurse mental health clinical specialist (PNMHCS) who is board-certified; or a nurse practitioner/board-certified registered nurse clinical specialist (RNCS).
3. The consultant has specialized training and/or experience in the evaluation of the mental health of Members with serious medical illness, formulation of their problems and diagnosis, and organization and implementation of an effective treatment plan.

Process Specifications**Assessment, Treatment Planning, and Documentation**

1. All psychiatric consultations on a medical/surgical unit are provided and documented in a progress note in the Member's health record as soon as possible and no later than within 24 hours of the consultation. Although the comprehensive consultation requires attention to all domains, the consultation note is best if brief and focused on the referring physician's concerns. The consultant avoids the use of acronyms, psychiatric jargon, or other wording likely to be unfamiliar or confusing to other medical/surgical specialists. The structured consultation note provides a framework for providing information back to the referring physician. The note is titled with mention of "Psychiatry" and "Consultation" or equivalent terms.

Service, Community, and Collateral Linkages

1. Consultations are usually requested by physicians who are directly responsible for the care of the Member. The so-called "routine consultation" may have life-and-death implications for the Member because the overt cause of the referral may reflect a more serious problem. For example, the Member who appears withdrawn may be suicidal, or an uncooperative Member with mild agitation may be delirious. The consultant ensures direct contact with the individual who initiated the request in order to obtain accurate information about the Member's behavior which may not appear in the Member's health record.

Performance Specifications

Psych Consult on an Inpt Medical Unit

2. The consultant is familiar with how to access other professionals when additional expertise is required. Such expertise includes, but is not limited to, neurology, pain, substance use, neuropsychology, and physical medicine and rehabilitation. This expertise may be provided by practitioners from a variety of disciplines (e.g., psychology, social work, occupational therapy, physical therapy, speech and language, vocational rehabilitation, pastoral counseling, etc.).
3. The consultant is familiar with medical necessity criteria for admission to inpatient psychiatric levels of care and is able to determine that a Member is medically stable for admission.
4. The consultant is familiar with Senior Whole Health's policies and procedures to secure outpatient follow-up care for all Members.