Direction médicale et des services professionnels

Consultants' Summary - Règle d'Utilisation des Ressources (RUR)

Starting September 2025, as mandated by Santé Québec, the MUHC will join other institutions by progressively adopting a new Règle d'Utilisation des Ressources for its adult emergency departments at the Glen site (Royal Victoria Hospital), Montreal General Hospital and Lachine Hospital. The goal is to improve the running of the EDs by providing a frame of reference for patient care and roles. The RUR:

1. **Standardizes** the approaches and practices for all clinicians working and providing consultations in the EDs.
2. **Gathers** all the information needed into a single document.
3. **Clarifies** some of the practices that were not being followed consistently and implements some new practices to improve patient management.

Key points

- ✓ **When a consult with PEC (prise en charge) is requested, the consulting physician becomes the primary physician earlier in the patient's stay in the ED – 2 hours after starting the consult.**
  *Only one consult with PEC request per patient. Can and will include non-admitting services when patient likely does not need admission. Please see link to admission algorithm which should be followed.
- ✓ **Aim to start consults within 2 hours and complete within 4 hours (weekdays between 8:00 et 18:00).**
  *Human capacity and institutional constraints will be taken into account. The point of this is not to punish but to improve efficiency by working together and optimizing processes.
- ✓ **6 hours** after the start of the consult with PEC, a patient is considered **automatically admitted to the consulting service** but may stay in the ED if discharge is anticipated or possible within the following 6 hours.
  *Discussion can and should occur between the consultant and the ED physician.
- ✓ **It is not permitted to keep a patient under observation in the ED until the next day while waiting for a test.**
  *Such patients need to have an admit request placed regardless of the availability of a bed on the unit.
- ✓ **All consultations must be completed using OWord (access via Medurge).**
- ✓ **There needs to be an ongoing effort to use the ED resources solely for emergencies.**
  *Rapid access clinics, accueil clinique, day hospitals.

When an MUHC physician refers patients to the ED:

- If a patient's condition is stable, prioritize outpatient services over the ED.
- The ED physician must be informed of all patients being sent to the ED.
- If diagnostic tests such as a CT or US or MRI is required, the referring physician must make the arrangements (note that ultrasound is generally not available after 16:00).

When another hospital requests an urgent consultation from an MUHC specialist:

- MUHC specialists will be alerted when a patient they accept from elsewhere arrives.
- The use of outpatient clinics and ambulatory care units is preferred when an admission is not deemed necessary.
- In general, inpatients from other hospitals are to be transferred to inpatient beds and bypass the ED.
- Patients from Northern Quebec are always accepted. Avoiding a transfer through the Emergency Department, when possible, is preferable.
- For more details, see the Transfer Policy in Appendix 4.

When a patient is accepted by a consultant service to the MUHC ED from another hospital:

- This must be communicated to the emergency physician (x32723 at the RVH and x43012 at the MGH)
- Patients should not be accepted to arrive after hours (the transfer should be scheduled so that the patient arrives during the day, ideally in the morning), unless they need to be seen after hours because of their clinical state. In this case, the consultant will be expected to see them whenever they arrive.
- Once the patient's care at the MUHC is completed, the consulting physician arranges for the return to the original hospital and communicates the medical plan.

When being asked to provide a consult in the ED, the following apply:

- A significant change is that the consulting physician, if asked for a consult with prise en charge, becomes the patient's most responsible physician and takes over the care plan **2 hours** after the consult is started. This includes ordering all necessary tests, discharging or admitting the patient. The consultant shall speak with the emergency physician if they feel that they are not the appropriate service (within 2 hours of the start of the consult).
- If a patient requires hospitalisation and the consulting physician cannot offer hospitalization, the consulting physician is expected to organize the hospitalisation by communicating directly with the appropriate service.
- Weekdays consults should start within **2 hours** and completed within the following **4 hours**. Exceptions: critical care patients and consults requested until the next morning.
- All consults placed between **8:00 and 18:00** are expected to be done the same day, and after hours will depend on the necessity because of clinical state or bed situation. The ED physician will determine when a consultant who is not in house needs to come in after hours (exceptions may occur in case of overcapacity: see this protocol).
- A patient should not be kept in ED overnight awaiting a consult if there is a bed available on the ward. The ED physician will communicate with the consultant to organize the admission. All consults requested but not done the night before are expected to be completed by **10:00** the following day.
- Consultants are expected to enter all tests and medications for their patients. Just writing recommendations in a consult reply causes significant delays.

All documents (notes, orders, prescriptions, medications) must be in the electronic format available (either Oacis or Medurge):

- Consults must be documented in OWord accessed from Medurge, rather than Oacis.

- Medication prescriptions must be entered in Medurge.
- Verbal prescriptions are only accepted in emergencies or if the consultant is not present, in accordance with the MUHC policy.
- Paper format must not be used, unless the option of prescribing or documenting is not available in electronic format (temporarily or permanently).

When a patient needs intensive care:

- Consultation completion target is **2 hours** after the request.
- Joint care occurs while the patient is in the ED, transfer of care takes place when the patient enters the ICU.
- If there are not enough ICU beds, it is the intensivist's responsibility to find a centre that can accommodate the patient using the *Centre d'optimisation - Occupation des lits de soins intensifs* (COOLSI).

When a patient must transit temporarily through the ED:

- The consultant must request the prior agreement of the ED physician.

When a patient returns to the ED within 48 hours of discharge from an inpatient unit or procedure:

- If the medical problem appears to be related to his or her recent surgery or procedure, a nurse or an administrative agent will notify the consulting physician who hospitalised or performed the procedure on the patient, who must see the patient.
- If it is not clear whether the medical problem is related, the patient will be assessed by the ED physician, who will decide whether the specialist should be called in for consultation.

Important Timeframes:

- **2 hours** after the start of the consultation by the ED physician, in the case of a request for consult and prise en charge (PEC), the consultant service becomes the most responsible physician, unless the **consult is not appropriate to the service, in which case there should be a discussion between ED physician and consultant. Other transfers of care are contingent to formal acceptance.**
    - **4 hours** or less from start to complete consultation from **8:00** to **18:00**, every day of the week. Surgical teams are expected to respect these rules, even when they are in the operating room, as long as it is safe for a team member to leave for a short time.
    - The ED physician will determine, based on acuity of illness and bed situation, which consults must be done after hours.
    - If ED is in overcapacity, the hours are extended. See Overcapacity Protocol.
    - Priority will be given to getting disposition decisions. These can be discussed between the ED physician and consultant.
    - If the request is made outside these hours, the consultation must be **completed** before **10:00** the following morning.
- **6 hours** after the start of the consultation with PEC, a patient is considered **automatically admitted to the consulting service (if consult + PEC is requested)** but may stay in the ED if discharge is anticipated within the following **6 hours**. **Observation overnight is not permitted in the ED – admission request needs to be entered.**
    - For services that do not admit, if they judge that the patient needs admission, they must request a consultation for admission within **4 hours** of the start of the consultation. They must discuss the case with the appropriate service to allow the patient to have a request for admission within the following **2 hours** to respect the 6-hour total.

Read the Règle d'utilisation des ressources ED–Adult.