Consultations on patients under the care of other specialties form an important part of the work of hospital doctors throughout the world. The resource implications for our department, with 35 (28%) procedures being performed, 25 (20%) patients’ care being taken over, and a further 20 (16%) patients followed up, suggest that consultations are an important activity. Chest pain was the most common reason for consultation (49 patients; 38%), which was felt to be of cardiac origin in only a minority (20; 40%) of cases. Consultations had significant resource implications for our department, with 35 (28%) procedures being performed, 25 (20%) patients’ care being taken over, and a further 20 (16%) patients followed up. Thus, chest pain is a common problem seen by consultants. Consultations were seen in a timely fashion, with 76 (61%) being seen on the same day that the request was received. The most common problem (53; 42%) that was felt to be of cardiac origin was chest pain, but the diagnosis was not always obvious. Eleven (9.7%) of the 113 consultations requested electronically were entered as “urgent” (rather than “routine” or “non-urgent”) by the requester. Overall, 58 (42.6%) consultations were communicated verbally and not electronically to the registrar. Sixty-one (46.8%) were communicated directly to the registrar. Eleven (8.7%) were cancelled, all of which were discussed with the referring service. Seven of those were discharged from the hospital before being seen. One of those patients was discharged to the day unit and the other 6 were discharged to the ward. One consultation was cancelled, as the patient was already post-op. The remainder of the cancelled consultations were due to patient or consultant reasons. Details of all consultation requests received between 11.30 on Friday, 30th January and 11.30 on Friday 27th February 2009 were collected prospectively. Consultations requested and seen by the on-call registrar outside of business hours (9 to 5 Monday to Thursday and 9 to 4 on Friday) were not included. Details of telephone and personal communications were recorded, and cross-referenced with a computer-generated list. The grade of doctor who verbally communicated the consultation request was recorded where applicable. Where more than one doctor communicated the request, the grade of the doctor who was the first to be contacted was recorded. The referring service, reason for referral, number of visits by the registrar or consultant, and the appropriateness were recorded. Procedures, further care, and out-patient follow-up were determined for each patient. Urgency was determined by the referring doctor, on the basis of the history, physical exam, and diagnostic tests already available when the consultation was requested. The turn-around time was determined for all consultations seen (n=125). Details of the grade of the referring doctor, the consultation request received after 11.30, therefore a patient was counted as seen on the same day if they were seen between 11.30 and 11.45 that day. Consultations requested after 11.30 were counted as having been requested the next day. Weekend days (Saturday and Sunday) were not counted.

**Result**

One hundred and sixty six consultation requests were placed during the study period, an average of 6.8 consultations per week/day. Twenty-three (14%) consultations were inappropriate, but were communicated directly to the registrar. Eleven (8%) were cancelled, all of which were discussed with the referring service. Seven of those were discharged from the hospital before being seen. One of those patients was discharged to the day unit and the other 6 were discharged to the ward. One consultation was cancelled, as the patient was already post-op. The remainder of the cancelled consultations were due to patient or consultant reasons.

**Discussion**

To the best of our knowledge, we present the first description and analysis of an inpatient cardiology consultation service. Consultations on patients under the care of other specialties is a common feature of the work of many departments, and is a requirement for training in Ireland and elsewhere. Figures on the numbers of consultations requested and performed are important, in order to facilitate the planning of both an efficient service and training. The sparse literature on consultations suggests that consultations are common, and that cardiology is one of the most frequently consulted specialties. Indeed, our figures show that cardiology consultation was sought on 7% of all inpatient consultations at our institution in 2008.

**References**


Comments: <br>
When Are You Seeing My Patient? An Analysis of the Cardiology Consultation Service in a Teaching Hospital