Thematic analysis was performed by investigators, identifying major individual representing each consult service. Consultant services discussed the platform as cohorts. One month prior. Communication tool since its implementation approximately 11 services were contacted to discuss experiences with the HALO Health Residents and advanced practice providers (APPs) from consultant secure messaging platforms for ED consultations. However there has been little study regarding implementation of several evidence-based consultation framework methods exist, however there has been little study regarding implementation of secure messaging platforms for ED consultations.

**Background**

• Timely and efficient communications between emergency department (ED) providers and consultant services is essential to providing high quality care in a busy ED.
• The consultation process requires effective communications that are considered a core competency within the Accreditation Council for Graduate Medical Education.
• Several evidence-based consultation framework methods exist, however there has been little study regarding implementation of secure messaging platforms for ED consultations.

**Problem Assessment**

• In 2020, Henry Ford Health System (HFHS) implemented a new system-wide Health Insurance Portability and Accountability Act (HIPAA) compliant secure messaging service from HALO Health.
• Implementation of a secure messaging system has the potential to fit more seamlessly into physician workflow than phone calls which can interrupt active tasks and interfere with patient care.
• Implementation of a secure messaging system without standardization of expectations for the communication process can lead to inefficiencies and points of confusion for both ED providers and consultant services.

**Methods**

• Residents and advanced practice providers (APPs) from consultant services were contacted to discuss experiences with the HALO Health communication tool since its implementation approximately 11 months prior.
• Consultant services discussed the platform as cohorts.
• One-to-one meetings took place between an ED resident and an individual representing each consult service.
• Thematic analysis was performed by investigators, identifying major themes and opportunities for improvement.

**Disclosures**

• The investigators of this study have no financial relationship to the secure-messaging system.
• The quality improvement initiative was implemented resultant from a contract that had been previously established between HFHS and HALO Health.

**Results**

• Overall, consultant services were largely satisfied with current HALO communication practices, however there were areas of improvement identified by both ED providers and consultants.
  1. How the consult should be initiated.
  2. Having a specific clinical question for the provider to answer.
  3. How to communicate final recommendations from consultant services to ED providers.

  **Problem:**
  – ED providers experienced confusion that some services required a phone call whereas others preferred a message.

  **Solution:**
  – ED Provider: Utilization of a standardized message template for initial consult notification.
  – Consultant service: Confirms receipt with an estimated time within which the patient will be seen.

  **Problem:**
  – A lack of a clear clinical question with the appropriate amount of detail or lack of a callback number can leave consultants unsure of the reason for the consult or who to call for clarification.

  **Solution:**
  – A specific clinical question should be included in the initial message.
  – There should be pertinent details, labs, and imaging provided, but should not be a copy/pasted HPI.
  – The ED provider should include their callback number.

  **Problem:**
  – Consultants often do not know who the primary provider is for a given patient, particularly those patients whose care spans multiple ED provider shifts.

  **Solution:**
  – ED Provider: At the time of sign out, a message should be sent to the consultant service notifying the service of the new ED provider.
  – Consultant service: Notification of foreseeable delays (related to volume, unexpected emergent cases) should be communicated to mitigate confusion and set expectations from a patient’s perspective.

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**Conclusion**

• Initiation of this quality improvement project opened up lines of communication between ED providers and consultant services, leading to mutual engagement and buy-in.
• Both sides of the exchange were able to propose fixes that fit more perfectly into their workflow and these efficiencies likely will result in safer and more expedient patient-centered care.

**Sample Bibliography**