

Hospitalists who are they...what do they do...collaboration is key to success

Page 2: COMMUNICATION IS THE KEY TO PROVIDING SAFE QUALITY CARE.

The importance of communications with hospitalists has grown with the exponential increase in their use. The Society of Hospital Medicine estimated that there were 12,000 hospitalists in 2005 and predicts there will be 30,000 by the end of the decade. In 2005, 45 percent of hospitals with 100 or more beds had hospitalist programs and a much higher percentage of larger hospitals do. The hospitalists may be employees of the hospital or its entities or employed by hospitalist groups that contract directly with hospitals. Who employs the hospitalist may have an impact on the level of communication with referring physicians. Hospitalist companies indicate they require good communication with primary care physicians. It may be a “condition of employment” and/or bonuses may be based partly on timely communication with referring physicians.

Data from numerous sources including the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) clearly indicates communication is a key factor in providing safe effective care for patients throughout the healthcare continuum. The #1 root cause for all categories of sentinel events from 1995 -2005 was communication. The goal is to make patients and their safety a priority, thereby reducing medical errors and decreasing the potential for professional liability loss. This can be achieved by using effective risk management tools and strategies.

Effective communication between healthcare providers and their patients enhances the safe delivery of care from the patient/physician relationship to the physician/physician relationship and thereby decreases the likelihood of the errors occurring.

Suggested communication processes for **primary care physicians (PCP)** to enhance communication with hospitalists :

- Be proactive. The PCP could prepare a letter identifying preferences and when to be contacted. This correspondence might also include specific time frames for notifying the PCP of admission and discharge. The PCP may also indicate what information is needed on discharge: For instance, the PCP might ask the hospitalist to communicate test results that are outstanding and require follow-up; particularly if the patient requires prompt follow-up in the office. In those cases, a phone call to the PCP is needed.
- Invite and encourage hospitalists to attend departmental meetings. PCP's should encourage open dialogue about concerns, what is working or not working, what to change.
- Communicate with hospitalists when the patient is admitted. Send a written summary of the patient's medical history, a medication list, allergies, and a recent review of systems. Consider including a form that can be used to communicate information about why patient is being admitted that day. Verbally confer with hospitalists, perhaps recommending preferred sub specialists for complex patients.
- Maximize communications at all points during hospital admission.
- PCP's should ensure accessibility to the hospitalist by providing all direct numbers and contact information.

Suggested communication processes for **hospitalists** to enhance communication with primary care physicians:

- Actively participate in departmental staff meetings
- Notify PCP of admission, via fax, email, phone call. Include the admission diagnosis and the name of the admitting hospitalist .

- Keep PCP updated on patient's progress, communicating directly as specified by that physician.
- Notify PCP of major changes in health status, a new diagnosis or decline in condition. Discuss end of life issues with patient, family and PCP.
- Complete the discharge summary in a timely manner, and send copies to the PCP.
- Consider direct notification of PCP with copy of discharge instructions or discharge sheet, including discharge instructions, diagnosis and other key information. This can provide basic information until more detailed discharge summary is available.
- Communicate a complete list of medications to the next provider when a patient is referred or transferred to another level of care or setting including on discharge. Also, provide the list to patient or care giver.

Critical communication processes involving hospitalists:

- Communication with patient and family members should include informed consent, patient education, discharge instructions. Document these issues in the medical record.
- Communication with PCP on admission, discharge and during hospital care as appropriate.
- Handoff communication processes including change of shift for hospitalists and change of shift of other care givers.
- Tracking of lab results and other procedures, communication of results to patient and any follow-up care required, including critical value results.
- Use of standing orders or order sets.
- Clarity of written orders; appropriate use of verbal orders.
- Documentation of care provided, consults made, and follow-up care.

The hospitalist's role in patient safety and clinical quality improvement is critical and includes:

- Driving improvement with the clinical quality indicators that are evidence based including JCAHO core measures. This impacts patients admitted and treated for Congestive Heart Failure, Acute Myocardial Infarction, and Pneumonia. Other patient populations are those patients having a surgical procedure (Surgical Infection Prevention or SIP).
- Being available to treat and manage acutely ill patients.
- Responding in real time to diagnostic data as they become available. Prescribing treatment or additional tests or arranging for consults promptly.
- Participating in team-based care. Being familiar with hospital protocols, procedures, guidelines and communication tools including procedures for verbal orders, proper marking of surgical sites that affect the safety of care delivery.
- Being involved with improvement teams, hospital based committees for safety and quality improvement.
- Compliance with JCAHO regulations including the Patient Safety Goals.
- Coordinating care for the entire hospital experience. Hospitalists look at the bigger picture and help prevent negative outcomes such as DVTs, health care acquired infections and ventilator acquired pneumonia. They focus on high risk issues of handing off patients between one care setting and another.
- Meeting regularly with patient care leadership to identify issues, discuss priorities, and negotiate changes. Review improvement with quality indicators, patient flow, and near misses.

Many facilities that have hospitalist programs utilize a care delivery model that differs from the traditional one, as referenced above. Once a patient presents for care either via the emergency department or as a general admission, a hospitalist is assigned. That hospitalist is then responsible for coordinating the patient's care throughout the inpatient stay. The hospitalist also communicates with the patient's primary care physician. Through this process of



care delivery and other activities hospitalists can help realize significant improvements in patient safety and quality care.

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