
Tools and Strategies for an Effective Hospitalist Program

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 Differences between level three, four, and five consultations197

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Expectations for hospitalists

Alpesh N. Amin, MD, MBA, FACP

Richard E. Rohr, MD, FACP

Hospital administrations are demanding ever-higher levels of performance by physicians while placing them under greater scrutiny. Physicians' roles as clinicians have never before been so regulated, monitored, and analyzed.

A host of factors may be contributing to this trend, including the following:

- The healthcare industry's focus on improving individual physician performance
- The general public's and the government's increasing interest in high-quality patient care
- The increasing involvement of physicians on various quality and safety committees and in the peer-review process

The increasing scrutiny is especially true for hospitalists who—in their roles as the “hubs” of inpatient clinical care—find their job expectations expanding constantly to include tasks relevant to the business side of medicine (e.g., decreasing the length of hospital stays, becoming documentation experts to maximize hospital reimbursement, etc.).

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Hospitalists are generally committed to doing a good job at everything they do. That's part of what drew them to medicine in the first place. Once hospitalists know what is expected of them, they provide it with 110% effort—provided that they are 100% aware of all that is expected of them.

To expect physicians to fulfill their responsibilities, but not to orient them to these duties, sets them up to fail. If you want to help your hospitalists perform successfully in their clinical and other staff leadership roles, develop a written job description for each role (e.g., clinical, medical staff leadership) they will fulfill. This is a basic function of establishing and communicating clear expectations.

The following are examples of the basic elements in a comprehensive job description for hospitalists:

- The identity of the individual (and perhaps department) to whom the hospitalist is accountable
- A clear listing of the hospitalist's responsibilities as a hospitalist
- A definition of the expectations of the hospitalist for each responsibility
- An explanation of the review process and a timeline for evaluating the hospitalist's performance
- A set of clear expectations about long-term goals and quality standards

Remember, the expectations listed on the hospitalist's job description can be used to measure performance at evaluation time provided that they are current, objective, and measurable.

Seek physicians' input

Secure the medical staff's and the institution's support when determining the hospitalist's duties and responsibilities, both in terms of the clinical aspects of the job and with regard to behavioral and cultural expectations. The best way to cultivate hospitalist buy-in is to encourage and solicit physicians' input in creating and updating the job description and expectations.

If your facility does not yet have a written job description defining hospitalists' expectations, the following steps will guide you in creating one.

1. Educate current hospitalists and other appropriate medical staff members about the need for a written job description or policy.
2. Appoint a task force to draft an initial set of hospitalist performance expectations. In essence, this task asks hospitalists to personally define what it means to be a “good” physician.
3. When it is still in draft form, make the job description or policy an explicit agenda item for discussion in a medical staff meeting (for each relevant department). Regardless of the approach your department or staff members take, hospitalists’ expectations must be shared with all medical staff members. Seek out opportunities to discuss the draft with hospitalists in the hallways, in the operating room lounge, and even in social settings.
4. Implement the expectations, ensuring that all hospitalists currently on staff have a copy and that incoming hospitalists receive a copy with their orientation materials.

Let hospitalists know what they can expect in return

Remember that defining clear expectations is a two-way street. Your organization must let hospitalists know what they can expect in return for their good work. For example, perhaps your facility is willing to provide additional support staff members (e.g., case managers, physician assistants) when the hospitalists’ workload reaches a certain threshold. Or, perhaps your program will accommodate physicians by offering them more flexible schedules when possible.

Keep job descriptions current

Today’s rapidly changing healthcare environment also mandates that job descriptions and on-the-job expectations are kept current. This is especially true for hospitalists, whose roles continue to evolve. For example, in many institutions, it is becoming more common for hospitalists to take a role in comanaging pre-operative and post-operative patients. There is also a growing expectation that hospitalists will make second daily visits to patients under their care.

Other expectations of hospitalists that your organization may consider include responsibility for

- staffing rapid response and code teams

CHAPTER ONE

- serving on or chairing various hospital committees
- providing training and education to key hospital personal (e.g., nurses, technicians, etc.)
- covering patients at more than one hospital or site

In addition, hospitalists at your facility might be involved in oversight of utilization data, improving program efficiency (e.g., length of stay, patient flow, readmission rates), developing clinical protocols, or teaching medical students and residents.

Because job descriptions evolve over time, ensure that even those hospitalists who are veterans of the program are provided with an up-to-date, detailed job description or job expectations policy.

The following figures are sample job descriptions. **Figure 1.1** is an example of a comprehensive job description for a hospitalist in an inpatient medicine program at a large, academic medical center where hospitalists may have responsibilities for teaching medical residents. **Figure 1.2** is a description of hospitalists' duties at a small community hospital without residents.

TIPS

Tailor your own hospitalist job description by combining the elements from **Figures 1.1** and **1.2** that are appropriate for your facility's needs.

Figure

1.1

Description of hospitalist duties: Large academic medical center with residents

A. *(Name of hospitalist service)* **hospitalist general job description**

- Perform rounds Monday through Friday, taking full ownership of the general internal medicine inpatient service during weekday business hours.
- Perform internal medicine consultations.
- Participate (occasionally) in the ambulatory clinic, which may include private practice, preoperative clinic, same day, urgent care, post-hospital follow-up, procedure, and/or clinic attending responsibility.
- Attend regular meetings with the executive director of the hospitalist program.
- Attend/participate in the monthly hospitalist program faculty meeting.
- Attend/participate in the department of medicine faculty meetings.
- Attend/participate in the division of general internal medicine meetings.
- Become actively involved in various administrative committees and projects as determined by the executive director of the hospitalist program.
- Follow the hospitalist program policies on patient care, availability, medical education/teaching, and academics.
- Become an integral part of the hospitalist team and be willing to provide backup as needed.
- Participate in evening and weekend call as scheduled by the hospitalist program.

B. *(Name of hospitalist service)* **hospitalist inpatient responsibilities**

As a *(name of hospitalist service)* hospitalist, you will provide inpatient services at *(name of hospital)*. You will also provide on-call weekend coverage, which will be rotated among the participating hospitalists. On-call coverage may include performing rounds on the weekend, facilitating transfers, and taking and documenting telephone calls from patients and physicians. Along with other members of the hospitalist faculty, you will be responsible for carrying the hospitalist beeper.

Figure

1.1

Description of hospitalist duties: Large academic medical center with residents (cont.)

The duties and responsibilities for ward attending and consult services include the following:

- Establishing and maintaining primary attending responsibility for inpatient general internal medicine service.
- Providing leadership and education to the entire care team.
- Working with case managers to ensure appropriate length of stay, efficient use of resources, and appropriate follow-up care.
- Providing direct patient care to general internal medicine patients.
- Meeting with families and maintaining a presence on the ward.
- Directly supervising residents and medical students on the general internal medicine services.
- Conducting teaching rounds for fellows, residents, and medical students.
- Reviewing (daily or more frequently) all of the patients on your service with fellows, house staff, and students, as needed.
- Serving as role model for your students, house staff, and fellows.
- Serving as a liaison to referring physicians—both (*name of hospital*) and non- (*name of hospital*) to facilitate the growth of the inpatient service.
- Understanding, implementing, and teaching quality and optimum utilization of services.
- Developing appropriate inpatient clinical pathways.
- Dictating all histories/physicals, progress notes, procedure notes, consult notes, consult follow-ups, and discharge notes.
- Leading and attending daily review conferences on your patients as appropriate.
- Supervising all planned discharges for appropriateness and timeliness.

Figure

1.1

Description of hospitalist duties: Large academic medical center with residents (cont.)

- Working daily with case managers to provide appropriate and timely use of resources (ensuring appropriate and timely use of diagnostic and ancillary services).
- Ensuring proper communication to the primary care physician and specialists.

C. (Name of hospitalist service) hospitalist outpatient responsibilities

1. Resident and fellow supervision duties

You will be responsible for the supervision of any students, residents, and fellows who may rotate through the hospitalist clinics. A session includes all the time required to complete patient care coordination and charting. The duties and responsibilities in the hospitalist clinic are as follows:

- Supervise residents.
- See all patients briefly to ensure appropriateness of care and to demonstrate/establish the role of attending physicians to patients.
- See all scheduled patients if there are no residents or fellows.
- Ensure that students, residents, and fellows practice efficiently.
- Serve as a role model and mentor for assigned students, residents, and fellows.
- Participate in any appropriate utilization protocols.
- Arrive on time at the start of each scheduled attending session.
- Do not leave until all patients under your supervision have been discharged.
- Document all visits in the patient’s medical record.
- Co-sign the billing sheet and ensure that procedure and diagnosis codes are entered correctly.
- Ensure that the resident and fellow physicians finish prescribing all medication refills, chart checks, forms, etc., before they leave.

Figure

1.1

Description of hospitalist duties: Large academic medical center with residents (cont.)

- Submit requests for time off in writing to the hospitalist program executive director.

2. Direct patient care

- Arrive on time
- Do not leave when you still have patients in the room.
- Sign all lab and radiology reports daily for your patients and patients of providers who are out of the office.
- Review (daily) all requests for prescriptions.
- Complete normal lab letter for all labs.
- Answer pages.
- Cooperate in covering for absent colleagues (labs, prescriptions, phone calls, etc.).
- Sign the billing sheet, and ensure that procedure and diagnosis codes are correctly entered.
- Submit requests for time off in writing to the hospitalist program executive director.

D. (*Name of hospitalist service*) **hospitalist administrative time**

You will be expected to follow general hospitalist program policies regarding your administrative duties as determined in conjunction with the hospitalist program executive director. Appropriate use of any administrative time can be used for the following types of activities:

- Development, implementation, and monitoring of clinical pathways and quality improvement projects
- Completion of medical records, etc.
- Hospitalist program administrative projects
- Peer review, utilization, and quality improvement activities as assigned

Figure

1.1

Description of hospitalist duties: Large academic medical center with residents (cont.)

- Resident and medical student educational activities
- Curriculum development and lecture preparation
- Continuing medical education self-study
- Practice site administrative activities as assigned
- Required meetings
- Hospitalist research and academic projects

Physicians' administrative activities may be assigned at the discretion of the hospitalist program and hospitalist program executive director. Administrative time is not to be taken as time off.

While performing administrative activities, hospitalist faculty must be available by pager and be available for backup as needed.

*Source: **Alpesh N. Amin, MD, MBA, FACP**, executive director of the hospitalist program, vice chair for clinical affairs and quality, and associate program director of internal medicine residents, Department of Medicine at the University of California, Irvine, CA.*

Figure

1.2

Description of hospitalist duties: Small community hospital without residents**Expectations for *(name of hospital/hospitalist service)* hospitalists:**

To whom the expectations apply: This set of expectations is designed for hospitalists in a small community hospital without residents, where the hospitalists cover the intensive care unit and other areas of the hospital. Some of the expectations may need to be modified for other hospitals. By articulating the level of performance expected in each dimension, the job description becomes a tool for managing physician performance.

Prospective and new hires: Candidates for employment should be evaluated on their ability to meet the expectations. All new hires should be given the expectations on their first day of work. Subsequent evaluations should be based on how well the individual meets expectations. This method has proven successful in reducing the amount of time spent on managing poor performance.

Additional (quantitative) considerations: Specific measurements should be developed for all quantitative dimensions of performance (e.g., percentage of patients receiving pneumonia vaccine, patient satisfaction scores, number of committee meetings attended).

Subjective measures: The quality of relations with patients, physicians, and other health professionals requires a subjective assessment by the manager. Relationships with others can be judged in part by considering complaints received, but this will not capture the positive aspects of those relationships, and some additional probing by the manager is required for a balanced assessment.

Technical quality:

- Achieve and maintain certification by the American Board of Internal Medicine.
- Maintain membership on the hospital medical staff.
- Complete 50 hours of accredited continuing medical education annually in topics related to inpatient medicine.
- Achieve and maintain certification by the American Heart Association in advanced cardiac life support.

Figure

1.2

Description of hospitalist duties: Small community hospital without residents (cont.)

Life support:

- Achieve and maintain proficiency in endotracheal intubation.

Service quality:

- Provide prompt responses to calls from nursing units and the emergency department.
- Maintain friendly relations with patients and families and avoid confrontations.

Productivity:

- Complete evaluations of all admissions and other patients prior to the completion of your shift.
- Assess utilization of intensive care and telemetry beds during your shift, and avoid holding patients in the emergency department.

Resource utilization:

- Comply with clinical guidelines adopted by the hospital relating to disease management, medications, and testing.

Co-worker relations:

- Develop positive relations with community physicians, emergency physicians, nurses, case managers, and other staff.
- Resolve conflicts with physicians and co-workers in a quiet and professional manner.
- Respond positively to suggestions from physician and non-physician co-workers.

Organizational commitment:

- Participate in quality improvement activities and hospital committees.

Source: Richard E. Rohr, MD, FACP, director of the hospitalist service at Milford (CT) Hospital.

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