

Hospitalist Communication

Question

What information should hospitalists and primary care or referring physicians communicate with each other at admission, during hospitalization, and at discharge?

Answer

The goal of the hospitalist medicine model is to provide a coordinated approach to inpatient care. This approach requires effective communication among hospitalists, admitting physicians, and hospital clinical staff involved in patient care. Yet, processes and systems within the hospital environment can create potential barriers to effective communication. Examples of these barriers include:

- Situations in which important information is not known or not shared
- Poorly defined roles for hospitalists, admitting physicians, and specialists
- Large volumes of information arising from a multitude of sources
- Lack of standardized processes within healthcare facilities

Research studies and malpractice claims have indicated that lack of communication is a common root cause that can lead to patient harm.¹ However, healthcare providers and clinical staff can minimize the risks associated with poor communication through the use of various techniques and processes. For example:

- Establish real-time transcription and/or other electronic capabilities (e.g., an electronic health record system) with ready access to an up-to-date directory of physician contact information.

- Standardize communication between hospitalists and admitting physicians at admission, during hospitalization, and at discharge. At minimum, the following information should be communicated:
 - At admission:
 - History of illness
 - Current medications
 - Recent relevant test results
 - Pending tests
 - Advance directives
 - Family history/issues
 - During hospitalization:
 - Important changes in patient management strategy
 - Condition downgrade
 - Patient status before and after any major medical intervention
 - Transfer to critical care unit
 - End-of-life decisions that have major ethical implications
 - At discharge:
 - Known and pending test results
 - Discharge medication, especially if changes have been made to a prior medication regimen or if medication monitoring is required
 - Medical equipment ordered
 - Consultations pending
 - Visiting nurse services requested
 - Recommended follow-up

- Implement measures that close the communication loop in the patient discharge cycle and also provide a safety net in the event that something has been missed or overlooked. For example:
 - Dictate thorough history and physical at admission and discharge summary documents at the point of service.
 - Schedule the patient's first follow-up visit with the primary care or referring physician before the patient leaves the hospital.
 - Call the patient following discharge to review the treatment plan, follow-up instructions, and general condition.
 - Call the primary care or referring physician immediately about any abnormal postdischarge test results; send other results within 24 hours of receipt.
 - Document in the health record the disposition of test results received postdischarge.

Resources

- [American Academy of Family Physicians: Guidelines for Communicating With the Referring Primary Care Physician](#)
- [American College of Physicians: Twelve Ways to Improve Hospitalist Communication](#)
- [The Journal of Hospital Medicine: Hospitalist Handoffs: A Systematic Review and Task Force Recommendations](#)
- [MedPro Group: Claims Data Snapshot: Hospitalists](#)
- [MedPro Group: Risk Management Review: Patient Suffers Neuromuscular Deficits Following Spinal Injections; Poor Coordination of Care Results in Paralysis and Malpractice Lawsuit](#)
- [MedPro Group: Risk Q&A: Handoffs and Signouts](#)
- [MedPro Group: Risk Resources: Handoffs and Care Transitions](#)
- [Medscape: Malpractice Threats in Well-Intended Patient Handoffs](#)
- [The Hospitalist: Six Strategies to Help Hospitalists Improve Communication](#)

¹ ECRI Institute. (2014, January). Communication. *Healthcare Risk Control*, Supplement A.

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