MedPro Group
a Berkshire Hathaway company

Risk Q&A

Hospitalist Communication

Question

What information should hospitalists and primary care or referring providers 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 providers, 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

Lack of communication is a common issue that can lead to patient harm and liability exposure.[1] In an analysis of more than 23,000 malpractice claims and lawsuits, Candello (formerly CRICO Strategies) identified communication failures as a risk factor in 30 percent of all cases. Further, 37 percent of all high-severity injury cases involved communication failures.[2]

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 provider contact information.

- Standardize communication between hospitalists and admitting providers at admission, during hospitalization, and at discharge. At minimum, the following information should be communicated in a timely manner:
    - At admission:
        - History of illness
        - Current medications
        - Comorbidities
        - Recent relevant test results
        - Pending tests
        - Ongoing specialty consultations
        - Advance directives
        - Family history/issues
    - During hospitalization:
        - Important changes in patient management strategy
        - Condition downgrade
        - Patient status before and after any major medical intervention
        - Test results or new diagnosis
        - Transfer to critical care unit
        - End-of-life decisions that have major ethical implications
        - Any new complications
    - 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
        - Treatment plan
        - Medical equipment ordered

    - Consultations pending
    - Visiting nurse services or home healthcare requested
    - Recommended follow-up with primary care or referring provider
- 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.

Effective and timely communication between hospitalists and primary care or referring providers can support optimal patient outcomes and reduced hospital readmissions.[3] Part of the hospitalist role is to collaborate and communicate effectively with other healthcare providers in the inpatient setting as well as to provide continuity between the inpatient and the outpatient setting.[4]

Resources

- American Academy of Family Physicians: Hospitalists
- Journal of Hospital Medicine: Hospitalist Handoffs: A Systematic Review and Task Force Recommendations
- MedPro Group: Case Study: Negligent Credentialing and Inadequate Emergency Response at Ambulatory Surgery Center Lead to Malpractice Lawsuit Following Patient Death
- MedPro Group: Claims Data Snapshot: Medical Hospitalist
- 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
- The Hospitalist: Improving Communications Between ED and Hospitalist Physicians, Viewpoints from Both Perspectives
- The Hospitalist: Six Strategies to Help Hospitalists Improve Communication

Endnotes

[1] ECRI. (2023, March 22). Effective Communication among healthcare providers. *Health System Risk Management.* Retrieved from www.ecri.org

[2] CRICO Strategies. (2015). *Malpractice risks in communication failures: 2015 annual benchmarking report*. Retrieved from www.candello.com/Insights/Candello-Reports/Communications-Report

[3] American Academy of Family Physicians. (n.d.). Hospitalists. Retrieved from www.aafp.org/family-physician/practice-and-career/managing-your-career/hospitalists.html

[4] Ibid.