

Hospitalists and Quality Improvement: A Natural Pairing

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Physicians strive to improve the health of their patients every day; however, some of the changes needed for patients to achieve better health, as opposed to the traditional focus on the physician-patient dyad, involve changes in the physician-health care system relationship. Physicians must know how to navigate the system and have the ability to change the system to ultimately improve the care of their patients. Hospitalists naturally have a vested interest in changing the health care system to improve patient care, decrease medical errors, and improve working conditions. Clinicians interested in making the health care system more efficient and effective face many challenges including the severity and complexity of a patient's illness, the rapid pace of clinical care, and the multiple competing and interdependent systems of health care delivery in which they work.

Hospitalists provide a unique insight into hospital operations. They fulfill many roles within the system—from frontline worker to physician leader. In their day-to-day practice, they implement safety and quality processes such as handoffs, medication reconciliations, and infection control procedures. Part of the unique perspective hospitalists may provide comes from their ability to build collaborations that integrate the needs of frontline workers and senior administrators. Furthermore, when new quality improvement (QI) initiatives are proposed, hospitalists can provide immediate feedback on how such initiatives will affect the daily workflow of those directly delivering patient care. As a consequence of their unique perspective, hospitalists are enlisted to serve in

leadership roles at many institutions. These leadership positions include oversight of QI or patient safety programs and service as physician champions for QI projects.

Hospitalists undoubtedly bring value through clinical work but can also add value through non-clinical activities like QI, patient safety, health information technology, committee service, and utilization review.¹ As health care systems focus on accountability for clinical outcomes, the hospitalist group will be expected to develop, implement, and sustain quality initiatives.² The Society of Hospital Medicine (SHM) lists “quality improvement” as a core hospitalist competency.³ Basic QI skills include defining structure, process, and outcome measures; selecting stakeholders; describing the institution's organizational structure; and defining the QI methods and infrastructure used at the institution.⁴ Examples of hospitalist-led initiatives that have been successful include improvements in transitions of care, glycemic control, and venous thromboembolism prevention.⁵

Physicians often face many barriers when initiating QI projects. Some practicing physicians may lack knowledge about quality improvement methodologies. Even if they see a system in need of change, they may not have the skills to execute a QI project effectively.⁶ Conversely, other hospitalists may be suffering from “QI fatigue” since the same handful of physicians are constantly being asked to help on projects. Often, hospitalists receive no compensation or support for these projects. Moreover, if a hospitalist's primary compensation is based on clinical productivity, little

incentive exists to participate in or lead a project especially if it takes time away from clinical responsibilities. These professional barriers can be compounded by systemic barriers such as a lack of efficient systems for data collection, absence of a cohesive supportive team, and poor alignment with institutional and departmental goals.

Many solutions are available to overcome these barriers. First, multiple training opportunities exist for QI. These include online courses (Institute for Healthcare Improvement (IHI) Open School, SHM Hospital Quality and Patient Safety), national conferences (SGIM Academic Hospitalist Academy), local training (Association of American Medical Colleges Teaching for Quality), longer training programs (Association of Clinical Leaders in General Internal Medicine LEAD, IHI Improvement Advisor Professional Development Program), patient safety and quality fellowships, and practice-improvement opportunities (American College of Physicians Quality Connect, American Board of Internal Medicine Performance Improvement Modules). Residency programs that offer hospitalist tracks strongly incorporate quality and safety into the curriculum as well. As QI is increasingly being taught in medical school and residency, an increasing number of physicians will be equipped with this knowledge from the start of their careers.

Just as having a strong inpatient team is critical to care for patients, having a strong knowledgeable team is critical for QI projects. A multidisciplinary team is better equipped to handle complex problems because team members understand the vari-

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ous stakeholders and workflow processes that contribute to a problem. Hospitalists can align with pre-formed teams to serve as subject matter or process experts. Before joining a project, the physician should know what the project requires from him/her, including the time commitment for meetings, data collection, and presentations. If a project does not align with personal and professional goals or if the time commitment is excessive, declining to participate is perfectly acceptable.

QI can be amazingly rewarding or intensely frustrating. If a change in the system leads to an improvement, thousands of patients can have better, safer care. But creating the institutional motivation and cultural change needed is difficult and time-consuming. At times a QI team may need a boost. Finding a patient story related to the QI project can remind the team members about the importance of their project. A brainstorming session for change ideas or a field trip to the inpatient ward can break up the typi-

cal meeting and create some excitement. Emphasizing improvement in a process measure or a successful plan-do-study-act cycle enables the team to focus on small wins and maintain motivation. Creating a timeline with specific action items is useful to keep everyone on track.

Over the last decade, the hospitalist movement and the patient safety and quality movements have each grown tremendously. Hospitalists have demonstrated that they can effectively lead QI initiatives. Hospitals need to evaluate how they can incorporate hospitalists into safety and quality initiatives and ease barriers such as time and compensation for these activities. Hospitalists are natural partners for QI projects, and their involvement can result in greater professional satisfaction and safer, more effective care for patients.

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