Today’s hospitals face challenges for fiscal survival and eroding public trust. At the same time, hospitals are expected to improve patient safety and meet quality standards. Factor in critical workforce shortages and the need for physician leadership in these key areas is even more crucial.

Increasingly, hospitals are finding that an engaged and supported group of hospitalists can help gain traction with many of these important initiatives. Hospital boards and executives who have not considered adding hospitalists to their staff should take a closer look.

According to American Hospital Association surveys, there are more than 20,000 hospitalists at more than 2,500 hospitals nationwide. Hospitalists now practice at hospitals that represent over 70 percent of acute care hospital beds.

Hospitalists are primarily generalists and most are trained initially in internal medicine. About 10 percent of hospitalists are pediatricians, 3 percent are trained in family medicine, and 3 percent in general medicine and pediatrics. The average hospitalist is 37 years old, and most have come into hospital medicine directly from their training. They are young, technology savvy early adopters who expect to have their performance measured and reported.

High Expectations for Hospitalists

Hospitalists provide value to hospitals by reducing length of stay and using resources appropriately. Many studies have documented this to be true, but hospitalists are about much more than just saving money.

Hospitalists also improve throughput and increase capacity at the hospital by facilitating discharges and transfers from specialty units to the floor earlier in the day. They also can work hand in hand with the emergency department (ED) to manage observation units and take responsibility for new admissions.

Hospitalists have also taken the lead in creating a seamless continuity with the hospital and from the inpatient to outpatient setting. They are leading researchers on the topic of patient handoffs. Through their professional medical society, the Society of Hospital Medicine (SHM), hospitalists are working with the Joint Commission and the National Quality Forum to set performance standards for transitions of care.

To accomplish these goals, hospitalists have become the leaders of a true team of health professionals that includes nurses, pharmacists, case managers and other inpatient physicians. Hospital administration and the board can look to such teams to lead and manage change.

Hospitalists can also help their hospitals attract and retain key physicians. Primary care physicians and other outpatient-based referring physicians are driving the growth of hospital medicine. Hospitalists are often on-site 24 hours a day to admit patients from the ED, which relieves other physicians of the associated responsibilities.

A growing role for hospital medicine is the comanagement of surgical and subspecialty patients. Surgeons have come to rely on hospitalists for preoperative evaluation of medical problems, for the prevention of complications caused by deep vein thrombosis, pulmonary embolus and infections, and for help with postoperative medical issues.

Quality Improvement

The fact that hospitalists now touch not only medical patients, but also those in surgery and in the ICU, means that hospitalists have become central to the hospital’s strategy for quality improvement.

Hospitalists try to improve the way the hospital thinks about their entire patient population by improving the system and thereby improving quality and performance. For example, hospitalists led the improvement in reducing deep vein thrombosis and pulmonary embolus at the University of California at San Diego Hospital. In a little more than a year, use of the hospital’s deep vein thrombosis prevention protocol went from 50 percent of inpatients to over 90 percent, reducing preventable deep vein thrombosis by 80 percent and dramatically reducing a potentially life threatening complication of hospitalization. And the hospital’s annual cost of treating this condition went from $500,000 to $40,000.

Leadership by hospitalists in systems improvement also can translate into tangible improvement in patient satisfaction and referring physician satisfaction. Referring physicians—primary care doctors, surgeons and subspecialists—know (continued on page 40)
that the hospitalist will handle the general medical problems for their patients, freeing them to concentrate on their office practice or specialties. Patients and their families are more satisfied because the hospitalist is available in the hospital, ready to visit the patient several times a day, if necessary, and speak to the family on the patient’s schedule.

Some physicians that call themselves hospitalists are actually “house doctors” who take their shifts at the hospital and see patients, but do not get involved in system change, throughput or quality improvement. To get the full value of hospital medicine, hospital leaders need to work with committed hospitalists who are involved in both patient care and improvement efforts. While hospitalists are specialists in the direct care of hospitalized patients, they can also be important as hospitals work to improve their processes, systems and clinical performance. Boards can help allocate needed resources to give them the support—financial, cultural and administrative—to do this heavy lifting.

In addition, because hospitals are rapidly growing their hospital medicine groups, a workforce shortage in hospital medicine exists that makes recruiting and retention of hospitalists challenging. Hospital leaders need to take this shortage into account as they increasingly look to hospitalists to fulfill the long and growing list of expectations outlined above.

When enlightened hospital CEOs and their boards look across the physician landscape for candidates to be change agents and allies in the hospital’s agenda, they need look no further than hospitalists who, in many ways, are both their present and their future.

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