



Interactive Guide to Patient Safety for Hospitalists

Minimize your practice liability
with a loss prevention checkup.

AS THE LARGEST NATIONAL INSURER OF PHYSICIAN AND SURGEON MEDICAL LIABILITY,
WE TAKE PRIDE IN DEVELOPING INNOVATIVE PROGRAMS THAT HELP PHYSICIANS IDENTIFY
AREAS OF RISK AND IMPROVE PATIENT SAFETY.

AS PART OF THIS INITIATIVE, WE ARE PLEASED TO PRESENT OUR INTERACTIVE GUIDE TO
PATIENT SAFETY FOR HOSPITALISTS. THIS INNOVATIVE TOOL WILL HELP YOU EVALUATE
AREAS OF RISK WITHIN THE HOSPITAL. IT'S ALL PART OF OUR EFFORT TO
WORK TOGETHER TO ADVANCE THE PRACTICE OF GOOD MEDICINE.

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WE WOULD LIKE TO THANK OUR HOSPITALIST ADVISORY BOARD MEMBERS FOR THEIR THOUGHTFUL COMMENTS AND THEIR CONTRIBUTIONS TO THIS GUIDE.

This interactive guide is not a standard of care. Any guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any action or treatment must be made by each health care practitioner in light of all circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

How to Use This Interactive Guide

This review is not a test. It is an interactive guide designed to help you uncover areas in your practice that could create liability risks.

There is no scoring system. The options for responding to the statements are **Always/Yes**, **Sometimes**, **Never/No**, and **N/A**. The ideal response to every statement is **Always/Yes** or **N/A**. Any other response indicates an area of potential malpractice exposure in your practice that should be addressed and resolved.

Respond to the statements as objectively and honestly as you can. The effectiveness of this interactive guide depends on how candid you are.

The guide is divided into 11 sections. These sections reflect the most frequent patient safety/risk management issues identified in our closed claims.

You can evaluate your practice and systems as a whole or focus only on the sections that are areas of concern.

We understand that you may be one of a large number of hospitalists in your group. We also realize that you may be working in more than one hospital. Feel free to share this tool with the colleagues in your group since this information could easily be used as part of a performance improvement project either within your group or in the hospital. Since hospital environments and cultures differ, we also encourage you to use this guide for each hospital.

Knowledge Center

Our extensive online library of articles is considered to be the industry's definitive resource on today's most pressing patient safety/risk management and health care policy issues.

We've also compiled a selection of complementary articles that can help you lower your liability risk.

To read the articles referenced in this interactive guide, visit www.thedoctors.com/hospitalistinfo.

Expert Team of Trained Specialists

Our patient safety program is led by an expert team of patient safety specialists, trained medical and patient safety professionals who work tirelessly with member physicians to implement risk management strategies tailored to their specialty and their practice.

Our specialists operate regionally and are available to our members for consultation nationwide. E-mail us at patientsafety@thedoctors.com, or call us at (800) 421-2368, extension 1243, and we will connect you with your regional patient safety/risk manager.

If you have an urgent patient safety or claims issue, our specialists are available 24 hours a day, 365 days a year on our nationwide hotline at (800) 421-2368.

Communications

Communication among team members must be clear and complete. Faulty communication can occur in a variety of settings. For example, patient care may be jeopardized when the admitting physician provides too little information to the hospitalist or when the hospitalist provides too little information to a specialist. Patient care may also be jeopardized when nurse-to-nurse, nurse-to-physician, or physician-to-physician communication lacks critical data.

Poor physician-patient communication has been identified as one of the root causes of medical errors that leads to patient injury.

In the context of physician-patient relationships, communication is rated as one of the most important aspects of medical treatment. Several recent surveys concluded that although patients are generally satisfied with the overall competency of care they receive, they feel that effective physician-patient communication is sometimes lacking.

Patients reported that they were not encouraged to ask questions, not asked their opinions about ailments and treatments, and were not given advice on lifestyle changes that could positively affect their health. Patients want to be treated as mutual participants in the physician-patient relationship.

Always/
Yes

Sometimes

Never/
No

N/A

ACCESS

1. There is an effective way for patients and/or family members to reach you at any time.

TIMELINESS

2. There is a specific time frame for seeing patients who are newly admitted, critically ill, or experiencing significant changes in the status of their health.

PHYSICIAN-PATIENT COMMUNICATION

3. You sit at eye level when communicating with a patient.

4. You use active listening techniques.

5. You ask patients to repeat back to you what you said.

6. You are careful to treat patients' health concerns seriously.

7. Family involvement is encouraged.

8. A healthy lifestyle is promoted.

Communications (continued)

Always/
Yes

Sometimes

Never/
No

N/A

PHYSICIAN-NURSE COMMUNICATION

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. There are established protocols of communication, such as SBAR (Situation Background Assessment Recommendation), between the physician and the nursing staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. You ensure that the nursing staff is aware of which patients are under your care. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. You encourage nursing staff to contact you whenever they are in doubt about therapy, orders, legibility, or concerns about the patient. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. You make rounds with the nurses who are caring for your patient. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. You routinely read the nursing notes and discuss the patient's care with his or her primary nurse. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. You require read back or repeat back for verification of all verbal and telephone orders that you give. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. You know which abbreviations are on the hospital's list of unapproved abbreviations. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. You use the standing orders of the hospital. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Your standing orders have been approved by the medical staff per hospital rules and regulations. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. You individualize standing orders or order sets for the patient at hand. |

PHYSICIAN-PHYSICIAN COMMUNICATION

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. You review all physician orders on a daily basis to ensure patient care coordination. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. You use a standardized physician-to-physician communication process during handoffs, such as SBAR or a checklist. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. The handoff takes place face-to-face. |

Communications

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. The handoff provides the opportunity for questions to be asked and answered.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. There is a sign-out process used when going off shift or off service.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. You brief covering physicians about any anticipated patient care problems, pending significant laboratory results, or other procedures or consultations.

TIPS

- Remember to actively listen to your patients' concerns and acknowledge that they have been heard.
- Treat your patients the way you would want to be treated.
- Be aware of body language and verbal congruence.
- Standardize the communication process among other physicians and nurses by using tools such as SBAR or a checklist.

Additional information at www.thedoctors.com/hospitalistinfo:

- Challenges in Cultural Diversity
- Focusing on Missed or Delayed Diagnosis
- Risk Tip: Improving Handoff Communication
- Rx for Patient Safety: Ask Me 3
- Shared Responsibility for Preventing Malpractice Suits—Patient Interactions
- Strategies to Reduce Liability Risks for Hospitalists
- Telephone Communication for Physicians

Coordination of Care: Lab Tests, Procedures, Results, Referrals to Specialists and Primary Care Physicians

It is important for the practitioner to know the status of any clinically significant orders, including referrals. Failure to ensure adequate communication among practitioners may result in a patient's failure to undergo needed specialty evaluation and testing. This can lead to delays in diagnosis and necessary treatment.

Always/
Yes

Sometimes

Never/
No

N/A

HOSPITAL SYSTEMS

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. There is a system in place to reconcile laboratory tests ordered with results received so that someone will follow up if results are not received within a defined time frame. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. There is a system in place to reconcile imaging studies and other diagnostic tests ordered with results received so that someone will follow up if results from an ordered test are not received within a defined time frame. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. There is a system in place to reconcile referrals to consultants and specialists to ensure that someone will follow up if consultant reports are not received in a timely manner. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. You document your review of lab, test, and consultants' reports by initials and date or electronic signature. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. There is a process for communicating urgent test results when the ordering practitioner is absent. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. When there are abnormal findings, a follow-up plan is established with the patient and documented in the record, or, when appropriate, the patient's refusal to cooperate with the plan is documented. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Your referrals indicate the reason for the consultation and outline each physician's responsibility for overall care, testing, treatment, and follow-up. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. There is a system set up within the hospitalist operations to inform your primary care physician (PCP) colleagues of your communication policy (e.g., contract terms, a memo, or a letter). |

Coordination of Care: Lab Tests, Procedures, Results, Referrals to Specialists and Primary Care Physicians (continued)

- | Always/
Yes | Sometimes | Never/
No | N/A | |
|-------------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. You use secure, HIPAA-compliant technology (e.g., fax, voice-mail, electronic medical records) provided by the hospital. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. You clarify who is responsible—the hospitalist or the PCP—for specific patient activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. The hospital provides education to PCPs about a hospitalist's roles and responsibilities in a patient's care. |
| UPON ADMISSION | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. At the time of admission, you routinely notify the patient's PCP of the hospitalization and that you have taken over responsibility for care. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. You send written or electronic confirmation of admission to the PCP (e.g., copy of the admitting history and physical or admission notification from the hospital chart). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. In your communication to the PCP, you include the hospital, patient location, your name, and how best to reach you. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. The PCPs routinely provide you with access to necessary outpatient records, previous admissions, and other pertinent data to allow an understanding of the patient and his or her problems. |
| DURING HOSPITALIZATION | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. You notify the PCP when there is a significant patient event, such as a transfer to the ICU, surgery, resuscitation, clarification of code status, or deterioration in the hospitalist-patient relationship. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. If there is a disagreement between the PCP and the hospitalist regarding some aspect of treatment, you work with the PCP cooperatively to find approaches that will address both physicians' concerns. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. There is a process (such as a chain of command) that will assist you in the event there is a disagreement among the team about the patient's treatment. |

Coordination of Care: Lab Tests, Procedures, Results, Referrals to Specialists and Primary Care Physicians (continued)

Always/ Yes	Sometimes	Never/ No	N/A
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CONSULTS

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. You use a formal consultation instead of a “curbside” consult to negotiate a course of treatment for a particular patient. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. You provide advice and consultation to other physicians only after seeing the patient. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. You document any informal or curbside consults that you provide or receive. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. If another physician asks for a “curbside” consult and refers to a specific patient and a specific history, you ask to see the patient and provide a full formal, documented consult. |

AT DISCHARGE

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. You send a dictated summary of the hospitalization to the PCP prior to the patient’s follow-up appointment with the PCP. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. The discharge summary includes medications, timing of follow-up, and laboratory and other tests that may be required, including pending results. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. If there is further interpretation of test results by a subspecialist consulting on the case, the information is provided to the PCP. |
| | | | | 26. Someone follows up with the patient to ensure that he or she: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. understands the discharge instructions, |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. is aware of any test results not available before discharge, |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. has procured and is correctly using the prescribed medications, |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. has undergone or scheduled follow-up tests and procedures, and |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. has seen or scheduled a visit with his or her PCP. |

Coordination of Care: Lab Tests, Procedures, Results, Referrals to Specialists and Primary Care Physicians (continued)

Always/ Yes	Sometimes	Never/ No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Your group uses the Society of Hospital Medicine BOOST (Better Outcomes for Older adults through Safer Transitions) program or a similar program to prevent readmissions. (See Quality Improvement at www.hospitalmedicine.org.)

CO-MANAGEMENT BETWEEN SURGEON AND HOSPITALIST

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. There is an agreement between the surgeon and the hospitalist as to who will manage: |
| | | | | a. the pre-surgical period in hospital, |
| | | | | b. pain control, |
| | | | | c. blood thinners, |
| | | | | d. medical conditions, and |
| | | | | e. communications with the family and patient regarding significant issues. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. There is an agreement on how surgical admissions will be handled, e.g., objective criteria to triage patients. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. There is agreement on who will be named as the attending of record and who is responsible for the discharge summary. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31. There is a communication process in place so that if the surgical care changes, the hospitalist is aware of the changes. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32. Hospitalists and surgeon specialties have agreed upon protocols of care, e.g., deep venous thrombosis (DVT) prophylaxis in the orthopedic patient. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33. Hospitalists and surgeons meet periodically to review issues and potential patient care problems. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34. You have received training in rapid assessment of the surgical abdomen. |

Coordination of Care: Lab Tests, Procedures, Results, Referrals to Specialists and Primary Care Physicians (continued)

Always/
Yes

Sometimes

Never/
No

N/A

CO-MANAGEMENT BETWEEN HOSPITALIST AND SPECIALIST (INCLUDING SURGEONS)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35. There is consistency when negotiating expectations for co-managing specialty services, such as the specialist agreeing to come in if called. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 36. There are established triage guidelines when working with certain subsets of potentially complex patients, such as how patients will be distributed according to diagnosis and acuity. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 37. There is a defined co-management program in place with other specialists or physicians involved in the patient's care for co-managing lab tests, results, and actions to take when results are received. (This is differentiated from an informal "co-management process" that has no approved processes or outcomes measurements.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 38. The system for co-managing lab tests, results, and actions to take when results are received includes steps for resolving issues or conflicts. |

Coordination of Care: Lab Tests, Procedures, Results, Referrals to Specialists and Primary Care Physicians

TIPS

- Make a reasonable attempt to facilitate patient follow-up.
- Follow the hospital policy guiding the follow-up of laboratory, x-ray, and pathology reports.
- Always *review* and *initial* laboratory test results.
- Find out if the hospital has a reminder process for those tests, procedures, and requested consultations that will not be completed prior to discharge.
- Follow the hospital's process for informing the patient of test results.
- Document patient notification of test results in the record.
- Communicate with the PCP at least once upon admission, when there are significant changes in the patient's condition, and at the time of discharge.
- Clarify your role with other care practitioners to avoid confusion regarding specific components of a patient's care.

Additional information at www.thedoctors.com/hospitalistinfo:

- Curbside Consultations
- Who's in Charge?

Medical Records

A complete medical record promotes quality patient care by providing a comprehensive patient history and by facilitating continuity of care among all members of the health care team. A good record should reflect the care provided, the rationale behind the medical decisions when indicated, and should be free of any alteration that gives the impression that the record is incomplete or lacks credibility.

Medical records should fulfill many purposes. Medical records:

- Describe the patient’s health history.
- Document the diagnosis and treatment plan.
- Serve as a basis for communication among health care team members.
- Serve as the means for obtaining proper reimbursement if content substantiates billing codes.
- Promote quality assurance. The record documents the standards and patterns of care of the practice and provides data for administrative and medical decisions.
- Prove compliance with licensure and accreditation standards.
- Facilitate successful peer review to promote quality of care.
- Provide the best evidence of care.
- Facilitate research and education.

Above all, the medical record is a legal, historical document.

If your practice uses an electronic medical record, see our supplemental Interactive Guide for Electronic Medical Records to help you uncover areas of potential risk.

Always/ Yes	Sometimes	Never/ No	N/A
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PERSONAL HEALTH INFORMATION

1. The history and physical is present in the chart within 24 hours.
2. The history and physical includes at least the minimal content as specified in medical staff bylaws and rules and regulations.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

PATIENT EDUCATION

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

3. Patient education is documented.
4. Preoperative instructions are documented.
5. Postoperative instructions documented.
6. Discharge instructions are documented.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

CONTINUITY OF CARE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

7. The assessment is supported with objective and subjective observations and a treatment plan that addresses problems identified in assessment.

Medical Records (continued)

- | Always/
Yes | Sometimes | Never/
No | N/A | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. There is a documented treatment plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. An expert reviewer would be able to follow your medical judgment and support it. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Off-service notes are written and include “if this occurs, then do this” scenarios or other planning as necessary. |
| DOCUMENTATION | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Your notes are legible. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. If an electronic health record is available, you have been oriented to IT security requirements and you have had training on how to use it. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. You follow hospital rules and regulations on documentation timeliness, e.g., signing verbal or telephone orders, progress notes, history and physicals, and discharge summaries. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Your history and physical exam, consultations, progress notes, and discharge summaries are signed and dated within the time frames as dictated by the Medical Staff Rules and Regulations or Medicare/Medicaid Conditions of Participation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Your verbal or telephone orders are signed, dated, and timed within 48 hours or within the time frame of hospital rules and regulations, whichever is less. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Pain assessments, pain monitoring, effectiveness of interventions, and a plan for pain management are performed and documented by you and the nurses per hospital protocol. |

Medical Records

TIPS

- If it is not documented in the medical record, it did not happen.
- Do not write “error” when making a correction. Line through the entry, then date it and initial it. The corrected entry should be added as the next entry and should have the current date.
- Review and initial or sign your dictated reports before they are filed as part of the medical record.

Additional information at www.thedoctors.com/hospitalistinfo:

- Accurate Medical Records: Your Primary Line of Defense
- The Faintest Ink

Medication Management

The Institute of Medicine identified medication errors as a major cause of patient injury in its 1999 report *To Err Is Human: Building a Safer Health System*. Medication errors are the single most common procedural error in the practice of medicine.¹ There are five stages in the medication delivery process: ordering, transcribing, dispensing, administering, and monitoring. A medication error can occur during one or more of the five stages.

Patient education regarding medications is vital. Taking the time to ensure that the patient understands what the medication is, how to take it, which symptoms to report, and how often to check with the prescriber regarding continued administration are essential to safe medication practice.

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. You include the reason or indication on prn medication orders, e.g., “for pain” or “for nausea.”
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. There is a diagnosis, condition, or indication in the chart for each medication you order.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Patients are instructed on the rationale for medications.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. The patient’s allergy status is checked before prescribing.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Before prescribing a new medication, you have reviewed the patient’s most recent prescribed medications, herbal products, and over-the-counter drugs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. If there is a hospital requirement that you re-order medications when the patient is admitted or transferred, you do not use the order “continue home meds” or “resume previous meds.”
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. You use the computerized physician order entry per hospital policy.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. You require read back of verbal and telephone medication orders to assure that the orders are complete and accurate.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. You have access to Epocrates or a current edition of the <i>Physicians’ Desk Reference</i> .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. You were oriented to the hospital’s medication management system.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. You ensure that medication reconciliation takes place prior to discharge.

Reference:

¹ Kohn LT, Corrigan JM, Donaldson MS, eds. *To Err Is Human: Building a Safer Health System*. Committee on Quality of Health Care in America, Institute of Medicine. Washington, DC: National Academies Press; 2000.

Medication Management

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. You use a written protocol for pain management.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. You use a written protocol for narcotic use.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. You have signed up for the Health Care Notification Network (HCNN) for drug alerts, and you review the alerts as they are received.

TIPS

- Obtain a patient’s medication history and enter it into the chart. Include prescription medications, over-the-counter medications, vitamins, herbal products, dietary supplements, alternative medicines, and homeopathic medications.
- Ensure that the patient receives an up-to-date list of medications at discharge.
- Provide medication counseling to the patient or caregiver in a way that he or she can understand, and document your discussions.
- Provide education to the patient on the medications he or she is taking and any potential interactions, such as with herbal and nutritional substances. Also include information on the signs and symptoms of untoward reactions with instructions on when to call and whom to call. Document this information.
- Involve the patient as an active participant in his or her own medication treatment.

Additional information at www.thedoctors.com/hospitalistinfo:

- Dilaudid-Related Morbidity and Mortality from Respiratory Depression
- Focusing on Selection and Management of Therapy
- Medication Safety
- Off-Label Use: Patient Safety and Risk Management Implications
- Prescription for Medication Safety
- The Health Care Notification Network

Physician/Patient/Staff Relationships

Openness, honesty, and empathy are fundamental components of health care relationships among physicians, patients, and staff. Patient-focused communication builds trust and promotes healing.

Physicians who practice patient-focused communication build strong relationships by:

- showing empathy and respect,
- listening attentively,
- eliciting patients' concerns and calming their fears,
- answering questions honestly,
- informing and educating patients about treatment options,
- involving patients in medical care decisions, and
- demonstrating sensitivity to patients' cultural and ethnic diversity.

Always/ Yes	Sometimes	Never/ No	N/A
----------------	-----------	--------------	-----

PATIENT SATISFACTION

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. You have received orientation from the hospital describing the patient complaint or grievance process and the role you play. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Your hospitalist organization provides a brochure in PCP's offices and/or the hospital explaining the hospitalist program. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. These brochures are given to patients by the hospitalists as soon as possible after admission. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. The brochures are written at a reading level using language that ensures comprehension by the vast majority of patients. |

TEAMWORK

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Physicians and staff treat one another in a courteous manner. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Physicians encourage questions and calls from staff members. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. You round with the nurse or nurse manager. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. You use a communication protocol, such as SBAR, to enhance communication between you and the nursing staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. You have attended team training, such as TEAM STEPPS or Crew Resource Management. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. You know the names of the people you work with on the floor or in special care units. |

Physician/Patient/Staff Relationships (continued)

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. You share your plan for patient care with residents, nurses, and support staff.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. You solicit input, listen to, and respond to suggestions from nursing or other clinical staff.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. You praise good work and success.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. You debrief the health care team after significant patient events that affect the care and treatment of the patient.
FIRST CONTACT AND INTERACTION WITH THE PATIENT				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. You provide an introduction to the patient and family that outlines who you are, what you do, and your relationship and communication with other health care providers, including your communication with the patient's primary care physician and physician of record, if applicable.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. When lateral handoffs occur, you inform the patient of who will be taking over his or her care.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. You address the discharge process and after-hospital care plans with the patient and/or family.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. You use the "teach-back" or "repeat-back" method to ensure patient understanding.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. You check the status of pending test results at the time of discharge.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. If there are pending test results, you have a process to ensure that you review and communicate the results to the follow-up physician and to the patient.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. You have been oriented to the mechanism the hospital uses for helping patients find the resources they need if they don't have a regular physician or lack adequate health insurance.

Physician/Patient/Staff Relationships

TIPS

- Teamwork has come to the forefront as the most effective way of catching individual errors before they occur and of mitigating system failures.
- Teams are better equipped to handle challenges within a department, and decisions made through teamwork are significantly better than the decisions of an individual.
- Encourage communication with your patient and other health care team members by telling them, “If you see, suspect, or feel that something is not right, please speak up.”

Additional information at www.thedoctors.com/hospitalistinfo:

- Addressing Patient Issues and Other Challenging Situations
- Challenges in Cultural Diversity: Protect Your Patients and Yourself
- Shared Responsibility for Preventing Malpractice Suits—Patient Interactions
- The Pit Stop

Informed Consent and Refusal

Informed consent to medical treatment is based on the following beliefs:

- Patients generally have only a basic understanding of the medical sciences.
- Adults of sound mind have the right to determine whether to submit to medical treatment and to decide what will happen to their own bodies.
- A patient's consent to treatment must be an informed decision.
- The patient trusts and depends on his or her physician for the information needed for the decision-making process.

Always/ Yes	Sometimes	Never/ No	N/A
----------------	-----------	--------------	-----

CONSENT AND REFUSAL

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. You use the hospital's consent form for invasive treatments or procedures. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. The consent form includes a description of the treatment or procedure in nonmedical terms that the patient can understand. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Copies of signed consent forms are maintained in the medical record. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. The informed-consent discussion is documented in the notes. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. The informed-consent discussion includes risks, benefits, and alternatives. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Educational tools, such as pamphlets or videos, are used to reinforce the patient's understanding. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. You use the interpretation services provided by the hospital. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. When the patient requires an interpreter, the name of the interpreter appears on the consent form. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. You have an informed-refusal form for patients who decline a recommended procedure or treatment. |

END-OF-LIFE CARE

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Prior to participating in end-of-life discussions, you verify whether the patient has advance directives. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. You follow the hospital's policies on advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services. |

Informed Consent and Refusal (continued)

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. You document end-of-life symptoms in the medical record.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. You document end-of-life care discussions in the medical record.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. If available, you request a palliative care consultation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. For appropriate patients, you implement comfort care order sets.

TIPS

- The process of obtaining informed consent (not merely the signing of a form) is the physician’s responsibility and cannot be delegated.
- When documenting informed consent or informed refusal, do not use abbreviations.
- Use hospital-approved informed-consent forms, and follow the hospital’s rules and regulations on informed consent and refusal.
- When discussing a procedure or treatment with the patient, use words that the patient understands. If there is an issue regarding the patient’s ability to comprehend due to a language barrier or disability, an interpreter should be provided.
- When appropriate, distinguish *right* from *left* (using the word not an abbreviation) on the form and in your documentation.
- When a competent adult patient refuses treatment, document his or her decision in the medical record, including patient acknowledgment of the risks of refusal.
- Date and time all entries in the medical record regarding informed consent and informed refusal.
- Ensure that patients have enough information to make informed decisions—explain to the patient how to contact you if he or she thinks of other questions.
- To be effective, the information given to the patient must be appropriate to the literacy level and language of the patient.
- Follow hospital policies and procedures on advance directives. Hospitalists are often in the position of communicating with the patient and family members about end-of-life care and then may be responsible for providing that care.

Informed Consent and Refusal

Additional information at www.thedoctors.com/hospitalistinfo:

- Bad Outcomes: From Surprise and Disappointment to Anger and a Lawsuit
- Informed Consent: New Requirements from Centers for Medicare and Medicaid
- Informed Consent: Substance and Signature
- Risk Tip: Informed Refusal

And explore our resource center on informed-consent documentation at www.thedoctors.com/consent.

Confidentiality and Privacy

Health care practitioners have an obligation to protect patient confidentiality under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The purpose of these regulations is to define and limit the circumstances in which “individually identifiable health information” can be used or disclosed by physicians, hospitals, or other covered entities. Individually identifiable health information includes any information created or received by a covered entity relating to the physical or mental health of an individual. Such information includes oral or recorded material in any form, such as written materials and electronically stored data.

Privacy and confidentiality must also be respected when others might hear you discussing a patient, such as in the hospital’s elevators, the hallways, or on the phone at the nurse’s station.

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. You knock before entering the patient’s room.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. You are careful not to discuss a patient within earshot of another patient or a visitor.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. You have been oriented by the hospital about HIPAA requirements and its policies and procedures.

TIPS

- Do not discuss confidential medical information in elevators, hallways, cafeterias, shuttle buses, or any place where others may overhear.
- Prior to discussing a patient’s condition or tests, make sure you know the identity of the person, and be certain that the patient has authorized the release of information to that person.
- Never release medical information on an answering machine.
- Protect the confidentiality of the electronic record. Use all security features provided. Log off your computer when leaving your desk. Protect your password.
- Psychiatric, psychological, and HIV-related medical information require special consent from the patient for release and may require a court order in some states.
- Be aware of the special laws pertaining to minors regarding disclosure of certain conditions—even to their parents.
- Be aware of HIPAA regulations and hospital policies and procedures.

Emergency Procedures

The hospital should orient you to its emergency procedures. Included in that training is identifying which hospital staff members have ACLS or other certifications. Additionally you should clearly understand your responsibilities in the event of an emergency—whether it’s a medical emergency on the patient care unit or a natural or man-made disaster in which you would be deployed to the ED or another area. You should also make sure you are familiar with the hospital’s fire safety program.

Additionally the hospital should provide you with information about whether it uses rapid response teams and outline your responsibilities in the event the team is initiated.

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. You have been oriented to the procedures and protocols related to medical emergencies, such as initiating a rapid response team.
				2. You participate in periodic drills on how to deal with the following emergencies:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. unanticipated patient behaviors,
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. tornados, hurricanes, flooding,
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. fires, and
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. hazardous materials.

TIPS

- Familiarize yourself with medical emergency procedures and protocols, including the use of rapid response teams.
- Understand your responsibilities during hospital disasters and recovery operations.

Credentialing and Staffing

The hospital and your practice group should identify appropriate credentialing methods to ensure that qualified personnel are available. The hospitalist should complete a hospital orientation and, if applicable, a group practice orientation.

Always/
Yes

Sometimes

Never/
No

N/A

NEW HIRE ORIENTATION

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. The hospital provides orientation on hospital policies and procedures. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. If you are part of a hospitalist group, the group provides orientation on its policies and procedures. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. If applicable, all physician assistants in your group have a written and signed supervision protocol. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. If applicable, all nurse practitioners in your group have standardized procedures. |

WRITTEN POLICIES

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. You have an employee handbook. |
|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------|

SIGNED ACKNOWLEDGMENTS

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Hospitalists acknowledge in writing that they are aware of the employer's employment policies and procedures. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Hospitalists sign a confidentiality statement. |

SUPPORT ISSUES

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. There is Emergency Department medical coverage 24/7 that can be used as a backup. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. There is a residency program in place to provide backup assistance. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. You cover only one hospital per shift and always remain on site. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. You have a staffing plan that addresses staff illness, variability in census, seasonal variation, and acuity volume. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. The hospital or the group has established an ideal patient load and ceiling. |

Credentialing and Staffing (continued)

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Identified or contractually committed backup providers are available by agreement and also by proximity and readiness to work.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. If nurse practitioners are used for night call, a hospitalist is on site for backup support.
PERFORMANCE REVIEWS				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Hospitalists' credentialing and privileging files are reviewed by the hospital medical staff office at least every two years.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Patient safety and quality of care are included in the evaluation criteria.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Patient satisfaction/rapport is included in the evaluation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Professional/medical licensure renewal is verified with the licensing agency.
SCOPE OF PRACTICE				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. It is clear which diagnostic and/or therapeutic procedures the hospitalist is expected to perform.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Diagnostic and/or therapeutic procedures are performed only by licensed or certified hospitalists who are credentialed and privileged for those procedures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Training guidelines and peer oversight are provided if you are expected to perform procedures that are not normally part of a hospitalist's duties.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. If you are expected to care for patients with specialized needs, such as obstetrics or pediatrics, you are qualified with credentials and privileges to do so.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. If so, there is an appropriate ongoing professional practice evaluation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Prescribing practices are addressed in written job descriptions/protocols for nurse practitioners and physician assistants employed by your group.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. You attend hospital medical staff meetings.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. You attend your hospitalist group meetings.

Credentialing and Staffing

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. You periodically attend skill enhancement or educational programs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. You participate in medical staff committees and other hospital committees.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. You attend annual educational sessions on risk management and patient safety.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. You provide education to other medical staff members on the hospitalist's role.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. The hospital provides training on preventing harassment and sexual harassment in the workplace.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. The hospitalist organization and hospitalist administration have provided a list of procedures that hospitalists will be expected to perform.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. You refuse to perform duties outside of your personal comfort zone or professional practice scope.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. The hospitalist group has defined the types of patients and procedures the group will manage.

TIPS

- Follow the privileging requirements and medical staff bylaws and rules and regulations of the hospital in which you practice.
- Initiate your chain of command if the hospital asks you to practice outside the scope of your privileges.

Building Reliable Systems to Reduce the Impact of Human Factors

Human factors engineering and the classic study *To Err Is Human* show us that we need to be aware of our fallibility as humans and to develop systems that will help us avoid errors. Fatigue, overwork, stress, and over-reliance on memory can be the precursors of an error.

Other system factors, such as a hospital's culture, can prevent people from speaking up when they see things aren't going well or make them afraid to report errors. Understanding the interplay between human beings and the systems they work in reveals weaknesses that may be corrected.

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. The patient load is equitably distributed among the hospitalists.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. You and/or the group has determined the maximum number of critical care patients that can be safely cared for at any given time. This number can be qualified by comorbidities or other factors that you and the group have determined.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. There is a process in place for handling large volumes of patients and critically ill patients.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. There are methods in place for the hospital to elicit hospitalists' feedback and to respond to concerns and suggestions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Hospitalists are kept informed of changes in the workplace.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. There is a feedback mechanism in place by the hospital for providing the hospitalists with information to improve systems and processes, e.g., monthly quality improvement meetings and discussions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. You promote an environment in which staff can report errors without fear of reprisal.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. You are actively involved in quality improvement activities within your hospitalist group.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. The quality improvement activities are coordinated between the hospital and your group.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. You have implemented the use of checklists, written reminders, and technology, such as calculators or PDAs, to reduce the reliance on memory.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Schedules are conducive to a safe work environment, such as limiting the number of consecutive shifts to reduce the chance of fatigue.

Building Reliable Systems to Reduce the Impact of Human Factors

TIPS

- Build healthy relationships with hospital physicians and staff so that questions and interactions are encouraged.
- Find out from the hospital the types of decision support tools that are available to you, such as checklists or PDAs.
- Encourage your group to seek your input related to your schedule.

Additional information at www.thedoctors.com/hospitalistinfo:

- Identifying High-Quality Health Care Organizations
- The Patient Safety Movement: A Personal Perspective

And see the AHRQ Survey on Patient Safety Culture at www.ahrq.gov/qual/patientsafetyculture/hospindex.htm.

National Patient Safety Goals

The Joint Commission National Patient Safety Goals highlight problematic areas in health care and describe evidence and expert-based consensus on solutions to these problems. Recognizing that sound system design is intrinsic to the delivery of safe, high-quality health care, these goals generally focus on system-wide solutions, whenever possible.¹

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. When receiving critical test results, you write the results down and read them back.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. The patient is identified and the site of the treatment is verified before the start of procedures or other treatments.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. You require the nurse to read back your verbal or telephone orders.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. You confirm that the read-back orders or test results are correct.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. You eliminate the “Do Not Use” abbreviations from your orders or medication-related documentation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. You have been oriented to the critical test results policy of the hospital.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. There is a mechanism in place for you to provide feedback to the hospital if you have specific requests related to critical test results.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. You review each patient’s medication list before writing new medication orders.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Where appropriate, your patients receive anti-coagulation management.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. You consistently wash/disinfect your hands before and after each patient contact.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. You follow protocols to prevent the transmission of multidrug-resistant organisms.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. You follow protocols to prevent central line infections.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. You are involved in the medication reconciliation process for patients who are transferred within the hospital and again before they are discharged.

Additional information:

- www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals

Reference:

¹ 2010 Hospital Accreditation Standards. Oakbrook Terrace, IL: Joint Commission Resources; 2010:221.