Lee Memorial Health System
Department of Medicine

Inpatient and Hospitalist Standards
DRAFT

A. RESPONSIBILITIES OF PHYSICIANS PROVIDING INPATIENT CARE

Basic Responsibilities

To provide inpatient general medical care to patients a physician must meet the following requirements:

1) Be credentialed by the LMHS System Credentials Committee, approved by the Facility Medical Executive Committee and appointed by the Board of Directors.
2) Maintain board certification in Internal Medicine or Family Practice or be eligible to be admitted to the certification process and achieve board certification within the time frame set forth in the Medical Staff Bylaws.
3) Maintain all customary narcotics and controlled substance numbers and licenses.
4) Dress in appropriate attire and maintain appropriate hygienic standards.
5) Wear a LMHS identification badge in a conspicuous location at all times.
6) Adhere to all sections of the Medical Staff Bylaws and Department of Medicine Rules and Regulations.
7) If *temporary* status, physician must meet the credentialing requirements of the Medical Staff Bylaws for the specialty of Internal Medicine or Family Practice prior to any patient contact.

Responsibilities Regarding Admission of Patients

1) Admit all patients requiring admission with whom an established doctor patient relationship exists.
2) If an agreement exists to admit the patients for another physician, all such patients are to be admitted regardless of insurance status.
3) If accepting unassigned patients, adhere to the policy regarding such admissions

4) Admit pregnant women with a primarily medical diagnosis who's fetus has a gestational age of less than or equal to 20 weeks by ultrasound. Obtain any needed obstetrical consult.

Responsibilities Regarding Communication

1) Properly identify yourself to the patient and provide contact information through which the patient and/or family members are able to contact you.
2) Each admitting physician must provide a written protocol on how the physician is to be contacted to Medical Staff Services. The physician must provide a back-up plan should attempts at contact fail.
3) Keep legible notes.
4) Use LMHS standardized order sets when possible.
5) All notes and orders are to contain the time and date on which they were written.
6) Provide an adequate sign out to other physicians when they take over care of your patients, including coverage for weekends and nights.
7) Employ methods to insure continuity of care in both the inpatient and outpatient settings.

Standards Regarding Consultations

1) Limit the number of consultations to those necessary to achieve appropriate medical care for the patient.
2) Work with consultant physicians to create clinical protocols that allow appropriate care and negate the necessity for consultations for commonly occurring conditions generally encountered.
3) The reason for the requested consultation is to be clearly expressed in all orders for consults as well as in the progress note.
4) Comply with the required telephonic communication physician to physician for all urgent or emergent consultation requests.
5) The attending physician is to make every attempt to evaluate the patient and generate a History and Physical before consulting another physician.
6) Admitting physicians are encouraged to communicate personally with consultants regarding all consults to ensure that the reason for consultation and level of urgency are clearly communicated. Consultants are encouraged to communicate

personally with the attending physician regarding significant events or decisions regarding patient care.

7) If the patient already has a relationship with a consultant whose services are required, this physician is to be consulted.

Responsibilities Regarding Patient Discharge

1) Work directly with the consulting physicians to determine the appropriate date for discharge.
2) Begin discharge planning at the time of admission. Whenever possible arrange in advance any transfers to nursing facilities, home health or Hospice referrals, and the like.
3) Avoid "discharge if ok" with orders whenever possible. The attending physician should contact the consultant(s) and clarify clinical care or follow up issues.
4) Make every effort to dictate a discharge summary at the time of discharge.

Responsibilities Regarding Care Management

1) Work directly with the care management department to identify patient care options that facilitate the clinical and social recovery of the patient.
2) When a patient needs to be transferred to another LMHS facility, the attending physician is to collaborate with the physician(s) at the accepting facility in order to insure that appropriate communication and transfer arrangements occur prior to the actual transfer of the patient.

Responsibilities Regarding Response Times

1) All telephone calls from patient departments and floors should be answered within 20 minutes.
2) Urgent calls should be answered within 10 minutes.
3) If immediate physician assistance is needed for medical emergencies, every attempt should be made to render it.
4) Patients admitted for general medical care must be seen within 12 hours of admission orders being given.
5) Stable patients requiring admission to Intensive Care Units who are not admitted to the ICU team must be seen as soon as possible. If unstable, the patient is to be evaluated at once.

Responsibilities Regarding Documentation

1) An original note must be written upon evaluating a patient.
2) Notes from other physicians should not be 'cut and pasted' to generate a progress note.

Responsibilities Regarding Patient Census

1) Maintain a patient census that does not exceed 25 patients on a given day.
2) Adjust and reduce the census to meet the demands of critically ill patients.
3) Variances due to unusually high admission or discharge activity are acceptable as long as patient load limitations are adhered to in a good faith manner.

Responsibilities Regarding Physician Assistants and Nurse Practitioners

1) Physicians Assistants and Nurse Practitioners are to identify themselves as such at all times and give contact information for their supervising physician.
2) Professional attire is to be worn.
3) A LMHS identification badge is to be worn in a conspicuous location at all times.
4) The supervising physician must personally examine and evaluate all patients daily even if already seen by an allied health practitioner.
5) All PAs and ARNPs are to maintain all required certifications.
6) All PAs and ARNPs are to adhere to LMHS bylaws.

Quality and Standards

1) Quality measures promulgated by the Department of Medicine and Physician Quality Committee are to be followed.
2) Any identified deficiencies are to be addressed and every effort be made to improve performance
3) Report any quality or behavioral issues to the appropriate body of the Medical Staff such as the Quality Committee, the Facility Medical Executive Committee, and/or the Department of Medicine.

B. HOSPITALISTS

Definition of a Hospitalist

A hospitalist is defined as a physician who has completed a residency in, and is board certified or board eligible in the specialties of Internal Medicine or Family Medicine who practices exclusively in the hospital setting.

Additional Responsibilities Pertaining to Hospitalists

The following responsibilities are to be applied to hospitalists in addition to those stated above.

Responsibilities of Hospitalist Groups

1) Insure each of their members meets the definition of a hospitalist.
2) Aid in the credentialing process for group members and follow all appropriate policies and procedures.
3) Orient their physicians to their duties in LMHS.
4) Meet all volume, acuity, and patient satisfaction needs of the facility.
5) Monitor quality measures such as HCAPS scores, length of stay, and other clinical indicators approved by the institution, Department of Medicine, and Facility Medical Executive Committee.
6) Provide proper staffing to fulfill these obligations.
7) Report any quality or behavioral issues to the appropriate body of the Medical Staff such as the Quality Committee, the Facility Medical Executive Committee, and/or the Department of Medicine.
8) Encourage participation of group members in appropriate committees and task forces.

Basic Responsibilities of Each Hospitalist

1) Maintain ACLS and BLS.
2) Actively participate in committees and work groups applicable to direct patient care.

Responsibilities Regarding Communication

1) Provide a brochure to all admitted patients introducing and describing the functions of a hospitalist.
2) Communicate with the primary care physician on admission, discharge, and when any significant changes in clinical condition occur.
3) Arrange to have the dictated discharge summary faxed to the PCP. This discharge summary is to include at a minimum: admitting and discharge diagnosis, relevant history and physical findings, description of any procedures, all relevant labs and studies, discharge medications, discharge diet and activity, follow up plans, and discharge condition.
4) Any issues requiring prompt follow up must be communicated verbally to the physician(s) with whom the patient will follow after discharge.

Additional Hospitalist Standards

The above standards are the minimum to be maintained by all hospitalist physicians and groups. Stricter standards may be applied as requirements of any contractual agreement between the hospitalist or group and LMHS or other entities. Contractual requirements must be clearly delineated in the contract between the hospitalist or group and other entity. LMHS or any other contracting entity, and not the Department of Medicine, are responsible for monitoring adherence to any standard stricter than those above.

C. QUALITY COMPLIANCE

For all physicians providing inpatient medical care, the administration will collect and provide data regarding the above measures, and any other quality measures as decided upon by the System Quality Committee, to the System Quality Committee on a quarterly basis. The System Quality Committee will review this data and if concerns arise will address them with the appropriate facility Physician Quality Committee.