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HOSPITALIST PROGRAM ENSURES QUALITY PATIENT CARE

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As primary care physicians strive to provide the best care for their hospitalized patients, a new service is lending a hand to coordinate and ensure an individual's continuity of care from admission to discharge. It is MUSC's new hospitalist program which provides specialized patient care.

The plan to bring aboard hospitalists goes back to a vision shared by MUSC leadership, according to John Heffner, M.D., MUSC medical director. MUSC President Ray Greenberg, M.D., Ph.D., and College of Medicine Dean Jerry Reves, M.D., recognized the benefits of hospitalists on a national level and felt their specialized expertise, skills and knowledge could help serve the Lowcountry's patient populations.

"As with any hospital or medical institution, quality care and patient safety is a top priority," said Heffner. "There is always a risk anytime a patient is moved or 'handed-off' from one specialist to another sometimes resulting in a gap of care. Hospitalists are experts in inpatient medicine and can provide patients with a continuity of care throughout their hospital stay."

The tradition of hospitalists originated some 20 to 25 years ago when community primary care physicians would spend half of their patient care time in hospitals. Physicians at that time rotated hospital duty and "on call" time with partners. As health care evolved and patient care migrated to the office and outpatient areas, physicians spent less time on inpatient care.

A hospitalist is a medical doctor, usually an internist or family practitioner, who specializes in inpatient care. Hospitalists focus is to provide patients with around-the-clock coordination of care. Hospitalists are not just specialists in patient care but are also experts in hospital processes. They can order tests, write prescriptions and coordinate other medical services for a patient. They communicate often with patients and their families and can answer specific medical questions. If a patient doesn't have a family physician, a hospitalist can recommend one.

“We’ve arrived at a time where physicians and other caregivers need to come together as a team to identify and fix problems that prevent us from providing good patient care,” said Patrick J. Cawley, M.D., director of MUSC hospitalist services. “Hospitalists serve as intermediaries between hospital administrators and physicians to help strengthen a clinical team. Academic medical centers have always been good at providing team-based care. The hospitalist program will build upon that foundation here at MUSC and continue to foster a team approach in providing quality patient care.”

Cawley heads a team of four hospitalists at MUSC who provide their services to patients and physicians. An internist with much experience as a hospitalist consultant and through national leadership roles with the Society of Hospital Medicine and professional organizations, Cawley joined MUSC in June. He was initially contacted this spring by Department of Medicine chair John Feussner, M.D., who worked with Cawley to set up the first hospitalist service at Duke University Medical Center in the mid-1990s. Cawley also managed and co-founded a private hospitalist group and held various clinical and administrative roles at Conway Medical Center in Conway.

Currently, about 7,500 hospitalists work throughout the country, with a majority of them serving as general internal medicine physicians. A smaller percentage are subspecialists, pulmonologists and cardiologists, with the remainder as other medical and pediatric specialists. One hundred are located in communities throughout South Carolina. With the health care profession’s recent emphasis on patient safety and stricter guidelines directed by governing agencies, it is expected that the demand for hospitalists will grow to 20,000 in the next decade.

Cawley has noted a recent demand for hospitalist services in academic medical centers. The hospitalist movement began in community hospitals, but now academic hospitals are also recognizing the benefits of hospitalists. People who are hospitalized today are usually severely ill with longer hospital stays, according to Cawley. Initial studies indicate that hospitalist programs have translated to improved clinical outcomes, shorter patient stays with fewer readmissions and an overall reduction in hospital costs by about 15 percent, he said.

“We’d like to think MUSC’s ahead of regulations regarding patient safety and quality at MUSC,” Heffner said. “Various federal agencies and accrediting bodies have become very interested in making sure that hospitals initiate best clinical practices. We’re focusing on a number of medical conditions, such as pneumonia and myocardial infarction, to ensure that we are implementing the highest quality of care. Hospitalists will assist us in our efforts to develop processes of care that will help us avoid error of omission in managing our patients with complex medical conditions.”

Cawley and his hospitalist team of internists, Dwight Blair, M.D.; Justin Miller, M.D.; and Danielle Scheurer, M.D., provide a variety of clinical and non-clinical services in their roles. They provide their clinical services within inpatient medical wards, medical consulting and patient support at Charleston Memorial Hospital.

The team is just as active supporting non-clinical duties working closely with administrators and clinicians on action committees and service work groups such as the medical safety committee, hospital pharmacy committee and as mock mayday facilitators. Other plans include their help in counseling patients in tobacco cessation support, coordination of a diabetes management service with the Division of Endocrinology and assistance in the development of a chest pain unit to assist in assessing patients and their medical condition to help move them through the hospital system more rapidly.

“Hospitalists pride themselves in finding solutions to 'systems' problems we have in organization and structure relating to our health care delivery,” Heffner said.

For now, Cawley will continue to focus on promoting his team’s presence and capabilities as a specialized service throughout the medical center. He also hopes their presence will help enhance a level of confidence and service quality attitude among patients and staff.

“I know we’ll need to continue to prove our value within the hospital to clinical and non-clinical staffs, referring physicians and our patient population,” Cawley said. “We look forward to working with our colleagues for more collaboration and finding ways to improve and provide quality patient care.”

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