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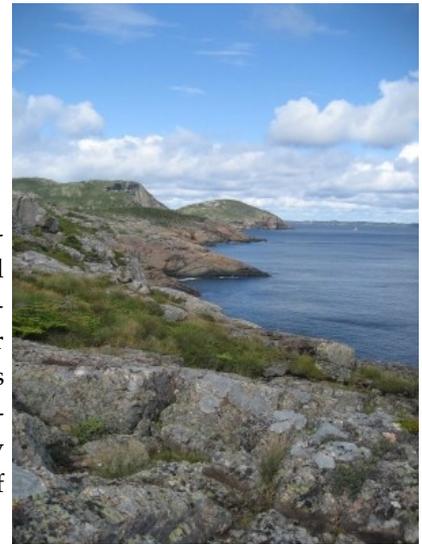
Consultations & Hospitalists

Robert Folzenlogen MD

As we all know, providing and receiving consultations are vital to our Hospitalist duties. National surveys of hospitalists have shown that the performance of inpatient consultations is among their most common responsibilities. In this role, it is important that our service be timely, helpful, directed at the specific area(s) of concern and clearly documented. Of course, we expect the same level of quality from those whom we consult.

Those of us in academic centers have the added responsibility of teaching residents how to provide a thorough yet concise consultation, communicate effectively with the primary physician and provide documentation that supports an appropriate billing level. At MU, we achieve this by presenting an annual didactic conference on the basics of consultation, by maintaining an online resource of consultation-related articles and PowerPoints and by reinforcing these issues during the resident's consult block. We have also established a "Consult Conference," at which the consult residents present topics pertinent to consult medicine or relate interesting and educational consultation cases. It is certainly imperative that all residents develop an appreciation for both the art and the logistics of medical consultation.

Above and beyond the consults themselves, there are systemic issues that may impair effective consultation. These problems are generally interdisciplinary, involving a lack of communication between or differing expectations among the various departments. Perhaps less common in the private sector, such factors are magnified by the buffering effects of fellows and residents in academic centers. Subjects of concern include responsiveness to consultation requests, the quality and specificity of recommendations, the communication of these recommendations via written records and direct contacts, the consulting service's preference regarding orders by the consultant, the willingness of consultants to provide continued follow up and the responsiveness of the primary service to the consultant's recommendations. In order to clarify these issues and to improve communication between Departments, we have established a "Consult Group" at MU, including members of the various inpatient services. Meetings are held every few months to air concerns and develop solutions. (continued)



Finally, the Internal Medicine Hospitalists at the University of Missouri feel that feedback is an important means of improving service. Beginning this fall, we will provide semiannual evaluations of consultation services by the subspecialty Divisions of Internal Medicine and by the other Departments at MU. The evaluation parameters will include timeliness of service, quality of consultations, documentation, communication and consistency of follow up recommendations. Responsible for the largest segment of inpatients at MU, we feel an obligation to provide this input and welcome similar evaluations from the other services. Our goal, after all, is to continually improve the quality of patient care at the University of Missouri.

We are interested to learn about similar programs at other institutions across the State. Your comments and ideas are welcome and, if desired, will be published in the next issue of Missouri Hospitalist.

HOSPITALIST CONFERENCE AT ACP MEETING

A Hospitalist Conference and Luncheon will be held at the annual Missouri ACP Meeting, at Tan-Tar-A Resort, Lake of the Ozarks, in September. Scheduled to begin at 12:15 on Saturday, September 26, the theme of the Conference is Hospital Acquired Infections. The speakers and their topics will be:

John Crass MD, Washington University, Clostridium difficile

Kyle Moylan MD, University of Missouri, Columbia, Catheter-related UTIs

William Salzer MD, University of Missouri, Columbia, Central Line Infections

Your attendance and participation is encouraged. The entire 2009 meeting will provide approximately 22 hours of CME credit. Registration is available online:

<http://www.acponline.org/meetings/chapter/mo-2009.pdf>

