LEE MEMORIAL
HEALTH SYSTEM

MEMORANDUM

TO: CATHY STEPHENS, BOARD LIASION

FROM: CHUCK KRIVENKO, M.D., CHIEF MEDICAL OFFICER

DATE: OCTOBER 23, 2009

At the direction of the Board of Directors, I have prepared this memorandum outlining the proposed standards and accountability that will be considered by the Medical Staff's Hospitalists Task Force on October 26, 2009.

The Hospitalist Task Force (HTF) asked administration to develop a list of standards and accountabilities to be supported by the medical staff. They asked for administration to develop criteria for assessing hospital performance, develop a method of oversight of hospitalist performance, and avoid exclusive contracts to permit choice of hospitalist within the community.

These standards were developed from information from other health care institutions, medical directors, members of the task force, and board representatives.

- **Board Responsibility** - The Board wants the HTF to understand that the ultimate responsibility for quality and safety lies with Board. The Board wants all patients, presenting to the institution in the care of a hospitalist, to know why he/she is caring for them and his/her credentials and experience. The Board will review and oversee the quality and safety of care given by hospitalists in the health system on a regular basis.

- **Definition of a Hospitalist** - A physician, who is part of a organized system of care, meaning a coordinated group working together, whose professional focus is the general medical care of hospitalized patients in an acute care setting and whose activities include patient care, communication with families, significant others, primary care physicians and leadership related to Hospital Medicine. A physician who does not maintain an obligation or practice for patients in an ambulatory setting *(i.e., outpatient office or clinic setting)*.

- **Type of Patients** - All unassigned patient will go to hospitalists "in rotation" of each of the active hospitalists at each specific campus. Assignment process to be determined with consultation of the departments of medicine, but will only include physician defined as hospitalist.

- **12 Month Goals** - 1) Contracted (non-exclusive) hospitalists groups will admit all patients who are not attended by their personal physician or group. 2) All qualified contracted hospitalists in the system will be required to have a 24/7, in- house program.

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- **Capacity Management -**
    - Maintaining a patient census that does not, on average, exceed 20 patients per hospitalist per day.
    - Adjust and reduce patient load to match the demands of critically ill patients. Variances due to unusually high admission or discharge activity are acceptable as long as the patient load limitations are adhered to in a good faith manner.

- **Minimum Qualification/Eligibility Requirements -**
    - Board Certified in Internal Medicine or Family Practice or eligible to be admitted to the certification process and able to achieve board certification within the timeframe set forth in the Medical Staff Bylaws for the specialty of Internal Medicine or Family Practice.

- **Scorecards Suggestions -**
    - Patient Satisfaction HCAPHS
    - Discharge Notification Rates
    - Late Medical Records
    - Core Measures Compliance
    - NPSG *(medication reconciliation, abbreviations, etc.)*
    - Stroke Care Compliance Order Sets
    - Length of Stay
    - Mortality
    - Blood Management
    - Census management
    - Percentage of Discharges before 11 a.m.