HOW HOSPITALISTS ADD VALUE

A Special Supplement to

The Hospitalist

The Official Publication of the Society of Hospital Medicine

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Hospitals Recognize and Reward Value

Larry Wellikson, MD, FACP, CEO, Society of Hospital Medicine

Hospital medicine has arrived at just the right moment for a healthcare delivery system in need of change. Medical errors and cost escalation continue to dominate the headlines. With regard to quality, the National Quality Foundation is attempting to define standards and health plans are creating incentives through Pay for Performance programs. With regard to costs, there are expectations that they will rise even higher as the baby boomer population ages.

Providing high-quality, cost-effective care to acutely ill patients in the hospital is becoming more complex. It requires physicians who can focus on inpatient care, allowing primary care physicians, surgeons, and subspecialists to concentrate on what they do best. Providing the best care available to the hospitalized patients can no longer be done by one health professional acting alone, no matter how wise and well meaning. Hospitalists have dedicated their professional careers to providing team-based, patient-centered care that achieves cost-effective, quality outcomes.

As the specialty society for hospital medicine, SHM provides a vehicle to define this new specialty. We are doing this with our surveys of hospitalist productivity and compensation, by articles that appear in the medical and lay press, and by the Core Curriculum for Hospital Medicine that will be published in the coming months.

Hospitalists provide significant value to their healthcare communities and to patients, physicians, other health professionals, and administrators well beyond the benefits of direct patient care. This supplement to *The Hospitalist*, the official publication of SHM, is a compendium of papers designed to further define the full range of benefits provided by the specialty of hospital medicine.

Physician Methods of Payment Outdated

As the American healthcare system is reshaped, we must recognize that part of the problem is the outdated way in which we pay for medical services. Physicians are rewarded as piece workers by the unit of the visit or the procedure. This has led to a culture of doing more things for one individual patient rather than attempting to make the hospital work better for all patients. In addition, this unit-based payment does not reward efficiency or effectiveness.

Hospitalists are, in many ways, change agents in the inpatient environment. Hospitalists can spend as much as 50% of their professional time improving the entire enterprise by taking on the responsibilities of other physicians, developing plans to improve quality, educating hospital staff or medical trainees, addressing efficiencies through earlier discharge or improved throughput in the ED or ICU, creating teams of health professionals, or being available around the clock.

The diverse work that hospitalists perform is very important and time consuming. However, the traditional payment scheme for physicians does not provide a direct way to compensate the hospitalist for this skill and expertise.

Hospitals have realized that these hospitalist skills bring real value to their health communities. And hospitals have been willing to invest their own funds to grow and support their hospital medicine groups to the tune of $75,000 or more per hospitalist per year. This is not a handout or a subsidy. This is true commerce. Hospitals continue to get significant benefits from their hospitalists.

In fact, when confronted with the choice of whether to ask the hospitalists to "just see patients" to generate more direct patient fees or to continue to improve the effectiveness and efficiency of their health communities, enlightened hospital executives vote with their money and ask the hospitalists to improve quality, build teams, reduce LOS, improve throughput, educate their staff, and generally build the hospital of the future. David Bernd, CEO of Sentara Healthcare and former president of the American Hospital Association, has prepared an editorial prefacing the value-added articles in this supplement, describing the perspective of a hospital executive who recognizes the value of hospitalists.

> ***"Hospitalists provide significant value to their health communities and to the patients, physicians, other health professionals, and administrators well beyond direct patient care."***

With regard to paying physicians, SHM believes that the Pay for Performance movement is an important step in the right direction. Hospitalists welcome a reimbursement scheme that rewards institutions that follow best practices and achieve superior outcomes.

Audiences for this Supplement

This supplement, *How Hospitalists Add Value*, has two major audiences. First, hospitalists need to categorize what they can and will do for their hospitals and healthcare communities. They need to understand that this is not voluntary work to be done in their spare time. The provision of these services provides strategic and market benefits to their hospital.

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Guest Editorial

The Future Role of Hospitalists

David L. Bernd, CEO, Sentara Healthcare

Since the mid 1990s when Robert Wachter and Lee Goldman first coined the term "hospitalist," we have seen the nation's hospitals and health systems open their doors to these "specialists in inpatient medicine" (1). We have also seen publications and academic studies that outline the benefits of implementing hospitalist programs. As the CEO of an integrated delivery system, I can recount firsthand how our hospitalist program, in existence since 1995, has improved patient care in our facilities. Not only have our hospitalists saved the system thousands of days in length of stay and reduced our costs per day, but they have also improved quality of care. In addition, members of our hospitalist groups have emerged as physician liaisons, championing education and training initiatives and serving as a bridge between the medical staff and management.

As our experience and the articles included in this supplement suggest, hospitalists add value on multiple levels and have imbedded a new model of care within the nation's hospitals. What's next? How will hospitalists continue to improve the comprehensiveness and continuity of healthcare across the patient care continuum? And, perhaps more importantly, how do we get there from here?

While hospitalist programs are burgeoning, many hospitals and health systems have yet to realize the full value added by hospitalist programs. As it relates to the healthcare industry, hospitalist programs are still in their infancy. Early adopters continue to refine and modify program models to meet changing physician and patient needs as well as to decrease the financial cost to the hospital. In addition, preliminary results of an AHA study (2) on hospitalist programs suggest that larger hospitals have a higher probability of having a hospitalist program than smaller hospitals. The same study also suggests that hospitalists have a greater impact on smaller hospitals. As a result, the population of hospitals that benefits the most from hospitalist programs has barely begun to realize the value of such programs. The message is the same for both early and late adopters, "When you come to the fork in the road, take it" (Yogi Berra).

In looking farther to the future, one role that hospitalists may increasingly assume is that of change agent. In August 2004, Robert Wachter gave an interview to Health Leaders describing how hospitalists can "contribute to the notion of changing systems" (3). In the article, *The Emerging Role of "hospitalists" in the American Health Care System*, Wachter and Goldman explain that the hospitalist model "creates a core group of faculty members whose inpatient work is more than a marginal activity and who are thus committed to quality improvement in the hospital" (1). As the work of hospitalists generates from within the hospital, they have a personal stake in the hospital systems and the improvement of these systems (1). The nature of the hospitalist's work ideally situates him to act as a change agent, enabling him to identify process improvement initiatives and corral physician support. As a result, hospitalists will increasingly serve as administrative partners and leaders of medical staff initiatives to help facilitate organizational change.

In addition to serving as change agents, hospitalists themselves may become the solution to some of the systems that need changing. They are already helping to solve on-call challenges by providing 24/7 coverage and by taking call. Hospitalists have also assumed a greater role in caring for patients in the ED by managing patients that otherwise would have been admitted by on-call medicine physicians. As more and more physicians decrease the time they spend in the hospital and as more patients are admitted with chronic care needs, the hospitalist will play an integral role in meeting these challenges.

Hospitalists may also become more involved in providing continuity to the delivery of healthcare services. Consider the opportunities that exist to involve hospitalists in improving preoperative and postoperative patient care. For example, hospitalists could play a role in the management of patients who require perioperative beta-blockers to decrease cardiac events in major non-cardiac surgery. Hospitalists may also continue to diversify their clinical roles by coordinating care in ICUs where intensivists are unavailable or by caring for patients in post-acute settings (4,5).

With the ability to manage varying aspects of a patient's care, hospitalists can help resolve the disconnect that exists as a patient moves across the continuum of care. A patient may enter the system through the ICU, followed by a transfer to a Medicine Unit, and then be discharged to his primary care physician or a nursing home. The reality of ineffective communication and incomplete hand-offs may result in poor information exchange that impacts the care of the patient. By involving a hospitalist in this process, the coordination of patient care becomes seamless and the chance for medical error decreases.

In order to expand the current hospitalist model to the clinically diverse and dynamic model of the future, all stakeholders, from management to physicians, must take proactive steps. Part of this process will involve the development of an economic model that accounts for the value that hospitalist programs bring. The more quantifiable these programs become, the easier it will be to prove their value and implement them in capital-strapped facilities. Another part of moving the hospitalist model to the future centers on relationship management. A lack of understanding of the benefits that hospitalists provide and the roles that they assume in hospitals prevents collaboration with other specialties. Lines of communication must be opened and issues of distrust resolved to facilitate the relationship between hospitalists, the medical staff, and management.

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The Future Role of Hospitalists (continued)

Finally, we must educate the community about the benefits of hospitalists in the delivery of patient care. The success of hospitalist programs is just as dependent on the development of an external support network as it is on the existence of a strong internal infrastructure.

Without a doubt, hospitalists add value to our nation's hospitals. An exciting debate is emerging about how hospitalists will continue to change the model of healthcare as we know it, and what implications this will have for our hospitals and health systems.

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"Hospitals have realized that their hospitalists' skills bring real value to their health communities, and hospitals have been willing to use their own funds to grow and support their hospital medicine groups."

Second, there are hospital administrators and leaders at 1,500 hospitals who have been crucial to growing hospital medicine to more than 12,000 hospitalists. They recognize that hospitalists are core to their future. This supplement will further confirm and document the ways in which hospitalists can help their organizations. The facts put forth in these papers can create a rationale for continued support with dollars and manpower, not as a subsidy but as an intelligent investment for the hospital.

Hospitalists Add Value

- Hospitalists can ***provide measurable quality improvement*** through setting standards and compliance.
- Hospitalists can ***save money and resources*** by reducing LOS and achieving better utilization.
- Hospitalists can ***improve the efficiency of the hospital*** by early discharge, better throughput in the ED, and the opening up of ICU beds.
- Hospitalists can ***create a seamless continuity*** from inpatient to outpatient care, from the ED to the floor, and from the ICU to the floor.
- Hospitalists can ***make other physicians' lives better*** and help hospitals to recruit and retain PCPs, surgeons, and specialists.
- Hospitalists can ***do things other physicians have given up*** by admitting patients without health insurance or by serving on hospital committees.
- Hospitalists can be instrumental in ***creating teams of healthcare professionals*** that make better use of the talent at the hospital and create a better working environment for nurses and others.
- Hospitalists can have a ***leading role in educating*** nurses, other hospital staff, and physicians in training.
- And hospitalists can ***take care of the acutely ill*** complex hospitalized patients.

Add it all up and it is clear that hospitalists are a resource to hospitals in meeting the complex challenges of their healthcare communities. Hopefully, this set of important papers will define these issues more clearly and assist hospitalists and their hospital leaders in creating a stable and supportive environment for collaboration that can lead to better healthcare for our patients.

Introduction from the Editor

How Hospitalists Add Value

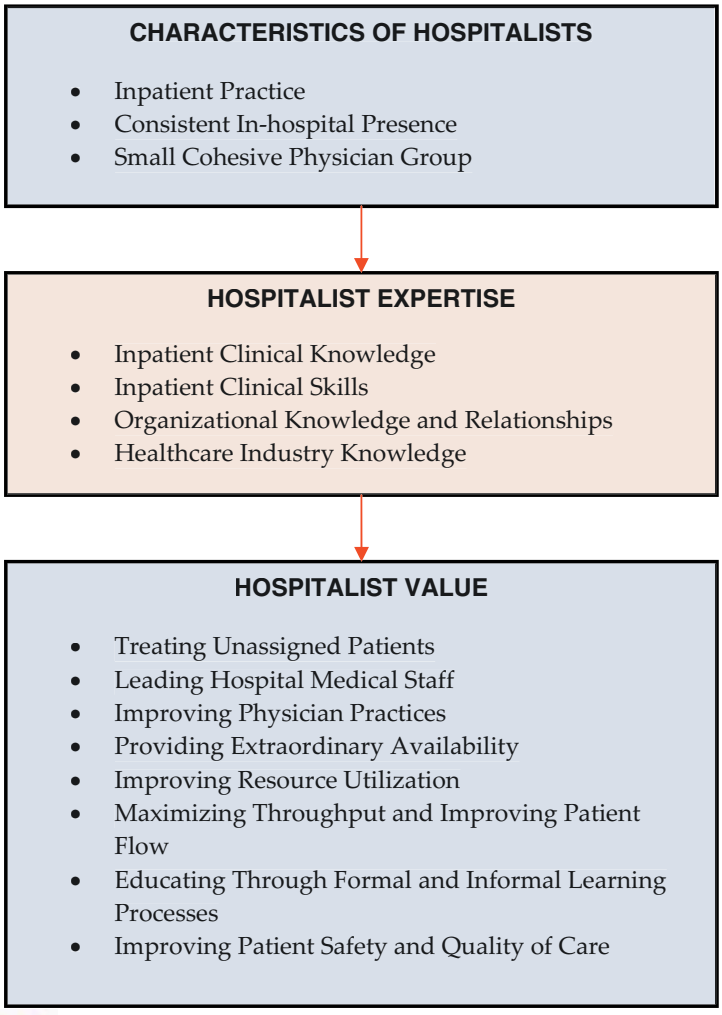
Joseph A. Miller, Editor

As editor of this supplement to *The Hospitalist*, I would like to introduce these eight papers prepared by the SHM Benchmarks Committee by identifying the unifying themes and consistent messages.

In all of the papers, the value provided by hospitalists comes across loud and clear. The authors not only cite statistics and published research studies, they provide examples and quotes from acknowledged hospitalist experts and leaders. However, perhaps more importantly, the papers convey a strong rationale as to WHY hospitalist programs provide value. Figure 1 attempts to describe this rationale. It depicts three elements:

- **The characteristics of hospitalists:** These are immutable attributes that uniquely define this new physician specialty.
- **The expertise of hospitalists:** As they practice hospital medicine, hospitalists have developed a unique combination of knowledge, skills, and relationships.
- **The value added by hospitalists:** Hospitalists impact a wide range of issues that address the patient care, financial, and strategic goals of the hospital.

Figure 1. Why Hospitalists Add Value



The Characteristics of Hospitalists

What attributes differentiate hospitalists from other medical specialties?

The first attribute describes what hospitalists do: they practice hospital medicine; for the most part, hospitalists have an *inpatient practice*. Their day consists of admitting, rounding, managing, discharging, and consulting for hospitalized patients.

The second attribute describes where hospitalists practice; they have a *consistent presence in the hospital*. As a consequence, hospitalists do similar things and relate to the same people in the same place on a daily basis.

The third attribute describes how hospitalists are organized. A hospitalist program is a *cohesive physician group*, and like any other medical group, the members develop a common organizational identity, a consistent practice philosophy, and a balance of individual and communal goals.

The Expertise of Hospitalists

What skills, knowledge, and relationships are unique to the specialty of hospital medicine?

As inpatient generalists, hospitalists continually treat the most common reasons for admission, thus acquiring exceptional *clinical knowledge* of these conditions and issues involved in managing patients with multiple co-morbidities. In addition, hospitalists are familiar with the clinical tools supporting the patient care process.

In addition to clinical knowledge, hospitalists have inpatient *clinical skills*, including diagnosis, physical examination, discharge planning, medical chart recording, family meeting coordination and oversight, and the performance of technical procedures.

Through their constant presence in the hospital, hospitalists develop exceptional *organizational knowledge and relationships*. They are quite familiar with the flow of patients through their hospital, including hospital processes, procedures, rules, regulations, and information systems. They understand "how to get things done" in their facility and often have good relationships with other healthcare professionals and hospital departments.

Hospitalists often are the most knowledgeable inpatient clinicians with regard to a wide range of *healthcare industry issues*. These include comprehension of the payer/insurance rules, state and Federal regulations, public health initiatives, recently enacted or

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Introduction from the Editor (continued)

pending healthcare legislation, and financial issues facing their hospital.

The Value Added by Hospitalists

How do hospitalists add value to the major stakeholders in the healthcare industry: hospitals, physicians, and health plans?

Each of the eight papers describes a different dimension of the benefits provided by hospital medicine programs.

First, hospitalists provide an effective solution to hospitals that are having a difficult time organizing their medical staff to provide on-call coverage for *unassigned patient care*, both in the ED and subsequent to admission.

A second issue of concern for hospitals relates to the fact that many physicians are no longer able or willing to serve on hospital committees or play a *medical staff leadership* role. Hospitalists have emerged as strong candidates to play this role in their hospitals.

Third, hospitalists provide value by helping to *improve physician practices*, including primary care physicians, surgeons, emergency physicians, and specialists.

Today, most hospitals use traditional physician on-call systems to provide overnight coverage. A fourth value added by hospitalists relates to the *extraordinary coverage (24/7)* provided by many hospital medicine programs.

The dominant challenge facing American hospitals relates to financial pressures. Published research studies have consistently documented that hospital medicine programs generate *resource utilization savings*.

Improved *throughput management* is a sixth value added by hospitalists. Many hospitals are operating at or close to capacity, creating a crisis of bed availability. Hospitalists are uniquely qualified to address these patient flow issues.

A seventh dimension of the value provided by hospitalists relates to the *formal and informal education* they provide. In a formal capacity, hospitalists are teachers of clinical and non-clinical inpatient skills to medical students, residents, and fellows. In an informal role, hospitalists impart knowledge to other physicians, healthcare professionals, patients, families, and hospital administrators.

Hospitalists make major contributions to the *healthcare quality and patient safety*, the eighth aspect of value added by this new specialty. Hospitalists can reduce medical errors, improve the process of care, and achieve better patient outcomes.

Conclusion

Hospital medicine has developed as a specialty with unique characteristics and expertise. Hospitalists have specialized skills, knowledge, and relationships that contribute value to hospitals, physicians, patients, and health plans. These benefits include and go significantly beyond the delivery of quality patient care to hospital inpatients. The hospital medicine specialty continues to grow at a significant rate because of the broad-based positive impact made by hospitalists.

Joseph A. Miller, Editor
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Treating Unassigned Patients

SHM Benchmarks Committee; Coordinating Writer: Phyllis Hanlon

In the 1970s and 1980s, indigent patients experienced problems at hospital Emergency Departments (EDs) around the country. They were refused care and shuttled to other facilities for services. To protect patients against these types of abuses, Congress passed The Emergency Medical Treatment and Labor Act (EMTALA) in 1986 as part of the Consolidated Omnibus Budget Reconciliation Act (COBRA).

EMTALA mandates that all patients presenting to the ED – regardless of insurance status – receive a medical screening examination and be medically stable prior to transfer to another facility. If a hospital has the facilities to treat the emergency, the patient can not be transferred to another ED. To address these requirements, every hospital must have physicians on call to assist emergency physicians in assessing and treating unassigned patients.

By the late 1990s, as EMTALA requirements took hold, inadequate on-call physician coverage reached crisis proportions and became a front page issue. In 1999, *USA Today* carried the following headline: "A Care Crisis in ERs: Nation's Hospitals Plagued by Shortage of On-Call Specialists" (1). In that same year, *Modern Healthcare* ran an article with the following headline: "Blaming the Docs: Patient Dumping Probes See Physicians as Culprits in Turning Away Indigent from ERs" (2). In California, a task force was formed to address the matter (3), and the American Medical Association (AMA) began exploring solutions at the highest levels (4).

Why do hospitals have problems organizing their medical staff to be available to provide on-call treatment of unassigned patients in the ED and subsequent to admission? There appear to be three major reasons for this problem.

First, at a minimum, on-call treatment of unassigned patients creates an inconvenience for physicians, taking away from their personal time; worse, it can reduce the number of available hours they have to spend with their office-based patients.

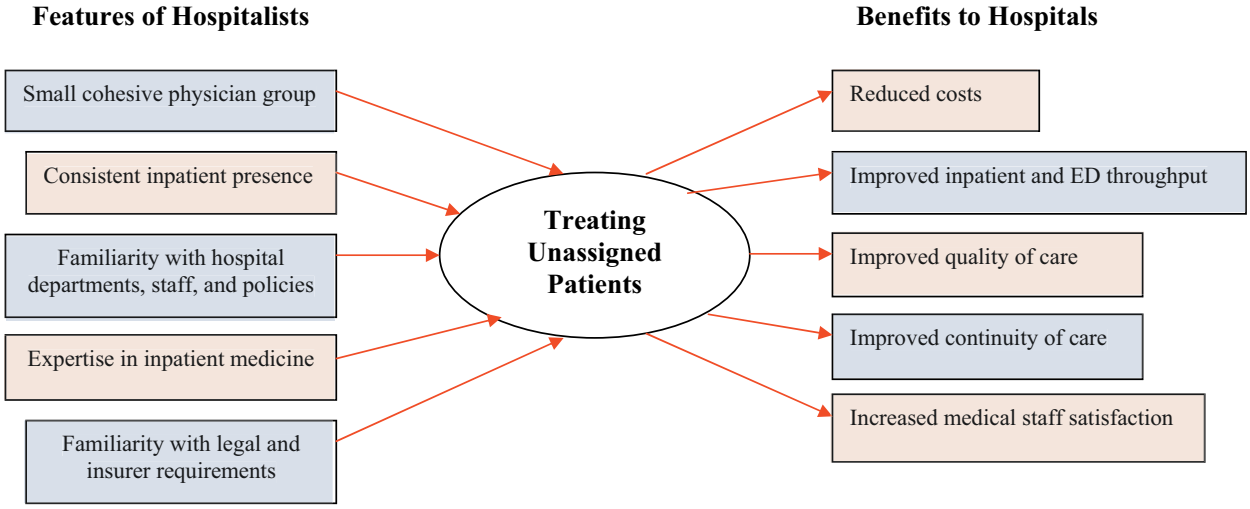
Second, there are financial disincentives to on-call coverage. Often unassigned patients presenting in the ED are uninsured or under-insured. On-call physicians frequently do not receive adequate compensation for the task of treating these patients.

Finally, on-call duty can bring bureaucratic hassles and/or legal liability for physicians. Dealing with state Medicaid agencies may require addressing administrative requirements, completing paperwork, and paying penalties for not following the rules.

Richard Frankenstein, MD, a pulmonologist in Southern California, admitted an uninsured patient with multiple chronic illnesses when he was the on-call physician at one of his affiliated hospitals. The patient spent 8 weeks in the hospital, much of that time in intensive care. Frankenstein often visited this patient twice a day, so his already busy schedule began 1 hour earlier and ended 1hour later. He received no compensation for these efforts. "That commitment dragged me away from my primary responsibilities," said Frankenstein. "I'm no longer on staff there, and that situation was a major reason that I resigned" (5).

During the past 5 years, the crisis of on-call physician coverage has been significantly reduced and hospitalists emerge as one of the major reasons why. Although there are still issues related to the availability of on-call specialists and surgeons, hospitals that have implemented hospital medicine programs are able to make available experienced

Figure 1. The Benefits of Treating Unassigned Patients



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Treating Unassigned Patients (continued)

general internists to triage, admit, and treat unassigned patients.

Hospital Medicine Programs:
A Value Added Resource to Hospitals

Hospital medicine programs are characterized by several unique features that facilitate the treatment of unassigned patients and result in significant benefits for hospitals. Figure 1 above illustrates these relationships.

Mark Aronson, MD, serves as a member of the Department of Medicine at Beth Israel Deaconess Medical Center (BIDMC), a 500-bed academic medical center in Boston and is also Vice Chairman for Quality and Professor of Medicine at Harvard Medical School. BIDMC has a mature hospital medicine program, and approximately 55-60% of the program's patients are unassigned, representing more than 25% of the hospital's general medicine census. Aronson believes that the hospital medicine program provides value to both patients and the institution. He described a case in which a nursing home patient without health insurance presented in the ED. After the initial evaluation, the ED attending decided to admit the patient. One of the hospitalists recognized the patient as someone he had treated several times before. He knew that her medical condition would not require hospitalization and arranged the appropriate treatment, allowing for transfer back to the nursing home. "In this situation, because the hospitalist had a relationship and history with the unassigned patient, the patient received timely, quality medical care and the hospital saved a significant amount of money" (5).

In the ED, the prompt and efficient treatment of unassigned patients can reduce backlogs and minimize hassles for emergency physicians. There is no need for the emergency physician to track down an on-call physician to admit the patient. The ED maintains a better work flow and makes better use of their resources, especially of physician and nursing time as well as space. Most hospitalists are familiar with pertinent laws (e.g., EMTALA) and insurance company policies, thereby spending less time investigating and resolving problems. The hospital benefits through improved throughput.

"We have a high-volume ED with a large percentage of unassigned patients. In addition our hospital census is often 120% at midday and 90% at midnight. Efficient flow of patients though the ED at all hours is a critical issue at our hospital," says Patrick Cawley, MD, Director of Hospitalist Services at the Medical University of South Carolina in Charleston. "We have been asked to lead throughput initiatives which have resulted in a dramatic reduction in backlogs and the movement of patients out of the ED either to a bed or possibly to an alternative setting."

The members of the medical staff of a hospital are often the driving force for the creation of a hospital medicine program. Having hospitalists at their institution may mean that affiliated physicians do not have to assume the undesirable responsibilities of participating in an on-call schedule. Furthermore, since hospitalists typically do not have an office practice, community physicians still have the opportunity to care for the unassigned patients once they are discharged, thereby building their practice. Hospitals can refer the patients according to an equitable schedule approved by the medical staff. By addressing issues related to on-call physician coverage, a hospital can improve medical staff relations.

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Table 1. Stakeholder Analysis

Stakeholder	Benefit(s)
Hospital administrators	• Improves throughput • Reduces costs • Addresses regulatory compliance issues • Increases medical staff satisfaction • Facilitates use of guidelines and standards
Emergency department physicians	• Improves patient flow • Creates sense of teamwork • Expedites the admission process • Alleviates emergency room backlogs
PCPs/community physicians	• Eliminates the need to participate in undesirable on-call schedules • Retains ability to build practice by referrals of unassigned patients
Insurers/health plans	• Improves compliance with administrative standards related to inpatients • Facilitates integration "into the system" of patients without PCPs
Patients/families	• Reduces time in the hospital without sacrificing quality • Provides more attention and availability • Improves continuity of care in hospital

Treating Unassigned Patients (continued)

At Winchester Medical Center in Virginia, family practitioners in the area surrendered their admitting privileges, creating an onerous call schedule for generalist internists. The hospital hired four hospitalists to admit and treat all unassigned patients. Instead of taking call, the internists are part of a primary care roster and rotate responsibility for unassigned patients once they are discharged (6). It has been a win-win solution for the hospital and the medical staff.

Often the unassigned patients have significant discharge planning and placement problems, especially those that are uninsured. While these issues can be daunting to the office-based physicians, hospitalists usually have a more comprehensive knowledge of the resources of the hospital and the community to help solve these placement and post-discharge care issues.

In treating unassigned patients, hospitalists blend their clinical skills with knowledge of their hospital's objectives, concerns, policies, and procedures. Since they are a relatively small, cohesive group within the institution, hospitalists are often familiar with practice guidelines, medical records documentation requirements, computerized physician order entry (CPOE) systems, quality initiatives, and utilization management requirements.

"The hospitalists' responsibilities in our program must have a *good citizenship* component," says Winthrop Whitcomb, MD, Director of the Inpatient Medicine Service at Mercy Medical Center in Springfield, MA and co-founder of the Society of Hospital Medicine (SHM). "Each physician must serve on a committee, a project, or a program that serves the hospital. Hospitalists are often the leaders of hospital-wide initiatives directed at quality of care, utilization management, and throughput."

Stakeholder Analysis

By treating unassigned patients, hospitalists provide value to a wide range of stakeholders involved in the inpatient care process. The benefits to these stakeholders are summarized in Table 1.

Assigning Value to Hospitalists' Work

Hospitalists typically manage unassigned and uninsured patients as part of their regular job duties. It is important that the administrator or leader of the hospital medicine group have a budgetary understanding of how to "score" the services that the hospitalists provide to these patients.

If the hospitalist service is provided by an independent, contracted group, they may be paid for treating the unassigned, uninsured patients. Often the payment is in the form of a case rate, based on the "average" number of services provided in an admission and using a Medicare or other mutually agreed upon fee schedule.

If the hospitalists are employees of the hospital, it is expected that they will assume responsibility for unassigned, uninsured patients. Although the hospital medicine group will not receive direct reimbursement for seeing these patients (unlike a contracted hospitalist group), the value of this service to the hospital must be recognized. In these situations, hospital administrators should acknowledge the critical need to credit the hospitalists for real work that must be performed but that generates little or no revenue. An equivalent case rate can be credited as a paper transaction to the hospitalist group to address the value of these services.

Conclusion

Given the current economic environment, the issue of treating unassigned and uninsured patients will not soon diminish. Demand is likely to increase with the nationwide growth in the number of uninsured patients. Physician resistance to call coverage and the rise of malpractice premiums will continue to create more pressure for hospitals to find solutions to this crisis. "We recognize that hospitalists are only part of the solution," says Ron Angus, MD, Past President of SHM. "Hospitals and government agencies must provide funding to cover the costs of inpatient care for acutely ill, uninsured – and usually unassigned – patients. Hospitals must also find ways to ensure that other specialists are available to hospitalists for acutely ill inpatients who require specialty expertise or procedures. With such cooperation and participation, hospitalists can be an important part of the solution to the problems now reaching crisis proportions in American emergency rooms" (7).

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Leading Hospital Medical Staffs

SHM Benchmarks Committee
Project Leader: Mary Pak, MD and Kathleen Kerr
Coordinating Writer: Phyllis Hanlon

Hospitals face a range of critical issues and need members of their medical staff to assume a role in addressing them. These concerns include declining payments and pressures on the bottom line; staffing shortages and dissatisfaction; questions about quality and patient safety; constantly changing technologies; employer and consumer demands for performance metrics; capacity constraints; and increased competition from independent, niche providers of clinical services.

Many physicians are no longer able or willing to serve on hospital committees or play a leadership role for the medical staff. As a result of the pressures of lost income, managed care requirements, on-call responsibilities, and competition for patients, as well as life-style concerns, many physicians are reluctant to perform volunteer work that hospitals used to take for granted. A 2004 survey of CEOs and physician leaders at 55 hospitals in the Northeast conducted by Mitretek, a healthcare consulting firm, noted that "volunteerism is dead." Physicians expect to be paid for time spent on hospital business. Sixty-four percent of the respondents said their hospitals compensate physicians to serve as officers or department heads (1).

"It used to be that most doctors needed the hospital to be successful; now that is not the case," says Larry Wellikson, MD, CEO of the Society of Hospital Medicine (SHM), the national professional society for hospitalists. Trends have shifted and a growing number of specialists do not even practice in the hospital (2).

Hospitalists: Stepping Up to the Medical Staff Leadership Challenge

Wellikson predicts that doctors on the hospital's "home team" – hospitalists, intensivists, and emergency department physicians – will assume more prominent positions on hospital committees. Hospitalists emerge as strong candidates for providing medical staff leadership for the following reasons:

- Hospitalists spend the majority of their time in the inpatient environment, making them familiar with hospital systems, policies, services, departments, and staff.
- Hospitalists are inpatient experts who possess clinical credibility when addressing key issues regarding the inpatient environment.
- Many hospitalists are hospital employees who can understand the tradeoffs involved in balancing the needs of the institution with those of the medical staff. Even hospitalists not employed by the hospital have an intimate knowledge of the issues that the hospital is facing and are invested in finding solutions to these problems.

Figure 1. describes a range of roles that a hospitalist could assume and a range of topics that a hospitalist could address in providing medical staff leadership in a hospital.

The left side of the diagram describes three leadership roles that a hospitalist might play in the hospital. First, a hospitalist can volunteer to participate on a hospital committee, either as a member of the committee or as its chairperson. Second, a hospitalist can volunteer to work on a hospital project, either in a staff/expert role or in the role of project leader. Third, a hospitalist can assume a direct administrative role in the hospital, directing a service or program.

Whether it is through a committee, project, or direct administrative responsibility, a hospitalist has the knowledge and expertise to become involved in a wide range of hospital issues. As characterized on the right side of Figure 1, these topics include:

- Practice Guidelines: Many hospitals have adopted practice guidelines as a tool for improving the quality and efficiency of care. When properly developed, guidelines can improve patient safety, facilitate the adoption of best practices, and reduce hospital costs. Hospitalists can be asked to par-

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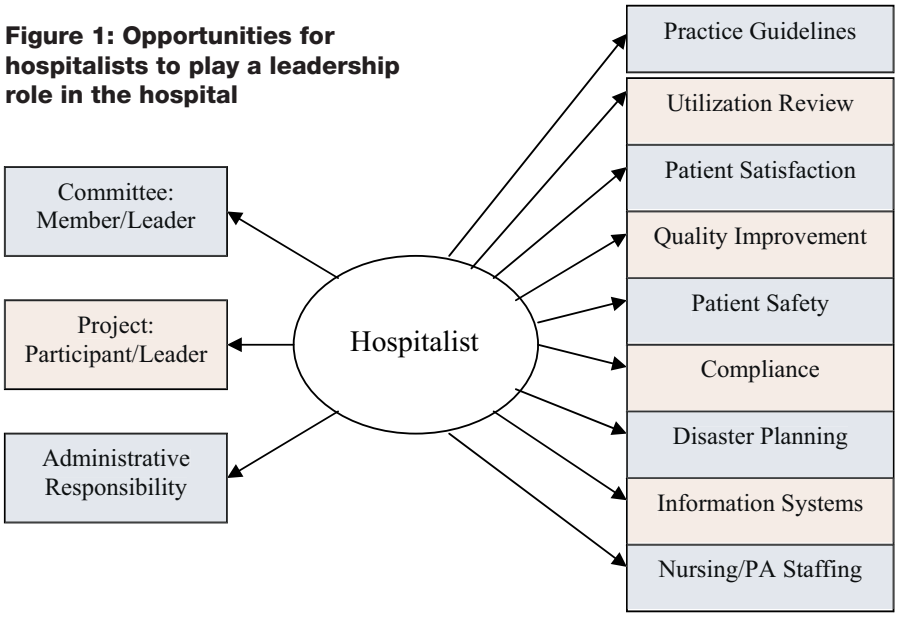
Figure 1: Opportunities for hospitalists to play a leadership role in the hospital



ticipate in all aspects of guideline development, including research, authorship, implementation, outcome measurement, and on-going revision and educational efforts.

- Utilization Review: Hospitals or medical groups routinely arrange for physicians to perform utilization review or improve the utilization review process. A hospitalist can: 1) facilitate the discharge process for individual patients, reducing length of stay and hospital costs; and 2) globally improve throughput by identifying and addressing system problems that create inefficiencies in the patient care or discharge process (e.g., paperwork or dictations not completed on time, poor communication across healthcare team disciplines, administrative deficiencies that delay therapies, etc.).
- Patient Satisfaction: Hospitals are increasingly being asked to capture and disseminate performance metrics so that employers and consumers can make informed decisions about their provider of choice. Patient satisfaction is a key measure of a hospital's performance. Hospitalists can become engaged in efforts to review patient satisfaction survey results, identify problems, and propose/implement solutions.
- Quality Improvement: Many hospitals look to hospitalists to become involved in or lead the hospital's quality improvement (QI) efforts. Specific activities may include championing individual QI projects, working with QI staff to develop and analyze outcomes data, educating colleagues regarding new projects and protocols, etc.
- Patient Safety: Preventing harmful errors from occurring in the inpatient environment has become a major priority for the hospitals across the country. Identifying the causes of these errors and developing methods of error prevention require detailed investigations and analyses of the diagnostic and/or treatment process. Increasingly, hospitalists are being asked to provide leadership to patient safety initiatives.
- Compliance: Hospitals must comply with many federal, state, and local rules and regulations. For example, a great deal of coordination and planning is required to meet the requirements of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and/or the Accreditation Council for Graduate Medical Education (ACGME). In some hospitals, hospitalists assume leadership roles in these compliance efforts.
- Disaster Planning: Hospitals need to demonstrate the ability to respond to a range of potential crises, including those related to bioterrorism, industrial accidents, and natural disasters (e.g., hurricanes, tornados, and earthquakes). In light of their knowledge of patient flow, hospitalists can be asked to work with emergency physicians to do disaster planning for the hospital and the local region.
- Information Systems: Several organizations have issued reports identifying information technology as a critical tool for improving healthcare quality (e.g., Institute of Medicine [IOM], the Leapfrog Group, eHealth Initiative, the Markle Foundation, and the Federal Office of the National Coordinator for Health Information Technology). Hospitals are being encouraged and incentivized to implement electronic health records (EHRs) and computerized physician order entry (CPOE) systems. Implementing these systems requires significant clinical input. Many hospitals have asked hospitalists to champion and lead the implementation process of new information systems.
- Nursing/Physician Assistant Staffing: There exists a wide range of roles for nurses and physician assistants in the inpatient setting. Every institution needs to find a staffing model that is efficient, effective, and results in provider satisfaction. Hospitalists are considered leaders of the inpatient medical team and can be asked to help design and evaluate staffing models.

Hospitalists as Physician Leaders: The Facts

A 1999 survey (3) conducted by the National Association of Inpatient Physicians (NAIP, now SHM) documented the medical staff leadership roles of hospitalists. Of the survey respondents, 53% held responsibility for quality assurance and/or utilization review; 46% were responsible for practice guideline development; 23% had administrative responsibilities; and 22% were charged with information systems development.

There are several different types of hospitalist programs and, as shown by the examples below, each model offers opportunities for hospitalists to play a medical staff leadership role.

Academic Medical Centers

The hospitalists that practice at University of California at San Francisco Medical Center (UCSF) are making a significant impact on many critical hospital issues. Robert Wachter, MD, chief of the hospitalist program at UCSF and a former president of SHM says, while it is still important to have other specialists serve on medical staff committees, UCSF hospitalists participate on all committees, chairing some of the crucial ones, such as patient safety. "The structure of the medical staff won't change, but the doctors who participate will," Wachter says. "They [hospitalists] will be more invested in the hospital, so the nature of the committee work will change. It will become more effective" (4). Selected QI projects led by UCSF hospitalists include:

- Medical Service Discharge Planning Improvement Project
- Collaborative Daily Bedside Rounds— a program to improve physician–nurse communication
- Protocol for Management of Alcohol Withdrawal
- Protocol for Prevention and Management of Delirium
- Medical Service Intern Signout— an educational program to enhance physician signout in the setting of new resident duty hours requirements

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- Perioperative Performance Improvement Project— assessing the use of beta-blockers, glucose management, surgical site infection and DVT prophylaxis
- DVT Treatment and DVT Prophylaxis Protocols
- JCAHO Core Measures in community acquired pneumonia and smoking cessation
- Post-Discharge Home Visits— a collaborative pharmacy-hospitalist project for patients at high risk for readmission

UCSF hospitalists are also leaders and key participants in many interdisciplinary medical center performance improvement committees including the Patient Safety Committee, Clinical Performance Improvement Committee, Physicians Advisory Group for Clinical Information Systems, Patient Satisfaction Committee, Pharmacy and Therapeutics Committee, and the Patient Flow Committee (4).

Community Hospitals

At Mercy Medical Center in Springfield, MA, 10% of the hospitalist's bonus is based on participation in "good citizenship" activities for the hospital. To earn his bonus, Winthrop Whitcomb, MD, director of the Mercy Inpatient Medical Service (MIMS), organizes the hospital's CME accredited medical education series, which is offered to the entire medical staff. Every month, Whitcomb is responsible for developing learning objectives, identifying speakers, and coordinating the program logistics.

Other MIMS hospitalists have chosen the following good citizenship activities:

- Chairperson of the Medication Reconciliation Committee, a statewide initiative designed to assure medication information is consistently communicated across different care settings
- Leadership of a tribunal that evaluated a physician for ethical issues and made a decision whether or not medical staff privileges should be revoked
- Clinical expert and resource for the implementation of a new hospital information system

Medical Groups

Harvard Vanguard Medical Associates (HVMA) is a 550-physician group practice with 14 practice locations in the greater Boston area. Joseph L. Dorsey, MD, director of the medical group's hospitalist program, described the following medical staff leadership roles that HVMA hospitalists execute at their six affiliated hospitals:

- Quality Improvement Committee
- Interdepartmental Committee, which reviews cases for possible reporting to state healthcare agencies
- Medical Executive Committee
- Clinical and Education Planning Task Force, which is preparing plans to move approximately 60 medical inpatients off the house staff covered service onto a Physician Assistant-supported alternative
- Advisory Committee to the Department of Medicine Chairperson, consisting of all sub-specialty Chiefs
- Credentialing Committee
- Clinical Teaching Initiative

Stakeholder analysis

By playing a medical staff leadership role, hospitalists provide value to several stakeholders involved in the inpatient care process. The benefits to these stakeholders are summarized in Table 1.

Conclusion

Hospital administrators need physician leaders to address critical strategic and operational issues. Given their position as "inpatient experts," hospitalists are a logical choice to play this role. In the years ahead, it is likely that hospitalists will assume an increasingly important leadership role within community hospitals and academic medical centers around the country.

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Table 1. Stakeholder Analysis

Stakeholder	Benefit(s)
Hospital administrators	• Access to engaged, competent physician leadership • Faster response to critical issues • Physician leadership that understands the hospital's perspective • Potential for physicians to market the hospital
Members of the medical staff	• Reduced pressure to participate in hospital activities
Insurers/health plans	• Access to knowledgeable physicians on issues related to utilization review and QI
Government agencies	• Access to knowledgeable physicians on issues related to compliance

Improving Physicians' Practices

SHM Benchmarks Committee; Project Leaders: Burke T. Kealey, MD and Larry Vidrine, MD
Coordinating Writer: Phyllis Hanlon

When Robert Lee, MD, an internist affiliated with Iowa Health Physicians, a multi-specialty group in Des Moines, was called to the hospital to see one of his patients, he faced a 50-minute round trip plus additional time to find a parking place and catch an elevator before reaching the inpatient unit. In the time it took for him to see a couple of his patients in the hospital, he could have treated five patients in the office (1).

David McAtee, MD, an osteopath at Murdock Family Medicine, a group practice of eight family-care physicians in Port Charlotte, Florida, estimates its doctors were spending 30% of their time at the hospital caring for only 5% of their patients (2).

With an eye toward enhancing their office practices and offering patients efficient and effective inpatient treatment, both the Des Moines and Port Charlotte medical groups pursued a growing trend in the healthcare industry: they turned to hospitalists. Lee notes that the change allows him to enjoy a more normal lifestyle with his family and enhances his income (1). The Murdock group's decision to contract with hospitalists in 2003 resulted in an expansion of office hours. With more available time, the group is in the process of developing a series of programs targeting various diseases as a means of educating patients in better self-care. Additionally, McAtee expresses the hope that medical malpractice insurance premiums will decrease as a result of less time spent on inpatient care (2).

Hospitalist Impact on Primary Care Physicians

Primary care physicians (PCPs) do have reservations regarding the involvement of hospitalists in the care of their patients. Some PCPs voice concerns about the potential reduction in income if they opt to use hospitalists. According to one estimate, primary care doctors may incur an average annual decrease in income of $25,000 by forgoing hospital rounds. However, studies indicate that PCPs have the potential to earn as much as $50,000 more by spending time in the office instead of seeing inpatients (3).

Hospitalist programs that offer on-site, 24-hour availability provide other benefits. When a crisis strikes, PCPs may be difficult to reach as they are seeing office patients. The hurricanes that hit Florida in September and October 2004 clearly demonstrated the value of having continuous inpatient care by qualified physicians already at the hospital. Treacherous weather conditions prevented PCPs from driving to the hospital to see their patients. Although the hospital was unable to perform lab tests, surgeries, or diagnostic imaging procedures because of power outages, hospitalists were already on site and stabilized patients with their basic clinical skills (3). Patients who may not have heard of the term "hospitalist" were pleased that a physician was available to answer questions, address unexpected medical issues, and offer immediate support and comfort.

Admittedly, not all PCPs have embraced the hospitalist model. The perception that they might lose skill and prestige by giving up inpatient visits might prevent them from utilizing hospitalist services. In some cases, PCPs might perceive a reduction in continuity of care. These concerns are valid and warrant consideration. However, a well run hospitalist program will keep communication lines open between hospitalists and PCPs, so that patients receive optimal care as both inpatients and outpatients.

Hospitalists and Surgeons/Specialists

Robert T. Trousdale, MD, orthopedic surgeon at the Mayo Clinic in Rochester, MN, spends most of his day in the operating room or evaluating patients for surgery. An expert in hip and knee surgery, he admits that many orthopedic surgeons have insufficient knowledge when it comes to treating some of the common medical problems that may occur postoperatively. "Hospitalists help us co-manage patients in this area. They bring an increased level of experience to the management of the patient," he says. Trousdale notes the added benefits of time and hospitalist availability. "I am in the operating room for 5 hours at a time. If a nurse calls to report that one of my patients has developed post-op dizziness or chest pain, I might not be able to see him for 2 hours," he says. Hospitalists have both the expertise and the availability to address medical issues in a timelier manner and expedite recovery time.

Additionally, Trousdale admits that, although he is quite familiar with the intricacies of the musculoskeletal system, he is less certain of the necessary tests a patient might need postoperatively. "We might take a 'shotgun' approach and order 15 expensive tests, which is an unnecessary use of the hospital's resources," he says (4).

Jeanne Huddleston, MD, Director of the Inpatient Internal Medicine Program at Mayo Clinic and Assistant Professor of Medicine at the Mayo College of Medicine, led a study to determine the impact hospitalists have on the co-management of patients having hip and knee surgery. The findings, published in 2004, reveal that of 526 patients in the study, more of those managed by hospitalist-orthopedic teams were discharged with no complications (61.6% for hospitalist-orthopedic teams vs. 48.8% for traditional orthopedic surgical teams). Only 30.2% of patients co-managed by hospitalists experienced minor complications, while 44.3% of patients managed by traditional orthopedic surgical teams had similar difficulties. Huddleston notes also that most orthopedic surgeons and nurses responding to a satisfaction survey preferred the hospitalist orthopedic model (5).

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Improving Physicians' Practices (continued)

Table 1. Stakeholder Analysis

Stakeholder	Benefits
Primary care physicians	• Enable physicians to spend more time with office patients • Allow physicians to potentially generate more revenue • Provide more opportunity for family/personal time • Potentially decrease medical malpractice insurance premiums • Offer flexibility in scheduling • Act as referral source for new patients • Provide educational updates on medical topics
Emergency department physicians	• Facilitate throughput • Provide timely consultations • Reduce ED backlogs • Coordinate care in the observation unit
Surgeons and other specialists	• Perform pre-procedural risk assessments, thus avoiding surgical delays • Allow surgeons and specialists to focus on procedural work by addressing routine medical issues • Coordinate care management with a global patient view • Ensure space and availability for elective surgical cases by facilitating throughput • Act as a liaison between the PCP and the surgeon to ensure optimal patient care • Provide temporary or limited ICU coverage, if needed
Nursing and other hospital staff	• Provide more immediate response to inpatient emergencies • Facilitate the admission and discharge process • Promote efficient patient care as intermediary between PCP and nursing staff
Patients/families	• Provide continuity of care in the hospital • Increase patient satisfaction • Induce feelings of safety and security through 24-hour availability • Apply high-quality palliative and end-of-life care
Hospitals/healthcare facilities	• Facilitate effective patient management • Decrease costs due to shortened patient stay • Improve the hospital's ability to recruit and retain physicians • Decrease the costs of hiring on-call specialists • Absorb a portion of the cost of caring for unassigned and uninsured patients • Reduce malpractice liability due to 24/7 availability and open communications between PCPs and hospital staff • Enhance hospital reputation through reduced medical errors and efficient patient care and throughput

Hospitalists and Emergency Department Physicians

Brent R. Asplin, MD, MPH, research director in the department of emergency medicine at Regions Hospital in St. Paul, MN, cites three ways in which hospitalists positively impact the ED: through extraordinary availability, consistent and reliable care, and their focus on the hospital. "Hospitalists are *available* 24 hours a day," he says. "It's nice to know when you send a patient to the floor, there is an experienced physician in-house to take care of them. You do not have to try and reach a PCP on the phone." He reports that capacity is a major problem for EDs. Bottlenecks result when there are patients who are ready to be admitted from the ED but must wait for other patients to be discharged. Hospitalists are always available to maintain a smooth patient flow and facilitate throughput, according to Asplin.

As a group, hospitalists adhere to a *consistent* approach to patient care. Once a patient is admitted, efficient, reliable in-house care will ensure a quick recovery and discharge. Asplin says, "Hospitalists are more likely to embrace clinical pathways for the most common clinical diagnoses. This reduces variability across the board and increases patient outcome and flow." Also, hospitalists *focus exclusively on inpatient care*, enabling them to devote all their attention to servicing the patient while they are hospitalized without the distractions that might divert a PCP's concentration. Asplin says, "Regarding clinical care, operations, and quality improvement, it helps to have a group dedicated and focused on the hospital" (6).

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Improving Physicians' Practices (continued)

Table 2. Research Studies

Study	Findings
2003 – Internists' perception of hospitalist services after implementation (7)	• More physicians agreed that "caring for inpatients is an inefficient use of my time" (p<.001) • More physicians agreed that "use of a hospitalist service improves quality of care" (p = .002) • More physicians *disagreed* that "use of a hospitalist service diminishes physician career satisfaction" (p <.001) • More physicians *disagreed* that "use of a hospitalist service adversely affects the physician-patient relationship" (p <.001)
2000 – Physician attitudes toward hospitalist model of care and the prevalence of such programs (8)	• 51% of respondents believed patients would get better care from hospitalists • 47% thought patients would get more cost-effective care in a hospitalist system
2000 – Evaluation of an inpatient physician system for all patients of a health maintenance organization admitted to the general medicine service of an urban teaching hospital (9)	• 90% of PCPs indicated satisfaction and would recommend a similar program to other primary care groups • Medical house staff noted an increase in satisfaction with their educational experience with hospitalists
2000 – How primary care physicians perceive hospitalists (10)	• 41% of PCPs perceived hospitalists as increasing the overall quality of care • 69% reported that hospitalists did not affect their income • 53% believed hospitalists decreased their workload • 50% believed hospitalists increase practice satisfaction

In teaching hospitals, residents also benefit from the presence of hospitalists. According to Barbara LeTourneau, MD, an ED physician and professional physician executive consultant also based at Regions, residents have the continuous supervision of experienced practitioners who can answer questions and teach on an ongoing basis. "With hospitalists there is much quicker and better patient care," she says.

In her role as administrator, LeTourneau has an historical perspective on the delivery of inpatient care at her hospital. Prior to the implementation of hospital medicine programs, positive changes took a longer period of time to reach agreement and execution, she reports. "Having hospitalists here provides one group of experienced physicians who see a large percentage of patients," says LeTourneau. Managing a significant caseload enables the hospitalist to understand the system in depth. "Hospitalists can provide good feedback and make it easier to implement necessary changes" (11).

Stakeholder Analysis

Studies reveal that hospitalists improve the practices of physicians and several subspecialties in a number of ways. Not only do PCPs benefit from the presence of hospitalists, but other medical specialists, patients, families, and medical facilities gain advantages as well (see Table 1).

Research Studies

Since 1996 when the term *hospitalist* was first used, a number of studies have been conducted to evaluate the benefits they bring to PCPs and other physicians (see Table 2). In the past decade, the number of hospitalists has increased dramatically, lending credence to their value in an inpatient medical setting. In 2005, the Society of Hospital Medicine (SHM) estimates that there are 12,000 hospitalists in the US.

In a survey by Mitretek Healthcare, researchers asked hospital leaders to rate a number of strategies that impact on hospital-medical staff relations. Sixty-two percent of the leaders surveyed gave hospitalist programs a high rating pertaining to hospital-physician alignment (12). Other studies also support the growing belief that hospitalists can effectively and efficiently enhance physician practices.

Conclusion

Joseph Li, MD, director of the hospitalist program at Beth Israel Deaconess Medical Center in Boston, hopes to build a career based on the belief that hospitalists are leading the way in "preventing medical errors and hospital-acquired infections, managing the complex hospital environment, finding the right transition to home care or rehabilitation, and providing palliative and end-of-life care" (13). As hospital medicine programs become more prevalent and accepted, more and more PCPs are seeing the value in their presence. A major national hospitalist management company surveyed PCPs in five markets on their experiences with hospitalists. The responses revealed a 100% satisfaction rating on the quality of inpatient care (14). In the future, hospitalists like Li will strive to maintain that rating while they help improve physician practices and enhance patient care.

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Providing Extraordinary Availability

SHM Benchmarks Committee; Project Leader: Stacy Goldsholl, MD; Coordinating Writer: Phyllis Hanlon

In 1994, Jack Rosenbloom was admitted to an Indiana hospital after suffering a serious heart attack. While in the critical care unit (CCU) of the healthcare facility, he experienced a major relapse, prompting a "code blue" situation. Although the floor nurse called for assistance instantaneously, a physician did not arrive in CCU until 1 hour later – too late to save Jack Rosenbloom. Convinced that the immediate presence of a physician could have spared her husband's life and surprised that round-the-clock, on-site coverage was not required in a hospital setting, Myra Rosenbloom decided to pursue Federal legislation that would mandate such a policy and ensure the safety of all patients in the future. The result was the drafting of The Physician Availability Act, which directs any hospital with at least 100 beds to have a minimum of one physician on duty at all times to exclusively serve non-emergency room patients. In June 2003, Pete Visclosky (D-Indiana) introduced H.R. 2389 to the U.S. House of Representatives; it has since been referred to the Energy and Commerce Committee's subcommittee on health.

Although it is not clear if or when H.R. 2389 might become law, the bill is emblematic of the pressure hospitals are experiencing to provide round-the-clock physician coverage. Hospital administrators are keenly aware of the importance of creating and implementing protective and preventive measures to ensure the best possible quality care and safety for all inpatients. Charles B. Inlander, president of the People's Medical Society, a consumer advocacy group, emphasizes that patients *expect* to see a doctor, regardless of the hour or day. "If there is no doctor to treat the patient, it's like going to a major league baseball game and seeing minor league players," he says. More important, Inlander notes that the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is considering the addition of requirements similar to the ones specified in the pending Physician Availability Act (1).

Today, most hospitals use traditional physician on-call systems to provide overnight coverage. These systems are not always effective or efficient for patients, physicians, nursing staff, and other hospital departments. Delay of care may jeopardize a patient's medical well-being. Nurses become frustrated trying unsuccessfully to locate on-call physicians in a timely fashion in the case of a medical emergency. On-call physicians cannot enjoy a normal lifestyle and may suffer from overwork. The emergency room may experience a backlog of patients waiting for admission until the doctor arrives in the morning, creating logjams for other hospital departments.

Direct and Indirect Value

Hospitalists can alleviate these issues and add direct value to a healthcare facility through the implementation of a 24/7 program. Their positive impact affects patients, first and foremost, as well as various hospital departments and staff, hospital recruitment efforts, and the healthcare facility's fiscal status.

Emergency Department (ED)

As an on-site fully trained physician, the hospitalist is available to conduct emergency room evaluations and enable the timely admission of patients. By tending to ED cases immediately, the hospitalist can prevent unnecessary delays and ensure efficiency in this department. Also, this prompt action prevents the need for "bridging orders," whereby an ED physician writes temporary orders until the patient can be seen and admitted in the morning by the primary care physician (PCP). The absence of lag time between an emergent situation and the on-site presence of a physician might mean the difference between short-term treatment/rapid discharge and a lengthy hospital stay.

Admissions

Depending on medical staff bylaws, some hospitals routinely handle late night and early morning admissions over the telephone. In a traditional on-call system, the attending physician may provide orders over the phone to admit a patient following a discussion with the ED physician. Formal evaluation of the patient would not take place until the following morning at rounds or later in the evening after office hours. This practice may result in delays in patient management and often increases the duration of hospitalization.

Healthcare facilities with 24/7 hospital medicine programs operate in "real time" and can evaluate and admit the patient immediately, potentially reducing the length of stay (LOS) and cost per stay, and positively impacting the hospital's bottom line. As illustrated in Figure 1, Covenant HealthCare System in Michigan collected data after 1 year's operation of its hospital medicine program and found that

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Providing Extraordinary Availability (continued)

Figure 1. Case Study: A 24/7 Hospitalist Program

- Covenant HealthCare, a non-profit health system in Saginaw, MI, consists of 623 acute care beds, a 20-bed skilled nursing facility, an inpatient rehabilitation facility and an on-site, long-term acute care facility.
- In May 2003, a 24/7 in-house hospital medicine service was initiated with four physicians working in a shift-based model, providing single physician coverage 24 hours a day. Three more hospitalists were added over the next 4 months for supplementary daytime coverage.
- None of the staff hospitalists had previous hospitalist experience. The medical director of the service had practiced as a hospitalist for 8 years.
- In addition to the hospital-employed 24/7 hospitalists, four independent "traditional" (call from home) hospitalists practice at Covenant HealthCare.
- Case mix adjusted length of stay (LOS) data for each group (fiscal 2004) is described below:

Program	Discharges	LOS
Covenant 24/7 hospitalists	1530	2.97
Traditional hospitalists	1852	4.00
General internal medicine	2644	4.50

- The reasons for additional LOS savings compared with the traditional hospitalists are not clear. However, the hospitalist program medical director believes that the "real-time" admission of patients from the emergency department by the hospitalist (after hours) is a strong contributor to this savings.
- The financial savings associated with this additional LOS savings may serve to justify the cost of providing nighttime physician salaries for 24/7 programs.

the 24/7 coverage shortened the average LOS by 1 day when compared with a traditional, non-24/7 hospitalist program and 1.5 days when compared with a general internist (2). Also, patients that present before midnight incur an additional day of professional fees when seen upon arrival at the hospital by a 24/7 hospitalist. This extraordinary availability realizes a dual benefit: LOS savings and increased professional fee generation.

Inpatient Unit

Regardless of the hour, hospitalists can provide consultations for surgical and medical cases on the inpatient unit. Sudden changes in patient condition, such as fever, chest pain, hypotension, and mental status, can be addressed immediately. Traditionally, these problems might be managed over the phone at the discretion of the covering physician without direct patient evaluation. An on-site 24/7 hospital medicine program provides trained physicians who can personally evaluate the patient and diagnose any developing problems resulting in improved quality of care. From a financial perspective, a hospitalist providing this level of service may result in additional revenue.

Nursing Staff

In May 2001, Sister Mary Roch Rocklage, then chair-elect of the American Hospital Association (AHA), informed the Senate Health, Education, Labor and Pensions Committee that by 2020, this country would need 1.7 million nurses. However, the healthcare industry's ongoing failure to attract individuals to the nursing profession means that the supply will be 65% short of demand by that time. Troy Hutson, director of legal and clinical policy at the Washington State Hospital Association (WSHA), indicates that the two major reasons that nurses are unhappy in their work environment are a lack of control and voice in their environment and less time spent on patient care.

The advent of 24/7 hospitalists is considered to be one way to improve the situation. Chief nursing officer at Emory Northlake Regional Medical Center in Atlanta, GA, Denise Flook asserts that the round-the-clock presence of a hospitalist benefits the nursing staff by providing support and relieving the burden of making decisions more aptly handled by physicians. She adds that the support of a physician late at night is critical since newer, inexperienced nurses are often assigned to these shifts. Beverly Ventura, vice president of patient care services at Mercy Medical Center in Springfield, MA, notes that the 24/7 coverage by hospitalists "has improved our ability to respond rapidly to crisis and has improved continuity of care for the patients" (3).

Additionally, 24/7 coverage means that physicians can visit more often with patients, reducing the time nurses must spend updating the doctor on the patient's condition and progress. Nurses find, too, that family members have greater access to physicians involved in 24/7 programs; queries regarding a patient's status can be answered directly by the doctor, and family conferences can take place more readily, allowing the nurse to fulfill her role in other, more productive ways. Marcia Johnson, RN, MN, MHA, Vice President of Patient Care Services at Overlake Hospital Medical Center in Bellevue, WA and board member of the Northwest Organization of Nurse Executives, says, "Nurses who feel they are respected have a voice in care and the management of care. They have a real 'throughout the day' working relationship with physicians, and are supported by hospital-based physicians. [They] will be much more willing and able to shoulder the other issues that burden nurses" (3).

Physician Recruitment

The appeal of a 24/7 hospitalist program may also affect a healthcare facility's ability to successfully recruit quali-

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Providing Extraordinary Availability (continued)

fied physicians. With the knowledge that inpatients will be under the constant care of a trained on-site hospitalist, a PCP can anticipate a predictable schedule that allows for much better work–life balance.

Changing Times

John R. Nelson, MD, FACP, is co-founder of the National Association of Inpatient Physicians, now the Society of Hospital Medicine (SHM), a hospitalist, and the medical director at Overlake Medical Center. In the 1970s, working as an orderly, he found that, although the census was typically high, the night shift was not very busy. Most patients were routine cases awaiting tests, labs, and other simple procedures the next morning. Today, patients are sicker on admission. Rapidly changing status at any time of the day or night presents a real challenge to medical staff. Nelson believes that the on-call system of 25 years ago has outlived its usefulness for patients, community physicians or PCPs and nursing staff. To meet the expectations of all involved, an on-site physician is necessary, he asserts. While PCPs are reluctant to return to the hospital after working a full day, the 24/7 hospitalist, by virtue of his role, expects to tend to patients' needs and face various medical issues throughout his shift (4).

Mark V. Williams, MD, Director of the Hospital Medicine Unit at Emory University's School of Medicine, emphasizes that on-site, in-person health care offers a vastly superior model to "phone practice" (5). In addition to providing immediate response – which nurses consider a value-added service – 24/7 hospitalists are able to evaluate firsthand changing medical conditions, says Lawrence Vidrine, the national medical director of inpatient services of Team Health in Knoxville, TN (6).

According to Winthrop Whitcomb, MD, SHM's other co-founder and director of the hospital medicine program at Mercy Medical Center in Springfield, MA, a "new paradigm" has evolved for the practice of more efficient and effective hospital medicine. It is his perspective that the country is now experiencing a shift from a "push system" to a "pull system." Inherently ineffective, the former model attempts to "push" the patient into the hospital relying on the attending physician's availability to come to the hospital for the admission process. The newer "pull" system involves a hospitalist who expects to be called and a facility that has established inpatient capacity. When a patient is ready for admission, the hospitalist "pulls" that individual up through the system since capacity has already been built-in (7).

Leapfrog Initiative

In an effort to improve the safety and quality of care patients receive while in the CCU, the Leapfrog Initiative Group in collaboration with the Health Care Financing Administration (HCFA) and the U.S. Office of Personnel Management set standards to achieve this goal in 1998. According to these principles, physicians are encouraged to have Advanced Cardiac Life Support (ACLS) training and the Fundamentals of Critical Care Support (FCCS) certification, which enable them to adequately and appropriately respond to acute patient status changes. Hospitalists who have earned these certifications can provide a different level of service and generate higher professional fees. At Covenant Health Care in Saginaw, MI, all hospitalists hold these credentials, according to Stacy Goldsholl, MD, director of Covenant's hospital medicine program. In such cases, adequately trained hospitalists qualify as Leapfrog intensivist extenders (8). John Kosanovich, Vice President of Medical Affairs, reiterates the importance, both professionally and financially, of compliance with Leapfrog guidelines. In addition to strengthening the bottom line, ACLS/FCCS certified hospitalists contribute to improved quality of patient care (9).

Stakeholder Analysis

A 24/7 hospital medicine program most directly impacts four categories of stakeholders. With patient safety as top priority, closely followed by quality of care, hospitalists who engage in 24/7 coverage programs can effectively and appropriately address the physical, psychological, occupational and fiscal status of the stakeholders in Table 1.

Survey Data/Statistics

SHM conducted a survey that assessed the productivity levels of hospitalists as well as various compensation figures for 2003–2004.

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Figure 2. Statistics on 24/7 Programs

- 39% of surveyed hospitalist programs have 24/7 coverage
- 49% of hospital-based programs have 24/7 coverage; all other models vary between 31% and 38%
- Programs with 24/7 coverage are an average 60% larger than those without (13.3 clinicians [10.3 MD, 3.0 non-MD] vs. 8.3 clinicians [7.3 MD, 1.0 non-MD])
- 59% of 24/7 programs are shift-based
- 14% of 24/7 programs are call-based
- 27% of 24/7 programs have other staffing models, e.g., rotating call, block scheduling, anchor model
- 17% of programs that pay 100% professional fees have 24/7 coverage
- 61% of programs receiving subsidy have 24/7 coverage:
  All programs with 24/7 coverage receive some subsidy
  Mean subsidy for programs with 24/7 coverage is $700,000
  Mean subsidy for programs without 24/7 coverage is $324,000

Source: 2003 SHM Survey

Figure 2 lists some facts from that survey related to 24/7 programs (10).

Conclusion

Quality of care and patient safety rank as the primary reasons for implementing a 24/7 program. Patients benefit the most from round-the-clock medical attention as continuity of care increases their chance for quick recovery and reduces the potential for decompensation. Furthermore, length of stay and healthcare costs can be reduced, improving hospital financial performance and throughput.

In this era of increased scrutiny of the healthcare industry, there is a growing expectation that a physician will be available around-the-clock to attend to patients. Myra Rosenbloom's efforts aspire to make this possibility a reality. The use of hospitalists on a 24/7 basis may serve to alleviate the evolutionary pressure being applied to hospitals and, over the short-term, provide a strategic advantage that appeals to a hospital's patient community.

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Table 1. Stakeholder Analysis

Patients/Families	• Receive direct and immediate round-the-clock attention to changing medical status • Provide full-time accessibility for family questions and conferences • Reduce morbidity and mortality • Improve the patient experience and satisfaction
Nursing Staff	• Promote greater job satisfaction • Enhance medical team productivity • Increase nursing staff retention
Community Physicians/PCPs	• Enable physicians to focus on their office practice • Relieve the burden on surgeons, ER physicians, and/or medical residents who might be occupied with other inpatient needs • Preserve a more balanced lifestyle
Hospitals/Health Care Facilities	• Reduce medical errors and potentially decrease liability related to improved patient safety • Enhance physician recruitment process • Provide consistent, quality medical care to inpatients • Reduce LOS and improve bottom line • Generate increased revenues through more night admissions and consultations

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Improving Resource Utilization

SHM Benchmarks Committee; Project Leader: Saeed Syed, MD; Coordinating Writer: Phyllis Hanlon

Today's hospitals must address a variety of challenges stemming from the expectation to provide more services and better quality with fewer financial, material, and human resources. According to the annual survey conducted by the American Hospital Association (AHA) in 2003, total expenses for all U.S. community hospitals were more than $450 billion. In managing these expenditures, hospitals face the following pressures:

- Cost increases in medical supplies and pharmaceuticals.
- Record shortages of nurses, pharmacists, and technicians.
- A growing uncompensated patient pool.
- Annual potential reductions in Medicare and Medicaid reimbursements.
- Rising bad debt resulting from greater patient responsibility for the cost of care.
- The diversion of more profitable cases to specialty and freestanding ambulatory care facilities and surgery centers.
- Soaring costs associated with adequately serving high-risk conditions, such as cancer, heart disease, and HIV/AIDS.
- Discounted reimbursement rates with insurers.
- Increasing pressure to commit financial resources to clinical information technology.
- The need to fund infrastructure improvements and physical plant renovations as well as expansions to address increasing demand (1).

To overcome these challenges, hospitals must find innovative ways to balance revenues and expenses, fund necessary capital investments, and satisfy the public's demand for quality, safety, and accessibility.

Table 1. Hospitalists ROI at Long-Moffitt Hospitals, 2000-2001

Factor	Dollars
1950 patients x $1,571 (savings/patient)	$3,063,450
Add 1092 beds-days saved x $500 (estimated cost per bed-day)	$546,000
Total annual benefit to medical center	$3,609,450
c/w 2000-2001 medical center funding	($625,000)
ROI	>$3.6 million for $625,000 investment

Hospitalist Programs: A Good Investment

One solution to the above-mentioned situations is a hospitalist program, which, in its short history, has already had a profound impact on inpatient care. Robert M. Wachter, MD, associate chair in the department of medicine at the University of California, San Francisco (UCSF) and medical service chief at Moffitt-Long Hospitals, coined the term *hospitalist* in an article in the *New England Journal of Medicine* in 1996 (2). At the 2002 annual meeting of the Society of Hospital Medicine (SHM), Wachter presented findings from a study conducted at his institution. The results demonstrate a significant return on investment (ROI) of 5.8:1 when a hospitalist program is utilized (See Table 1 for details) (3).

How do hospitalists reduce length of stay (LOS) and cost per stay? William David Rifkin, MD, associate director of the Yale Primary Care Residency Program, offers three basic reasons why hospitalist programs contribute to effective and efficient use of resources. Since hospitalists are physically onsite, they are better able to react to condition changes and requests for consultations in a timely manner, he asserts. Also, being familiar with the hospital's systems of care, the hospitalist knows who to call and how to utilize the services of social workers and other contingency staff when arranging for post-discharge care. Third, Rifkin indicates that inpatients today are sicker than they were in past years, a fact well known and understood by hospitalists. "There is an increased level of acuity," he says. "Hospitalists are used to seeing these kinds of patients. They are more comfortable taking care of these patients and will see more of them with any given diagnosis" (4).

In one of his studies, Rifkin noted a reduction in LOS for inpatients with a pneumonia diagnosis. "The hospitalist had switched the patient from IV (intravenous) to oral antibiotics," he says. Reacting quickly to indications that the patient was ready for a change in treatment modality facilitated an earlier discharge (5).

L. Craig Miller, MD, senior vice president of medical affairs at Baptist Health Care, reports that his hospital saved $2.56 million in 2 years as a direct result of its inpatient management program (6). Although attention to technical and clinical details is important, Miller emphasizes the critical role the human factor plays, specifically the impact of *teamwork,* on achieving resource utilization savings.

"Hospitalists work as a team, collaborating with physicians and ED doctors," he says. This cooperative

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spirit enables the efficient use of manpower in patient care. Miller adds that at Baptist, as is the case at most hospitals, the medical complexity of patients dictates a need for cooperation in order to successfully treat illness. The presence of hospitalists facilitates the team effort, causing a positive trickle down effect regarding LOS, readmission and mortality rates, he affirms. "The hospitalist provides focused leadership to utilization resource management," says Miller (7).

In the role of inpatient leader, the hospitalist also facilitates ED throughput, which results in another area of cost savings for the hospital. Paola Coppola, MD, ED director at Brookhaven Memorial Hospital Medical Center, says, "From an ER perspective, a call to the hospitalist replaces multiple calls to specialists. In general, hospitalists feel much more comfortable treating a wide array of conditions including infectious disease, pneumonias, strokes, and chest pain without the intervention of specialists in that field. Hence, hospital consumption of resources decreases, which in turn lowers length of stay." He echoes Rifkin's thoughts on quick response time. "Hospitalists provide an immediately available service, thus saving ER physicians valuable time. This ensures faster turnover, better throughput, makes more ER beds available, and services more patients, eventually helping the hospital's bottom line," says Coppola (8).

In addition to teamwork, 24/7 availability is vital to the wise utilization of resources, according to Anthony Shallash, MD, vice president of medical affairs at Brookhaven. "The fact of *24/7 presence* allows rapid responses to patient condition and problems. Continuous and close monitoring of patients allows them to be upgraded or downgraded as needed," he says. "As such, LOS is decreased and quite favorable as compared to peer practitioners for similar disease severity. Resources consumed and tests ordered also show a favorable trend" (9).

A recently published study (10) by researchers at Dartmouth Medical School documents the variation in the volume and cost of services that academic medical centers use in treating patients. Hospitals were categorized as low- and high-intensity, with significant differences in cost per case. For example, the high-intensity hospitals spent up to 47% more on care for acute myocardial infarction. In an interview in *Today's Hospitalist* (11), the lead author, Elliott S. Fisher, MD, professor of medicine and community and family medicine at Dartmouth Medical School, described the importance of *coordination* in achieving efficient care. Fisher says, "I think there's a real opportunity for hospitalists to improve the care of patients in both high- and low-intensity hospitals. Having ten doctors involved in a given patient's care may not be a good thing, unless someone [i.e., the hospitalist] is doing a really good job of coordinating that care."

Hospitalists focus only on inpatient medicine. They are familiar with managing the most common medical diagnoses, such as community acquired pneumonia, diabetes, and congestive heart failure. Hospitalist programs often develop uniform and consistent ways of treating these patients. Cogent Healthcare, a national hospitalist management company, has implemented the "Cogent Care Guides," *best practice guidelines* for high-volume hospital diagnoses. Ron Greeno, MD, FCCP and Cogent's chief medical officer, says "The Cogent Care Guides ensure best practices are implemented at critical points in the patient's care… decreasing the variability of care that results in inefficiencies." Greeno added, "The care guidelines [also] support the timely notification of the primary care physician of nine critical landmark events related to patient status that can affect outcomes" (12).

Stacy Goldsholl, Director of the Covenant HealthCare Hospital Medicine Program in Saginaw, MI, suggests other ways that hospitalists can generate utilization savings for their hospitals. "Hospitalists often eliminate unnecessary admissions and shift work-ups to the ambulatory setting. For example, I recently arranged an outpatient colonoscopy for a pneumonia patient with a stable hemoglobin and

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Table 2. Stakeholder Analysis

Stakeholder	Benefit(s)
Hospital Administrators	• Enables efficient use of resources • Improves financial bottom line • Facilitates improved inpatient operations • Increases hospital capacity
Emergency Department Physicians	• Expedites the admission process • Alleviates emergency room backlog
PCPs/Community Physicians	• Returns patient care to PCP in timely manner • Enables PCP to focus on office-based patients
Nursing Staff	• Facilitates coordination of efforts and inter-departmental teamwork
Patients/Families	• Reduces time in the hospital without sacrificing quality • Provides more attention and availability

Improving Resource Utilization (continued)

Table 3. Published Research Studies

Description	LOS Savings	Cost Savings	Other Results
2004: Retrospective cohort analysis comparing initial and long-term hospital utilization of hospitalists and general internists at an urban community hospital (13)	Reduction of 16.1%	Reduction of 8.3%	Equivalent mortality and 30-day readmission rates
2004: Prospective, quasi-experimental observational study at an academic teaching hospital staffed by hospitalists and non-hospitalist physicians (14)	5.5 vs. 6.5 days (p=.009)	Reduction of $917 (p=.08)	Similar rates of in-hospital mortality and 30-day readmissions
2003: Evaluation of hospitalist program impact on throughput and other measures over 6-week period at an academic medical center (15)	2.19 vs. 3.45 days (p<.001)	$1,775 vs. $2,332 (p<.001)	No differences in 30-day readmission rates Incremental throughput of 266 patients, adding $1.3M in profitability
2002: Meta-analysis summarizing previous hospitalist research (16)	Average: decrease of 16.6%	Average: decrease of 13.4%	Equivalent results in quality and patient satisfaction
2001: Evaluation of hospitalist service with nurse discharge planner compared to generalist-attended and specialist attended services (17)	4.4 vs. 5.2 (generalists) 4.4 vs. 6.0 (specialists) p<.0001 for both	$4,289 vs. $4,850 (generalists) p=.11 $4,289 vs. $6,066 (specialists) p<.0001	Reduced mortality Equivalent satisfaction and readmission rates

heme positive stool. Because of my experience treating patients with pneumonia, I was able to determine that the circumstances did not require an inpatient stay." In addition, Dr. Goldsholl has found that the hospitalists in her program are quite effective in classifying "observation" patients, eliminating reimbursement conflicts with Medicare, Medicaid, and other insurers.

Finally, because they are always in the hospital rather than sharing time between the office and hospital, hospitalists can *improve inpatient continuity of care*, resulting in lower costs and better outcomes. Adrienne Bennett, MD, chief of the hospital medicine service at Newton-Wellesley Hospital near Boston, examined cases managed by hospitalists and non-hospitalist community physicians, comparing the number of "handoffs" of responsibility that occur among attending physicians. Community physicians share inpatient responsibility in their practices and sometimes their partners round on their patients. Every time another physician assumes responsibility for a patient, there is the potential for a loss of information and a discontinuity of care. At Newton-Wellesley Hospital, the hospitalists work a schedule of 14 days on, followed by 7 days off. "We found that hospitalists averaged less than half the number of handoffs as the community physicians," says Bennett. "This may be one of the reasons that hospitalists have better case mix adjusted utilization performance."

Stakeholder Analysis

Anecdotal evidence, as well as documented studies, has demonstrated that hospitalists provide value to a wide range of stakeholders involved in the inpatient care process. With regard to resource utilization savings, the hospitalist provides benefits to each of the listed stakeholders (Table 2).

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Published Research Results

Dozens of studies demonstrate the positive effects hospitalist programs have on resource utilization. Observational, retrospective, and prospective data analyses have been conducted at community-based hospitals as well as at academic medical institutions. Findings consistently indicate that hospitalist programs result in resource savings for patients, physicians, and hospital medicine. A range of studies shown in Table 3 represent the most recent efforts at tracking hospitalist programs and their effects on resource utilization.

Conclusion

According to the AHA's 2003 survey of healthcare trends, the fiscal health of the nation's hospitals will most likely remain fragile and variable in the coming years. The survey cites declining operating margins, a continued decrease in reimbursement, labor shortages, and rising insurance and pharmaceutical costs, as well as the need to invest in technology and facility maintenance and upkeep as key factors. However, hospitalists have proven time and again in clinical studies that they can bring value to the operation of a healthcare facility. With reduced lengths of stay, decreased overall hospital costs, and equivalent—if not superior—quality, hospitalists can contribute significantly to a hospital's healthy bottom line.

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Maximizing Throughput and Improving Patient Flow

SHM Benchmarks Committee; Project Leader: Patrick Cawley, MD; Coordinating Writer: Phyllis Hanlon

According to data from the American Hospital Association (1), in 1985, the United States had 5732 operational community hospitals; by 2002, the latest year for which figures are available, the number had decreased to 4927, a loss of approximately 14% (1). In that same timeframe, these hospitals lost approximately 18% of their beds, dropping from just over 1 million to 820,653 beds. This reduction in bed capacity has been accompanied by hospital cost-cutting efforts, staff downsizing, and elimination of services. Many explanations for these trends have been suggested, including changes in Medicare reimbursement and the growth of managed care organizations (MCOs).

However, as the current baby boom generation ages, rising inpatient demands are presenting hospitals with significant challenges. According to a 2001 report from Solucient (2), who maintains the nation's largest health care database, the senior population–individuals age 65 and older–are projected to experience an 85% growth rate over the next two decades. Since this age group utilizes inpatient services 4.5 times more than younger populations, the number of admissions and beds to accommodate those cases will soar. By the year 2027, hospitals can anticipate a 46% rise in demand for acute inpatient beds as admissions escalate by approximately 13 million cases. Currently, the nation's healthcare facilities admit 31 million cases; this number will jump to more than 44 million, representing a 41% growth from present admissions figures. For hospitals that maintain an 80% census rate, an additional 238,000 beds will be needed to meet demands (1).

Adding to this increase in demand and pressure on bed capacity, hospitals must address the requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA) passed by the US Congress in 1986 as part of the Consolidated Omnibus Reconciliation Act (COBRA). The law's initial intent was to ensure patient access to emergency medical care and to prevent the practice of patient dumping, in which uninsured patients were transferred, solely for financial reasons, from private to public hospitals without consideration of their medical condition or stability for the transfer (3). EMTALA mandates that hospitals rank the severity of patients. Thus, tertiary referral centers are required to admit the sickest patients first. This directive presents a significant challenge to many healthcare facilities. High census rates prohibit the admission of elective surgical cases, which, although profitable, are considered second tier. Routine medical cases or complicated emergency surgical cases have the potential to adversely affect the institution's financial performance.

In addition to the challenge of increased bed demands and EMTALA, hospitals also cite an increasingly smaller number of on-site community physicians. Longstanding trends from inpatient to outpatient care have prompted many community physicians to concentrate their efforts on serving the needs of office-based patients, limiting their accessibility to hospital cases.

To address these pressures, hospitals must execute innovative strategies that deliver efficient throughput and enhance revenue, while still preserving high-quality services. Since 1996, hospital medicine programs have demonstrated a positive impact on the healthcare facility's ability to increase overall productivity and profitability and still maintain high quality. Patients today present to the doctor sicker than in the past and require more careful and frequent outpatient care. Since hospitalists operate solely on an inpatient basis, their availability to efficiently admit and manage hospitalized patients enables delivery of quality care that expedites appropriate treatment and shortens length of stay.

Two Roles of the Hospitalist

According to the Society of Hospital Medicine (SHM), "Hospitalists are physicians whose primary professional focus is the general medical care of hospitalized patients. Their activities include patient care, teaching, research, and leadership related to hospital medicine." Coined by Drs. Robert Wachter and Lee Goldman in 1996 (4), the term implies an additional point of emphasis. Part of a new paradigm in clinical care, the hospitalist enhances the processes of care surrounding patients and adopts an attitude of accountability for that care. In practice, hospitalists play two key roles.

Primarily, the hospitalist is a practicing clinician – managing throughput on a case-by-case, patient-by-patient basis. In addition, a hospitalist performs a non-clinical role as an "inpatient expert," taking the lead in creating system changes and communicating those changes to other hospital personnel as well as to community physicians. As an inpatient expert, hospitalists are often asked to lead organization-wide throughput initiatives to identify and implement strategies to facilitate patient flow and efficiency. As dedicated members of multi-disciplinary in-house teams, the hospitalist is in a prime position to foster change and improve systems.

Throughput as Continuum of Care

As suggested by Heffner (5), the process of admission, hospitalization, and discharge resembles a "bell-shaped curve." To achieve effective throughput, hospitals must expedite patient care and also maintain careful oversight throughout a patient's entire hospital stay. The hospitalist, as an integral part of a multidisciplinary team, coordinates care to promote a positive outcome and shorten length of stay. Drawing on strong leadership qualities, as well as on intimate knowledge of hospital procedures, layout design and infrastructure, and available community resources, the hospitalist plays a pivotal role in creating efficient throughput from admission to discharge.

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Emergency Department

At the front end of the bell-shaped curve, the hospitalist may be engaged by emergency department (ED) physicians to assist in ensuring smooth patient flow and, more important, identifies the "intensity of service" needed. Through the use of clinical criteria, such as InterQual, the hospitalist, together with the ED physician, may be asked to quantitatively rate the patient's illness for degree of severity.

Timely patient evaluation helps prevent a backlog of ED cases and enables more patients to be seen. Immediate attention to and initiation of appropriate therapy guarantees a better outcome while minimizing the potential risk for complications, which could possibly lead to longer inpatient stays.

Inpatient Unit

Once a patient has been admitted to an inpatient unit, the hospitalist, together with a multidisciplinary team, facilitates care and determines the inpatient services that will optimize patient recovery through strong interdepartmental communications. Working together with admissions, medical records, nursing, laboratory and diagnostic services, information technology, and other pertinent departments, the hospitalist maintains a pulse on all activity surrounding the patient and his care.

Judicious inpatient consultations and treatment decisions result in timely changes in therapy, potentially reducing the length of stay. The frequency with which the hospitalist sees the patient allows him to monitor any changes in condition and reduce possible decompensation, a practice known as vertical continuity (6). Such careful attention may reduce inpatient length of stay significantly. When aggressive management is mandated, the presence of the hospitalist enables initiation of effective therapy and results in quicker discharge and a reduction in potential readmission (7).

Surgery

The surgeon and hospitalist are ideally suited to work together in managing a surgical patient. The hospitalist focuses on the peri-operative management of medical issues and risk reduction, which allows the surgeon to concentrate more on surgical indications and the surgery itself. The hospitalist's role in the management of a surgical patient enables vertical continuity when the surgeon may be occupied in the operating room with another patient as documented by Huddleston's Hospitalist Orthopedic Team (HOT) approach (8).

Intensive Care Unit (ICU)

In many hospitals, particularly those that do not have intensivists, hospitalists are able to provide quality care to patients. Even in hospitals where intensivists manage ICU patients, hospitalists work together with the intensivist to ensure smoother transition into and out of the unit.

Discharge

Timing is a critical issue with regard to discharge. Since the hospitalist operates solely in-house and in collaboration with a multidisciplinary team, he is able to round early in the day to discharge patients by mid- or late-morning, freeing a bed for a new patient. In some cases, the hospitalist, in anticipation of early discharge, may begin pre-planning the day prior to discharge, which further expedites the process. Early discharge applies to the ICU, step-down areas and general inpatient care areas, as well as to full discharge from the healthcare facility. Moving a patient from one of these areas enables other patients to fill those empty beds thus optimizing throughput.

Having managed the patient throughout his hospital stay, the hospitalist—again working together with a multidisciplinary team—can facilitate arrangements to send the patient home or to a rehabilitation or skilled nursing facility or alternative housing situation upon discharge, as well as coordinating post-discharge care, whether it be arranging for a visiting nursing or social services or communicating with the primary care physician regarding follow-up appointments. If additional outpatient care is prescribed, the hospitalist will work with the discharge planning staff to contact various community agencies to arrange services best suited to the patient's needs. Efficient

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Table 1. Stakeholder Analysis

Stakeholder	Benefit(s)
Hospital administrators	• Enables efficient use of resources • Improves financial bottom line • Facilitates improved inpatient operations • Increases hospital capacity
PCPs/community physicians	• Returns patient care to PCP in timely manner • Enables PCP to focus on office-based patients
Medical staff	• Facilitates coordination of efforts and inter-departmental teamwork • Fosters greater communication between departments • Acts as catalyst for efficient, smooth delivery of services
Patients/families	• Reduces time in the hospital without sacrificing quality • Provides more attention and availability
Payers	• Decrease costs without sacrificing quality

Maximizing Throughput and Improving Patient Flow (continued)

discharge makes possible the admission of other, more critically ill patients, potentially enhancing the hospital's revenue stream.

Stakeholder Analysis

Five specific stakeholders need to be examined to document the value-added by hospitalists. Anecdotal evidence, as well as documented studies, has demonstrated numerous returns—physical, social, psychological and financial—to stakeholders involved in the hospital process. With regard to throughput, the hospitalist provides benefits to each of the stakeholders listed in Table 1.

Study Results

A dozen studies have been conducted that document the impact of hospital medicine programs on cost and clinical outcomes. Of these trials, nine found a significant decrease in the average length of stay (15%) as well as reductions in cost (9). Two other studies, one from an academic medical center and the other from a community teaching hospital, demonstrate similar reductions during a 2-year follow-up period. At the Western Penn Hospital, a 54% reduction in readmissions was reported with a 12% decrease in hospital costs, while the average LOS was 17% shorter. Additionally, an unpublished study from the University of California, San Francisco Medical Center revealed a consistent 10–15% decline in cost and length of stay between hospitalists and non-hospitalist teaching faculty. More important, those differences remained stable through 6 years of follow-up. In general, hospitals with hospitalist programs realized a 5–39% decrease in costs and a shortened average LOS of 7–25% (6).

According to Robert M. Wachter, author of the 2002 study, "If the average U.S. hospitalist cares for 600 inpatients each year and generates a 10% savings over the average medical inpatient cost of $8,000, the nation's 4500 hospitalists save approximately $2.2 billion per year while potentially improving quality" (6).

In a study conducted by Douglas Gregory, Walter Baigelman, and Ira B. Wilson, hospitalists at Tufts-New England Medical Center in Boston, MA were found to substantially improve throughput with high baseline occupancy levels. Compared with a control group, the hospitalist group reduced LOS from 3.45 days to 2.19 days ($p<.001$). Additionally, the total cost of hospital admission decreased from $2,332 to $1,775 ($p<.001$) when hospitalists were involved. According to the study authors, improved throughput generated an incremental 266 patients per year with a related incremental hospital profitability of $1.3 million with the use of hospitalists (7).

Conclusion

As hospital administrators attempt to address the issue of expeditiously admitting, treating and discharging patients in these days of restricted budgets and increased demand, hospitalist programs are poised as an invaluable factor in the throughput process.

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Educating Through Formal and Informal Learning Processes

SHM Benchmarks Committee; Project Leaders: Mary Pak, MD and Teresa Jones, DO
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Type a medical condition or term into a search engine and watch what happens. A search on the word "diabetes" yields more than 13 million web pages and "pneumonia" produces another 1.65 million. In 1998, the Internet hosted approximately 5000 health-related websites; 2 years later that number quadrupled (1). Between 30,000 and 45,000 medical articles on various drug therapies are published annually. The Patent and Trademark Office issued between 2000 and 4200 drug patents each year between 1979 and 1989 (2). The National Library of Medicine reports that it adds more than 2000 journal article citations to its MEDLINE database on a daily basis. In 2003, more than 460,000 citations were entered.

Deciphering and applying this myriad of changing information is a critical activity in the medical field. Without disseminating new knowledge through ongoing education, medical practices and procedures would become outdated and uninformed medical professionals and patients would continue to operate under misinformation that might be detrimental to health or worse.

Hospitalists as Inpatient Experts

In an inpatient setting, hospitalists are uniquely qualified to play the role of educator. They analyze and interpret a wide range of medical information to treat their patients as well as provide updated information to patients and their families, residents and interns, nursing staff, other healthcare professionals, and hospital administrators. The hospitalist can be viewed as the "hub" of educational activities in the inpatient environment absorbing, synthesizing and disseminating information. They are "inpatient experts" in the following five spheres of knowledge:

- patient management
- clinical knowledge
- clinical skills
- healthcare industry issues
- research and management/leadership (3)

Hospitalists are uniquely qualified in the sphere of *patient management*—efficiently and effectively guiding the patient through the mazelike inpatient environment. Most hospitalists are quite familiar with critical hospital functions and activities, including treatment in the Emergency Department, the admissions process, bedside care on the medical floor, treatment in the Intensive Care Unit, and the discharge process. Hospitalists, because they understand "how to get things done" by ancillary departments, including diagnostic and therapeutic services, often find themselves as conductors of inpatient care. Many hospitalists have developed unique proficiency in co-managing surgical cases as a result of their expertise in peri-operative evaluation and care. Hospitalists are recognized as inpatient team leaders, facilitating and coordinating a range of support services needed to treat the patient, including nursing, case management, pharmacy, occupational/physical therapy, and social work. Hospitalists must also be effective in managing relationships with healthcare personnel external to the inpatient environment, including community physicians, homecare providers, extended care facilities, and visiting nurse services. Finally, hospitalists are often well informed with regard to hospital processes, procedures, rules, regulations, and information systems.

As inpatient generalists, hospitalists continually treat the most common reasons for admission and have exceptional *clinical knowledge* of these conditions. These conditions include pneumonia, deep vein thrombosis (DVT), congestive heart failure (CHF), diabetes, end-of-life care, and other medical diagnoses. Since they treat many elderly patients, hospitalists are considered experts in managing patients with multiple co-morbidities. A related area of expertise is clinical guidelines/pathways, quality of care metrics, and practice standards. Since they spend nearly all of their time treating inpatients, hospitalists develop extraordinary familiarity with the clinical rules and tools supporting the patient care process.

In addition to clinical knowledge, hospitalists have the experience and expertise to teach inpatient *clinical skills*. These skills include diagnosis, physical examination, discharge planning, medical chart recording, and family meeting coordination and oversight. Also, most hospitalists are familiar with a range of technical procedures, including insertion of central lines and arterial lines, lumbar puncture, arthrocentesis, paracentesis, and thoracentesis.

Hospitalists often are the most knowledgeable inpatient clinicians with regard to a wide range of *healthcare industry issues*. These include comprehension of the payer/insurance regulations regarding medication formularies, utilization review requirements, and other care policies. Their expertise may extend to knowledge of state and Federal regulations, public health initiatives, and recently enacted or pending healthcare legislation. Finally, hospitalists also are often conversant in the field of healthcare economics, especially regarding the financial impact on hospitals of reimbursement policies, legislative initiatives, technology, etc.

The fifth sphere of hospitalist expertise combines several knowledge domains. Individual hospitalists have specialized expertise in particular fields related to hospital medicine. Some hospitalists, mostly affiliated with academic institutions, are *researchers* who may develop research protocols, gather data, and perform statistical analyses and write papers that may potentially become the basis of improved patient care. Other hospitalists are exceptionally experienced in *management/leadership*. A hospitalist may be highly qualified to manage projects (e.g., Computer-based Physician Order Entry systems, throughput initiatives, etc.)

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Educating Through Formal and Informal Learning Processes (continued)

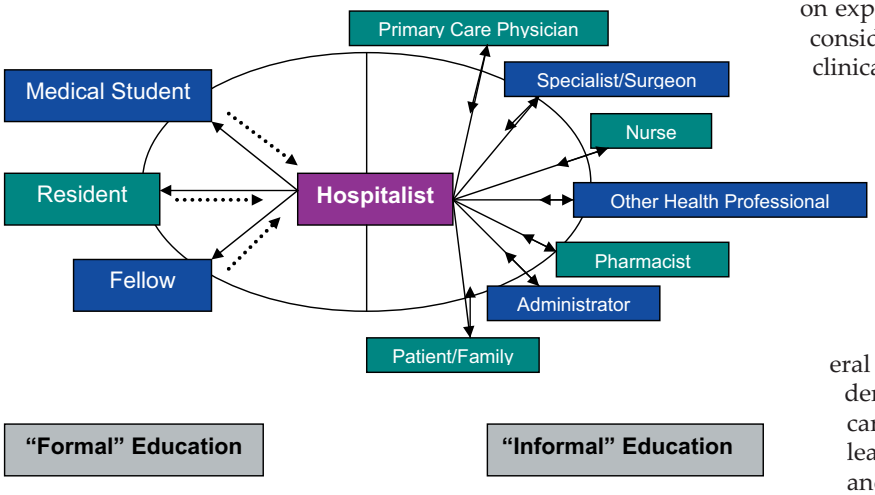
or a hospitalist could be a strategic thinker who is viewed as a key clinical member of the hospital's management team.

As a growing specialty, hospitalists have established a proficiency in a range of disciplines and intellectual domains. They are well positioned to assume the role of educator in the hospital environment. Given the exceptional knowledge and skills needed to be a hospitalist, the Society of Hospital Medicine (SHM) is pursing an effort to standardize education and lend greater credibility to the hospitalist profession. The "core curriculum" project is currently formalizing training that will provide a solid foundation for effective clinical practice in the field of hospital medicine.

Dual Educational Tracks

As depicted in Figure 1, medical education activity and the ways in which knowledge is imparted fall into two categories: formal and informal. Although some overlap may occur, there are distinct characteristics attributable to both classifications.

Figure 1: Hospitalist as Inpatient Educator



"Formal"

Formal education refers to the traditional "teacher–learner" roles in medicine. The learner can be medical students, residents, or fellows. Education is typically transmitted from teacher to learner (as depicted in the diagram by a solid line), with some reciprocal feedback from the learner to the teacher (dotted line). It should be noted that as the importance and value of hospital medicine programs gain recognition, fellowship programs focusing on this specialty have been established. As of August 2004, eight active hospital medicine fellowship programs exist in the United States, three in California, two in Minnesota and one each in Ohio, Illinois, and Texas. There are also pediatric hospital medicine fellowship programs in Boston, Washington DC, Houston, and San Diego. Each program enrolls one or two fellows annually (4).

Formal education can take place in both academic medical centers and community hospitals. By definition, academic medical centers provide supervised practical training for medical students, student nurses and/or other healthcare professionals, as well as residents and fellows. In many academic medical centers throughout the country, hospitalists are emerging as core teachers of inpatient medicine. A prime example is the University of California, San Francisco. In 2002, 15 faculty hospitalists served as staff for approximately two–thirds of ward-attending months as well as all medical consults (5).

By the same token, community hospitals that have residency programs also incorporate education to some degree into their daily operations. Today, medical education places a significant burden on residents as well as on the professionals charged with teaching students to absorb and understand vast amounts of science and medical information. On July 1, 2003, the Accreditation Council for Graduate Medical Education (ACGME) revised the regulations governing the number of resident duty hours. These changes have forced residency programs to find viable options for imparting the required knowledge and hands-on experience to residents in fewer hours. Many consider hospitalists, by virtue of their "superior clinical and educational skills," as representative of "the solution to the residency work duty problem." In addition to providing excellence in teaching, hospitalists, known for their "superior clinical and educational skills," may lead the way in creating and leading a clinical research agenda, which presents as the ultimate pedagogical experience (6).

In 2002, ACGME required six general competencies to be incorporated into residency curriculum and evaluation: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Hospitalists, because their practice already incorporates many aspects of these competencies may be more effective at teaching these concepts to residents.

In the formal capacity of teacher, hospitalists can participate in attending/teaching rounds as well as didactic patient-specific sessions presented in a case-based format, which provides residents with basic knowledge. As teaching supervisors, they can oversee the full range of clinical processes and procedures from the admission stage to post-discharge. Hospitalist teachers can also serve as mentors, providing a role model to residents who may be searching for direction regarding future plans. Through career counseling, hospitalists may steer learners into appropriate areas of study and training. Table 1 summarizes a series of

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Educating Through Formal and Informal Learning Processes (continued)

research studies that document the positive impact hospitalists have achieved as educators in the academic environment.

Hospitalists may also have formal responsibility for developing curricula for learners in the academic environment. Whether the focus is on teaching medical students, residents or hospitalist fellows, there is a need to determine the topics and material to be covered, incorporate them into a cogent curriculum, and update regularly to reflect the changing standards of care.

"Informal"

Informal education can be viewed as an exchange of information among stakeholders in the healthcare industry attempting to improve outcomes. Figure 1 depicts this as a two-way information exchange (solid arrows in both directions). As hospitalists impart knowledge to primary care physicians (PCPs), specialists/surgeons, other healthcare professionals (including nurses and pharmacists), patients, families, and hospital administrators, they reap benefits as well. These stakeholders stand to profit from the knowledge hospitalists can impart in daily interactions within the hospital and in less formal settings.

By working together with nurses, emergency room physicians, medical specialists, and PCPs, hospitalists can help achieve efficient and effective processes of care. The use of available software programs enables healthcare professionals to cooperatively exchange reliable information regarding patient management. Ongoing conversations regarding diagnoses, treatment, medications, and procedures serve to keep each member of the team educated and informed, thus ensuring more efficient delivery of care (12).

Alpesh Amin, MD, executive director of the hospitalist program at the University of California, Irvine and chair of SHM's Education Committee, points out that hospitalists frequently have opportunities to act as educators during case-by-case interactions with PCPs and other healthcare providers. "Every time you talk to a doctor about admitting or discharging a patient, it's an opportunity to educate," he says. In addition, "the hospitalist can apply and/or develop critical pathways and algorithms to educate others." In the course of managing care, criteria can be developed for previously unaddressed medical issues.

This same opportunity for education extends to the hospital floor where team building serves to enlighten each member of the group providing patient care. In a reciprocal environment, both hospitalists and their medical professional "teammates" benefit from each other's knowledge. Amin points out that specialists typically focus on one condition, while hospitalists consider the entire patient. By openly receiving the specialist's input and advice, processing it, and then applying it to the patient, the hospitalist can develop a comprehensive approach to disease management. By considering co-morbidities and long-term care, the healthcare team should base decisions on "patient-centered education" (13).

Hospitalists can initiate informal in-house educational outreach such as informational programs about medical breakthroughs, new medications, explanations of existing medical legislation, and other relevant topics. These programs can enlighten nurses, case managers, pharmacists, and other healthcare professionals about issues important to managing patients and/or achieving quality outcomes. The format for these programs may be one-on-one interactions (either in-person or by telephone) relating to one specific patient; formal in-service lectures; "Lunch and Learns;" pharmaceutically funded drug or disease management seminars; committee or departmental meetings; or random written communications (sent electronically or by in-

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Table 1: Results of Research on Hospitalists as Educators

Study Description	Results
2002, University of Chicago: *resident satisfaction with attending physicians (traditional vs. hospitalist) (7)*	• In the year-end survey, hospitalists rated higher (p= .05) overall and on four measures re: "educational environment" • Hospitalists ranked highest for "emphasis on education by attending" (p< .01)
2002, Children's Hospital, Boston: *interns' perception of ward attending physicians (hospitalist vs. non-hospitalist (8)*	• Mean overall score difference from 4.1 to 4.7 (p< .01) for hospitalists vs. non-hospitalists • Significantly higher rankings for hospitalists as teachers and role models • Hospitalist ratings were significantly higher for medical knowledge, accessibility, involvement with the learning process and feedback
1998-2000, Oregon Health and Science University: *medical student evaluations of hospitalist and non-hospitalist faculty (9)*	**Overall, hospitalist rankings were higher in the following dimensions:** • communication of goals • learning climate • teaching style • evaluation and feedback • contributions to student growth and development, and overall effectiveness as clinical teacher
1999-2000, Norwalk Hospital, Connecticut: *researchers evaluate the effectiveness of hospitalist clinician educators (HCEs) (10)*	• House staff reported changes (compared with previous non-hospitalist model) in behavior re: evidence-based medicine and resource utilization • Also noted improvements in formal and informal teaching (e.g., bedside rounds, attending rounds, and didactic conferences)
1999-2001, Moffitt-Long and Mount Zion Hospitals, San Francisco: *two university-affiliated teaching hospitals evaluate hospitalists as inpatient attendings (11)*	• Overall satisfaction with hospitalists compared to non-hospitalists was significantly higher (8.3 vs. 8.0 on a 9-point scale; p< .001) • Hospitalists received superior ratings as roles models, in teaching and overall effectiveness, medical knowledge and interest in teaching • Hospitalists were also rated higher in interaction with trainees (discussing patients and providing feedback)

Educating Through Formal and Informal Learning Processes (continued)

teroffice mail) that incorporate history and physical findings, consultations, discharge summaries, or hard-copy articles (12).

Conclusion

Because they spend so much time in the hospital, hospitalists are experts on all aspects of inpatient care—clinical, administrative, patient flow, and healthcare industry issues. Published research shows that academic institutions that employ hospitalists will have more satisfied and better educated students. Common sense suggests that nurses and other stakeholders who work with hospitalists will be more informed and better educated team members in the patient care process. Hospitalists can be the key ingredient and centerpiece in effective inpatient medical education.

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Improving Patient Safety and Quality of Care

SHM Benchmarks Committee; Project Leaders: Mary H. Pak, MD; Coordinating Writer: Phyllis Hanlon

Patient safety and improved quality of care have become priority issues in the American healthcare system. The potential for medical errors was highlighted in 1999 when the Quality of Health Care in America Committee of the Institute of Medicine (IOM) published its first report, *To Err is Human: Building a Safer Health System*. The committee estimated that between 44,000 and 98,000 people die annually from inpatient medical errors. The eighth leading cause of death in this country, preventable medical errors, cost the U.S. approximately $17 billion annually in direct and indirect costs (IOM). These alarming statistics in the IOM report ignited the patient safety movement (1).

The IOM report made a series of recommendations that included the creation of a center for patient safety, the development of a national public reporting system, the establishment of oversight agencies, and the incorporation of safety principles into monitoring systems. Public and private agencies have responded with a series of initiatives that address these recommendations (See Table 1).

One healthcare expert describes three reasons as to why the potential for medical errors has increased. First, technology has created a sophisticated array of test, x-rays, laboratory procedures, and diagnostic tools. Second, pharmaceutical research has introduced thousands of new medications to the marketplace. Finally, specialization has led to experts, both physician and non-physician, in a wide range of body systems, diseases, settings, procedures, and therapies. Hospital medicine represents a new type of medical specialty that has the potential to address this increased complexity and sophistication and to improve patient care in the hospital inpatient environment (2).

Hospitalists as Team Coordinators

To achieve maximum positive outcomes in the complex inpatient environment, a qualified coordinator must educate others and facilitate activity revolving around patient care. Hospitalists as inpatient experts possess the necessary qualifications to integrate hospital systems and maximize efforts to enhance patient safety by monitoring medication distribution, chairing pharmaceuticals and therapeutics (P&T) committees, overseeing computerized physician order entry (CPOE), directing quality/performance improvement projects, and collaborating with discharge planning and case management.

Lakshmi Halasyamani, MD, is vice chair of the department of Internal Medicine at St. Joseph Mercy Hospital in Michigan and chairperson of the Society of Hospital Medicine (SHM) Hospital Quality and Patient Safety Committee. She says, "Hospitalists have a 'lens of understanding the systems under which they care for patients.' They take care of patients in the hospital every single day so they can examine the processes with which they work. Hospitalists have an ideal perspective from which to reform ineffective systems."

In spite of all the guidelines established by federal agencies and expert groups, Dr. Halasyamani points out that implementation barriers exist that prevent well-intentioned protocols and best practices from being carried out.

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Table 1. Patient Safety Initiatives

Agency	Initiative
Agency for Healthcare Research and Quality (AHRQ) – Federal Government (3)	Creation of the Center for Quality Improvement and Patient Safety (CQuIPS) designed to reduce medical errors through user-driven research, information dissemination, and stakeholder collaboration
National Quality Forum (NQF) – Private Organization (4)	Mission: To improve American healthcare through endorsement of consensus-based national standards for measurement and public reporting of healthcare performance data that provide meaningful information about whether care is safe, timely, beneficial, patient-centered, equitable and efficient
Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) – Private Organization (5)	Developed policy whereby accredited organizations must conduct a "root cause analysis" and prepare a corrective action plan whenever sentinel events occur. Developed best practices for heart failure, pneumonia, and other medical problems
Leapfrog Initiative Group – Private Organization representing employers (6)	Created standards aimed to reduce preventable medical errors, which include implementation of computerized physician order entry (CPOE) systems, evidence-based hospital referrals, and staffing of ICUs by intensivists
Accreditation Council for Graduate Medical Education (ACGMC) – Private Organization (7)	Sanctioned six core competencies for all medical residents designed to reduce medical errors. Restricted the number of resident duty hours to a maximum of 80 per week

Improving Patient Safety and Quality of Care (continued)

Part of the challenge is the performance of a critical piece of the infrastructure—the multidisciplinary team. The very nature of healthcare demands an inherent need to coordinate and communicate. "Treating the patient is not the responsibility of one single individual," says Halasyamani. "This is a team effort. The hospitalist recognizes that he is part of that team." By elevating the ideals of teamwork, hospitalists can deliver to the patients the essential care that patients need, both while in the hospital and after they are discharged. In managing hospital inpatients, physicians must cope with high intensity of illness, pressures to reduce length of stay (LOS), and the coordination of handoffs among many specialists. According to Halasyamani, this can be a "recipe for disaster."

Halasyamani acknowledges the vital role of protocols in reducing medical errors and improving quality of care. The training, education, and experience a hospitalist has acquired enables him to optimize communication and implement protocols, thus facilitating the practice of delivering safe and consistent care to all patients. In fact, with this smaller core group of inpatient physicians, the development and implementation of protocols can potentially be more effective because it targets a smaller group of physicians than the traditional inpatient model (8).

Kaveh G. Shojania, MD, is assistant professor of medicine at the University of Ottawa and co-author of *Internal Bleeding: The Terrifying Truth Behind America's Epidemic Medical Mistakes*. He points out that the current inpatient medical landscape involves a significant number of clinicians who practice at the hospital but not all their activity is centered there. "From a clinical perspective, no one has ownership," he says. "On the other hand, hospitalists are based in a single hospital and have a vested interest in that particular hospital." Typically generalists, hospitalists tend to interact with all specialists and therefore have a good sense of all interests.

Medical errors occur most often during transition times, from the ICU to the floor or from inpatient to outpatient status. There is the potential for a loss of clinical information during these transfers. According to Shojania, a significant portion of the hospitalist's time is spent managing these transitions and overseeing patients as they are relocated from floor to floor and discharge to home, rehabilitation facility, or nursing home. He notes that the regulatory agencies have begun to acknowledge the importance of hospitalists. "The JCAHO (Joint Commission for the Accreditation of Healthcare Organizations) recognizes hospitalists as a resource because they are always in the hospital and have a vested interest," he says (9).

Stakeholder Analysis

Patients stand to gain the most benefit from hospitalists insofar as safety and quality of care is concerned. Through the efforts and oversight of hospitalists, patients may experience reduced medical errors and lower mortality rates. For *primary care physicians* and *hospitals*, this lower rate of medical error means fewer medical malpractice cases, the potential for lower insurance premiums and, as a result, enhanced reputations. When hospitals are run more efficiently and provide a greater sense of trust and efficient management practices, *society* in general becomes the benefactor.

Clinical Trials

To date, few research studies measuring the impact of hospitalists on patient safety and quality of care have been conducted. Quality of care has been assessed largely through the surrogate markers of mortality and readmission rates. One study showed decreased in-hospital and 1-year mortality rates for hospitalist patients (10), and another indicated a decrease in 30-day readmission rates (11).

In addition, data from individual programs demonstrate positive findings. For example, Stacy Goldsholl, MD, medical director of the Covenant Healthcare hospital medicine program in Michigan, reports a 17% decrease in the expected mortality rate in the first year of the hospital medicine program. The information was drawn from the Michigan Hospital Association (MHA) databank and matched for severity and diagnosis (See Table 2). "This was significant when compared to the internal medicine comparison group with similar case mix index (CMI)," says Goldsholl. "In the first half of our second year, we have demonstrated a 46% decrease in expected mortality, while internal medicine had a 4% increase" (12).

Additionally, Goldsholl reports that Covenant initiated a Code Blue and emergency consult service to improve patient outcome and experienced a marked increase in efficiency. Table 3 represents elementary data collected during the first 6 months pre- and post-initiation of the hospital medicine program at Covenant (12).

Table 2. Covenant Healthcare Hospitalist Performance FY 04-05

	Hospitalist		Internal Medicine	
	FY 2004 N=1514	FY 2005 N=840	FY 2004 N=2630	FY 2005 N=1426
CMI Adjusted LOS	2.94 (-33% vs IM)	3.14 (-32% vs. IM)	4.40	4.59
Expected Mortality (MHS data)	5.43	6.06	4.41	4.33
Observed Mortality	4.48 (-18% vs. expected)	3.29 (-46% vs. expected)	4.00 (-9% vs. expected)	4.51 (+4% vs. expected)
Readmission Rate	12% (-25% vs. IM)		16%	

Conclusion

Patient safety and quality of care in the hospital require a team of dedicated people to effect change. Orchestrating the team effectively is the responsibility of an attending physician.

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Improving Patient Safety and Quality of Care (continued)

Table 3. Covenant Healthcare Code Blue Outcomes

	Pre-Hospitalist (7/02-12/02)	Post-Hospitalist (7/03-12/03)
Successful Resuscitations	12	16
Total Resuscitations	141	103
Percent Successful	8.5%	15.5%

With the numerous "handoffs" that take place during hospitalization, the potential for medical errors increases exponentially. Federal mandates requiring the conversion to electronic medical records, which includes basic health information as well as critical data regarding medications, procedures, and surgeries, further complicates efficient and safe patient management. According to Robert Wachter, "Those doctors with the best outcomes were those who tended to treat similar patients with similar problems using similar techniques." By definition, the hospitalist is a "physician who focuses his practice on the care, coordination, and safety of hospitalized patients." Who better to stand at the center of the issue of reduced medical errors, improved patient care, and enhanced quality of care than hospitalists (13)?

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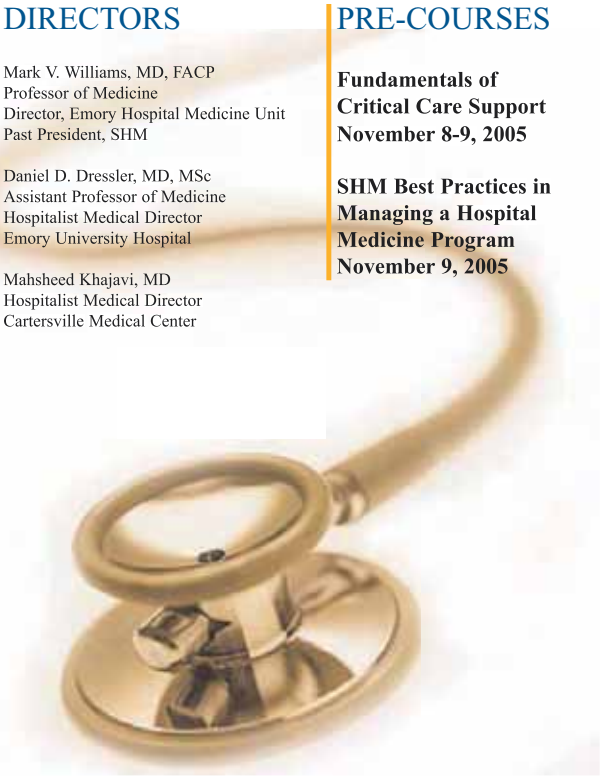

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Fax CV to 303-629-2110
or email twbostmd@aol.com

7764

HOSPITALIST, July 2005

Grand View Hospital, a 225-bed not-for-profit acute care hospital is seeking additional full and part-time Hospitalists to expand its Adult Inpatient-only service. Grand View Hospital is located in beautiful Bucks County, PA, within a one-hour drive to Philadelphia and two-hour drive to New York City. For more information, log on to our website at www.gvh.org.

Interested applicants should send their CV to
Human Resources, Grand View Hospital
700 Lawn Avenue
Sellersville, PA 18960
Phone: 215-453-4874
Fax: 215-453-4039
Equal Opportunity Employer

GVH
GRAND VIEW HOSPITAL

Get a new perspective on healthcare at www.gvh.org

7750

Hospitalist Opportunities at Deaconess

Deaconess Hospital seeks three BC/BE hospitalists to join its successful group of five board-certified physicians. Enjoy a collaborative work environment with excellent patient and referring-physician satisfaction. This employed group enjoys solid support from Deaconess administration. Each position offers competitive compensation, incentives, malpractice insurance, moving allowance and comprehensive benefits.

Deaconess Hospital, a 365-bed facility located in Evansville, Indiana, is one of the largest acute-care/teaching hospitals in southern Indiana. We provide quality health care services with a compassionate and caring spirit to persons, families and communities of the Tri-State, and we are committed to improving quality of life.

Evansville, Indiana, is home to nearly 125,000 residents, and the Deaconess service area contains 750,000+. Evansville is within easy commute to several major Midwestern cities, and it offers a low cost of living, low crime rate, cultural opportunities and excellent schools.

Interested candidates contact:
Michelle Dexter
Deaconess Physician Recruiter
800-893-4202; fax 812-450-7273
michelle_dexter@deaconess.com
visit us online at
www.deaconess.com

dh
Deaconess Hospital

7780

With 8 hospitals and over 200 sites of care, Advocate Health Care is more than the largest healthcare system in Chicagoland. We're also one of the very best places to build a career. The fact is we have the resources and financial strength to take your career to the next level. When it comes to building successful futures, we're your Advocate.

ADVOCATE HEALTH CENTERS

We offer unique programs and services to keep patients healthy including on-site specialties and educational initiatives. Advocate Health Centers help people of all ages and walks of life. We have 15 locations and are continuing to grow! Our sense of community embraces many medical specialties and combines our medical offerings with the finest in hospital care from our Advocate partner hospitals. Make a difference in a patient's life today. Be an advocate.

Hospitalists and Geriatricians

We are seeking experienced Board-Certified physicians for these positions. Geriatricians require a fellowship or CAQ in geriatrics.

For complete information about our system and our advantages, visit our Web site or contact **Bonnie Kriescher at 630-990-7430, bonnie.kriescher@advocatehealth.com.**

Advocate Health Care

http://careers.advocatehealth.com

7774

Prospering hospitalist program considering transition to 24-hour in-house coverage seeks additional group members. Competitive salary and benefits with reasonable workload. Opportunity for superior lifestyle in Arkansas' affable capital city Little Rock. No visas please.

Contact Ms. Stewart at 1-800-482-1288 ext. 3245

7412

JOIN THE COVENANT HOSPITALIST TEAM!

Covenant Healthcare, located in the beautiful Saginaw Valley region of Lake Huron Michigan, is currently recruiting hospitalists for our newly established hospitalist program. Due to the program's enormous success, we are seeking additional hospitalists to join our current team of seven. Covenant is a 700 bed non-profit hospital with a new state of the art emergency department and the sixth largest healthcare provider in the state. As a member of our new hospitalist team, you will have the benefit of predictable hours in our shift based block schedule (15 shifts/month/No Call!). In addition to being a driving force for further development of the program, you will also have the opportunity to act as mentor for upper class residents from Michigan State University choosing a hospitalist elective. With a progressive and dynamic medical staff and administration, this is an excellent opportunity to be nurtured in your niche of hospital medicine. If you are interested in learning more about this opportunity, please contact: This is not a J-1 opportunity.

Jan Gould (800-357-5830, jgould@chs-mi.com)
Or Brian Schroeder (bschroeder@chs-mi.com)
Or fax your CV to 989-583-7553

7758

HOSPITALIST / INTERNIST PENNSYLVANIA

Expanding and entrepreneurial salaried group seeks well-trained internist to perform hospital-based care at two state-of the-art campuses of Lehigh Valley Hospital (www.LVH.org), a premier academic community hospital. Flexibility exists to grow own outpatient practice or remain all inpatient. 8 FP physicians within group generate most referrals. Weekday call is 1:5 and weekend call is 1:4. Opportunity for teaching at LVH and faculty appointment at Penn State/Hershey. Competitive salary and superb benefits! The Lehigh Valley has 700,000 people, moderate cost of living, safe neighborhoods, 10 colleges and universities, excellent public schools, and is 60 miles north of Philadelphia; 75 miles west of NYC.

Email CV to Frank.Gallagher@LVH.com
Phone (610) 402-7008

No J-1, O-1 or H1-B Visas, please.

7752

The Hospitalist

The University of Arizona, College of Medicine
Assistant Professor of Clinical Medicine/ Clinical Assistant Professor

The Department of Medicine, Section of Inpatient Medicine invites applications for academic hospitalists. The newly developed academic Inpatient Medicine Section offers a lucrative opportunity to board certified/eligible physicians who are committed to clinical excellence and possess the ability to participate in program development. Responsibilities include in-patient care, ward attending, and teaching of medical students, residents and interns at University Medical Center with planned expansion to University Physicians Healthcare Hospital at Kino Campus. ABIM certification or eligibility in Internal Medicine is required. This is a benefits eligible position. Academic rank, tenure status and salary will be commensurate with qualification, experience and similar positions within the College of Medicine.

Application review begins immediately and will continue until the position is filled. Joseph S. Alpert, MD, Chair, Department of Medicine, invites interested candidates to go online to http://hr2.hr.arizona.edu, click on "apply for jobs on line with UA Career Track" and apply for job # 31889.

The University of Arizona Health Sciences Center

The University of Arizona is an EEO/AA/employer-M/W/D/V. The department is seeking individuals who are able to work with diverse students and colleagues. Tucson is a growing city in the southwest Sunbelt with diverse cultural and outdoor activities.

7737

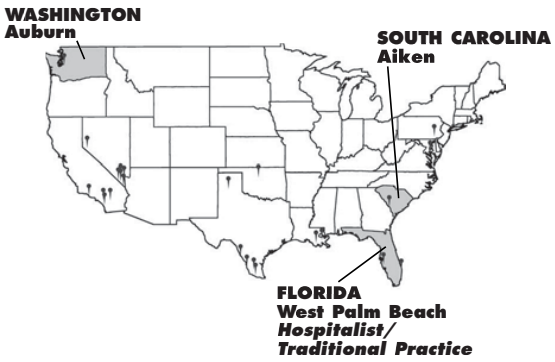
Private practice opportunities...

Taking you where you want to go.

HOSPITALISTS

Universal Health Services is one of the nation's largest healthcare management companies. We own and operate acute care facilities across the country, and support these organizations by providing professional services to their affiliated physician groups. Because we represent a wide range of practice opportunities throughout the country (including California, Florida, Louisiana, Texas and many other places) we can help get you to wherever it is you want to go.

We're currently assisting in the search for board-eligible/certified physicians to join established private practices in the areas shown below.



For details, please contact:
Eloise Gusman, Physician Recruiter
1-800-535-7698;
Fax: 501-325-0296
Eloise.Gusman@uhsinc.com
P.O. Box 1578,
Mandeville, LA 70470-1578
www.uhsinc.com

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7760

Colorado Hospitalist

Dynamic, successful physician owned group in Fort Collins, Colorado, is expanding and adding hospitalists. BC/BE IM only please, no visa waivers. Single hospital coverage, shift scheduling, no call from home. Strong compensation package. Recreational and cultural opportunities abound. 300+ days of sunshine.

To learn more please respond by email or call Susan Shannon 970-224-9488
sshannon@rockymtnmed.com

7754

Inland Hospitalist Medical Group, Inc.
We care!

Southern California Full-Time Hospitalist

Join a growing six-physician Hospitalist practice in the Riverside/Corona area. Competitive salary and bonus with partnership opportunity. Requires BC/BE Internist with three-year IM residency.

Fax your CV to (909) 931-7655

7792

***GROW** with the leader*
in Equal Equity Partnership

~ ***CURRENT*** Hospitalist Programs in Ohio, Louisiana, New York and West Virginia

~ ***EXPANDING*** in New York and Ohio
Cortland Memorial Hospital, Cortland, New York and
Parma Community General Hospital, Parma, Ohio

Seeking Internal Medicine, Med/Peds and Intensivist Hospitalists

~ ***ANNOUNCING*** a new Intensivist Hospitalist Services Relationship with ***Rapides Regional Medical Center***, Alexandria, Louisiana

~ ***UPCOMING*** Hospitalist opportunities in Southern California

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Hospitalists Management Group

The Best in Hospitalist Medicine

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No J1 or H1B candidates

7787

Provo, UT: Intermountain Health Care (IHC) is seeking a BC/BE internist to join a group as a hospitalist. Physician will practice in the newly remodeled 330-bed Utah Valley Regional Medical Center (UVRMC), a tertiary IHC facility in Provo. Employment position with IHC's Physician Division. Competitive salary. Full IHC benefits. Relocation provided. IHC has again been rated this nation's #1 Integrated Health Network by SMG Group as seen in Modern Healthcare magazine. IHC ranked in the top 2 for five consecutive years, including #1 in 2000, 2002, 2003 and 2004. Utah was rated as the 5th "Most Livable State" by Morgan Quitno Press in 2002 based on 43 statistical indicators including affordable housing, crime rates, job growth rates, education, household income, cost of living, & climate.

Send/fax CV to IHC Physician Services
Attn: Wilf Rudert
36 S. State Street, 20th Floor
Salt Lake City, UT 84111
800-888-3134 #1
Fax: 801-442-2999
E-mail: PhysicianRecruit@ihc.com
Web: www.ihc.com/physicianrecruiting

7731

Hospitalist Opportunity For an Internist In "The Natural State"

Join us and contribute to building a hospitalist program committed to providing quality patient care in a supportive environment. You will be providing patient care in a 375 bed hospital - ranked as one of only nine "Employers of Choice" in the nation. Enjoy the "Quality of Life" offered in this attractive university town just one hour away from Memphis, Tennessee. Jonesboro offers the conveniences of a big city within a setting of acres of state parks, golf courses and inviting forests and lakes.

We are looking for someone with great leadership and compassion. Physicians associated with this new program will enjoy the nostalgia of being associated with some of the best physicians in Arkansas - along with competitive salaries and an excellent benefits package.

For More Information Reply To:
Beth Greer, Physician Recruiter
St. Bernards Medical Center
(870) 972-4480 Fax (870) 974-5112
Email: egreer@sbrmc.org
www.stbernards.info

ST. BERNARDS HEALTHCARE

7726

The Hospitalist CLASSIFIED ADVERTISING

To obtain information regarding advertising, visit www.acponline.org/careers

Call Margaret Gardner 800-523-1546, ext. 2768
215-351-2768 mgardner@acponline.org Fax: 215-351-2685
or
Call Maria Fitzgerald 800-523-1546, ext. 2667
215-351-2667 mfitzgerald@acponline.org Fax: 215-351-2738

Mercy Medical Center (Baltimore, MD) is seeking a part-time Hospitalist

Mercy is located approximately six blocks north of Baltimore's Inner Harbor and serves as the major community training site for the University of Maryland School of Medicine. Our Hospitalist program has been in existence since 1998 and has had continued growth since its inception. As we are strongly integrated with the teaching program, our Hospitalists work closely with students and residents from the University of Maryland and Mercy Medical Center. Applicants may also be eligible for a clinical appointment at the University of Maryland School of Medicine.

Primary responsibilities involve early evening admissions. Applicants must be Board Certified (or eligible) in internal medicine.

For more information,
please contact Nuala Bradt (410)332-9694
nbradt@mercymed.com or
Dr. Michael Sambat (410)332-9448
msambat@mercymed.com

7634

SUNNY ARIZONA

Hospitalist opportunity available in Arizona! Year around sunshine and outdoor recreation abound in the third fastest growing metro area in the USA.

Yuma Hospitalist Group
c/o Angie Roman
2400 South Avenue A
Yuma, Arizona 85364
(928) 336-7526
Fax (928) 336-7520
Email:
physicianrelations@yumaregional.org
Website : www.yumaregional.org

H1B eligible; Not eligible for J-1 visa waivers.

7636

The Hospitalist

ENJOY THE BEST OF BOTH WORLDS!

YOU CAN HAVE IT ALL! A challenging and rewarding Hospitalist practice and a satisfying lifestyle in the beautiful Black Hills of South Dakota. Minutes from four national parks and unlimited recreational opportunities.

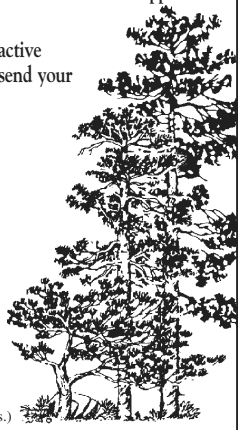
Rapid City Regional Hospital is seeking additional BC/BE Hospitalists to join our established program. Previous Hospitalist experience is strongly preferred.

Rapid City Regional Hospital is a 417-bed tertiary care facility serving an area of 375,000 residents. The hospital features state-of-the-art facilities and ICU's.

Our Hospitalist Program is a capped service and has the full support and buy-in of Hospital Administration.

This outstanding opportunity offers an attractive compensation and benefits package. Please send your CV or call us toll-free:

Scott H. Zieske, CMSR, FMSD
Director-Physician Recruitment
Rapid City Regional Hospital
353 Fairmont Boulevard
Rapid City, SD 57701
1-800-865-2623
szieske@rcrh.org
FAX 605-719-8338



RAPID CITY REGIONAL HOSPITAL
(Sorry, Rapid City does not qualify for J-1 visa waivers.)

7718

UNIVERSITY MEDICAL CENTER of SOUTHERN NEVADA

IS REQUESTING PROPOSALS for

HOSPITALIST program
RFP # 2005-02

Location: 1800 W. Charleston Blvd.
Las Vegas, Nevada 89102

Position: Emergency Department/Quick Care/Trauma Hospitalist Program

UMC is a county owned hospital, looking for a Hospitalist Group to provide services in relation to admission of patients.

For further information,
Contact BLAIN CLAYPOOL, COO
702- 383-3864
Or email
Blain.Claypool@umcsn.com

7686

The Hospitalist

Hospitalist

Bassett Healthcare; a salaried closed practice model, including teaching and research, affiliated with Columbia University, is seeking to expand its Hospitalist Program. The Program includes all aspects of inpatient Internal Medicine for a 180 bed hospital, including supervising Medical Residents, inpatient consultative services and clinical/educational research. The Hospitalist Program has been successfully expanding since inception in 2000.

Bassett offers competitive salaries, a liberal fringe benefit package and academic appointment at Columbia University. We have over 200 full time Physicians providing primary and specialty care to 8 counties in predominately rural Upstate New York. We are a Level II trauma center with full time Intensivists staffing the ICU. Bassett sponsors independent Residency Programs in Medicine and Surgery, with year round Medical Students on Campus.

Cooperstown enjoys numerous well known cultural, recreational and environmental advantages that enhance a great lifestyle.

For more information see: www.Bassett.org
Please send CV and correspondence to: Denise Harter
Medical Staff Affairs, One Atwell Road, Cooperstown, NY 13326
Phone 607-547-6982; fax 607-547-3844
email: denise.harter@bassett.org

BASSETT HEALTHCARE

7425

Wake Forest University School of Medicine
Academic Hospitalist Positions
Section of General Internal Medicine

The Section of General Internal Medicine at Wake Forest University School of Medicine seeks academic Hospitalists at the Instructor/Assistant Professor level to join our expanding hospitalist group. Duties include teaching, providing direct patient care and leading a teaching service with house staff support. Candidates with previous hospitalist experience are encouraged to apply. Research interests in measuring quality, patient safety, efficiency and effectiveness of patient care is desirable. AA-EOE.

Send CV to: William Moran, MD
MS, Section Head General Internal Medicine
Wake Forest University
Health Sciences
Medical Center Boulevard
Winston-Salem, NC 27157-1052

7735

We are seeking Hospitalist for an opportunity 60 miles from Indianapolis and 120 miles from Chicago in Lafayette Indiana. This university town is recognized nationally as a top place to live, work, and raise a family.

Please provide a CV for further details to Scott Berger
sberger@mdrsearch.com 800-327-1585

7779

WestVirginiaUniversity
Robert C. Byrd Health Sciences Center
Charleston Division

Faculty Position
Internal Medicine - Academic Hospitalist
West Virginia University - Charleston Division
Available May 15, 2005

The Department of Internal Medicine is seeking an Internist for a fulltime academic position at the Robert C. Byrd Health Sciences Center, West Virginia University, Charleston Division, available May 15, 2005. The Department is affiliated with Charleston Area Medical Center, a 900 bed tertiary referral Hospital located in the capital city of Charleston, WV. Academic rank for the position is open.

The candidate should be board eligible or preferably board certified in Internal Medicine. The position requires a significant commitment to resident and medical student education in Internal Medicine as well as participation in research and other scholarly activities.

Our compensation package is extremely competitive and commensurate with qualifications and experience. The search will remain open until a suitable candidate is identified. This position is not qualified for J-1 Visa. Please submit letter of interest and curriculum vitae to:

Gregory Rosencrance, MD FACP
Associate Professor and Chairman
Department of Internal Medicine
West Virginia University
Charleston Division
3110 MacCorkle Avenue, SE
Charleston, WV 25304
Fax: (304) 347-1344 Office: (304) 347-1254
Email: grosencrance@hsc.wvu.edu

Women and minorities are encouraged to apply. West Virginia University is an Affirmative Action Equal Employment Opportunity Employer

7677

Join Established Program in One of *Southern Living* Magazine's Favorite Cities

Saint Francis Hospital in Tulsa is seeking a BC Internal Medicine physician to join 17 others in its growing Hospitalist program. Our block time on/off schedule allows plenty of free time for family and fun. This is an employed position with excellent income potential (salary + bonus).

It's not all about work. Tulsa is a beautiful and friendly city that you'll be happy to call home. With a metro population of about 850,000, it offers the advantages of an urban center, but isn't hectic like most big cities. We have an abundance of cultural, recreational, and educational offerings, but our cost of living is just 95% of the national average.

Please contact:
Steven Leitch, M.D.
c/o Natalie Williams, Physician Recruiter
(918) 494-8463-phone
(918) 488-6627-FAX
6600 South Yale, Suite 1200, Tulsa, OK 74136
or nmwilliams@saintfrancis.com

7665

Develop your faculty skills teaching in an innovative residency! Seeking additional BC/BE physician with strengths in Inpatient/Hospitalist and/or OB and/or Geriatrics skills. (We will fit your experience to our needs.) Would join well-established 7/7/7 program in a very safe mid-western community of 120,000 near a Big Ten University.

Contact or send CV to Gordon Baustian, MD
Director of Medical Education
Cedar Rapids, IA.
gbaustian@CRMEF.org

7783

Locum Tenens- Northern California Night Shift Hospitalist Positions

Muir Diablo Primary Care is seeking locum tenens hospitalists to work night shifts at Mt. Diablo Medical Center in Concord, CA. Excellent inpatient medicine opportunity with a well-established hospitalist group. Hours: 6 pm to 7 am. Average 4-5 admissions per night. Compensation: $1,000 per shift. Flexible scheduling. Paid malpractice insurance.

Must be BC/BE in internal medicine and comfortable working in a critical care environment with strong subspecialty support.

Interested individuals may contact:
Deborah Arce, M.D., Ph.D.
Director, MDPC Hospitalist Program
(925) 674-2609-office
(925) 674-2211-fax

7729

Hospitalist, Division of Internal Medicine, University of Florida Department of Medicine.

The Department of Medicine seeks a Clinical Assistant Professor for a position in the Hospitalist Section, Division of Internal Medicine, at a pre-eminent tertiary university hospital in North Central Florida. A M.D. degree, BC/BE in Internal Medicine, and a Florida Medical License (or eligibility) is required. The Hospitalist service provides 24/7 care for patients admitted to the Hospitalist Team. Hospitalists will be responsible for supervision and education of medical residents and students. Comfort and proficiency with complex tertiary-center type patients is required. This is a full time, non-tenure track position. The minimum annual salary is $150,000 to negotiable.

Please complete the optional Data Applicant Card at www.hr.ufl.edu/job/datacard.htm referencing job requisition number 31970. Send Curriculum Vitae and three letters of recommendation to the address below no later than April 15, 2005. The anticipated start date is July 1, 2005.

CARI HERNANDEZ, MD
CHAIR, SEARCH COMMITTEE
UF Department of Medicine
DIVISION OF INTERNAL MEDICINE
Box 100277, Gainesville, FL 32610
hernaca@medicine.ufl.edu

An Equal Opportunity Institution

7583

HOSPITALIST - NEWBERG, OREGON

Come to the beautiful Northwest and become part of an integrated delivery system!

Providence Health System of Oregon's Medical Group is currently recruiting an experienced Hospitalist to provide coverage for weekday hospital rotations in a new, state of the art hospital located in Newberg, Oregon - 22 miles south of Portland and in the heart of Oregon's wine county.

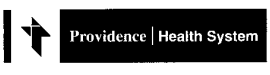
This full time position joins two other physicians providing inpatient care. A successful candidate will have experience (5 years preferred) and have the ability and desire to be a leader. Work schedule is Monday through Friday 8 AM to 5 PM. Excellent compensation and benefits offered and includes an incentive bonus and paid moving expenses.

If you are seeking a greater quality of life, then come join us in Newberg where you'll enjoy the beauty and peacefulness of the wine country and be within a short distance from a wide array of cultural and recreational activities.

If this sounds like the opportunity for you, please submit your CV and three references to:

MaryBeth Cruz (503) 215-6389
or Jennifer Lawrence (503) 215-4862
Marybeth.cruz@providence.org or
Jennifer.Lawrence@providence.org

For more information on this and other opportunities with Providence Health System, please see our website at: www.providence.org and link to Physician Opportunities.



A caring difference you can feel

7646

Patient Centered

Pursuing Perfection

Cutting Edge Hospitalist Program

HealthPartners Medical Group (HPMG), a 600 physician multi-specialty group, has built a large nationally prominent hospitalist program in Minneapolis/St. Paul, Minnesota. HPMG hospitalists lead strong multidisciplinary teams on discrete geographic care units supported by an advanced case management system. The HPMG hospitalist program is backed by a generous organizational commitment to excellence. Our collegial team employs innovative strategies to achieve high standards in patient care, patient safety, efficiency, and quality.

We are seeking creative and energetic BC/BE internal medicine, family practice, or med-peds physicians to join our team. Candidates should be forward-thinking and committed to exceptional patient care through multidisciplinary team leadership, a focus on quality, resource management, and interpersonal communication. We are a major teaching affiliate for the University of Minnesota and have teaching opportunities for interested candidates.

For consideration, please forward your CV and cover letter to: HealthPartners, Attn: Lori Fake 21110Q, P.O. Box 1309, Minneapolis, MN 55440-1309. Or fax your information to 952.883.5395. For more information, email Lori Fake at lori.m.fake@healthpartners.com, Burke Kealey, M.D. at burke.t.kealey@healthpartners.com, or Shaun Frost, M.D. at shaun.d.frost@healthpartners.com, or call 800.472.4695. EO Employer

HealthPartners
Medical Group

www.healthpartners.com

7680

Southeastern Emergency Physicians, a Team Health affiliate, is seeking a full time BC/BE Internal Medicine physician to join a new Hospital Medicine program in Princeton, WV. The newly renovated 211-bed facility maintains a census of 10-20 patients daily. Princeton, nestled in the mountains of Southern West Virginia, is an outdoor enthusiast's paradise.

Princeton offers easy access to snow skiing, whitewater rafting, hiking, and fishing. Princeton is centrally located to the Greenbrier internationally acclaimed spa and resort, as well as dinner theatre events and even an award winning vineyard and winery! Charlottesville, VA is a convenient 1-1.5 hour drive with Charlotte, NC only 2 hours away.

Team Health physicians enjoy competitive compensation, paid professional liability insurance with tail coverage, and flexible scheduling. Additionally, you will have the opportunity to be affiliated with a patient-focused, physician-led group that credits its success to teamwork, integrity, and innovation.

Contact: Jason Edwards
800-539-0173 ext. 5530 or email
jason_edwards@teamhealth.com
or fax CV 865-293-5667

7577

The Hospitalist

PRESBYTERIAN HEALTHCARE SERVICES
New Mexico

Presbyterian Healthcare Services (PHS) is the State's largest private non-profit healthcare system. We have several Hospitalist opportunities for BE/BC internal medicine physicians to join our well-established and respected medical group in the following locations:

- **Albuquerque, NM** You will practice at Presbyterian Hospital, a 453 bed, tertiary care center. Join the 28 member PMG Hospitalist Team.

For more information on Albuquerque opening, contact Kay Kernaghan, Presbyterian Healthcare Services, PO Box 26666, Albuquerque, NM 87125, 1-866-757-5263; Fax (505) 823-8536 or email kkernagh@phs.org.

- **Clovis, NM** You can join our Hospitalist Team at Plains Regional Medical Center, a JCAHO accredited 106 bed hospital.

For more information on Clovis opening, contact Jim Johnson
Presbyterian Healthcare Services
PO Box 26666, Albuquerque, NM 87125
1-866-757-5264, Fax 505-823-8536 or e-mail jjohnson5@phs.org

New Mexico will enchant you with the easy-paced lifestyle, diverse culture, year-round sunshine and recreational activities. These opportunities offer competitive salary, paid mal-practice, relocation, CME allowance, pension, 403(b), health, life, AD&D disability insurance, dental, vision, pre-tax health and child care spending accounts, etc.

PRESBYTERIAN Healthcare Services

7511

ST. JOHN'S Clinic

#1 Team of Choice

Are you searching for significance in a team setting with great incentives? If so, then the St. John's Clinic - Hospitalist team in Springfield, Missouri, should be your goal for a great practice and quality of life. The expanding St. John's Hospitalist team receives a wide range of specialty support and also enjoys the following:

- Sign-on bonus
- Salary guarantee
- Production-Based Incentives
- Full specialty services on-site
- Participation in a 430-physician multi-specialty group.

St. John's Hospital, located in Springfield, Missouri, is an 886-bed facility with a Level 1 trauma designation. Springfield, Missouri, (pop. 200,000) is a sophisticated medical community located three hours south and southwest of Kansas City and St. Louis, respectively. Springfield features three accredited universities, a performing arts center and top quality schools.

For more information, please contact:

Angie Farris
Recruitment Services
St. John's Clinic
1965 S. Fremont, Suite 3950
Springfield, MO 65804
Phone: (877) 880-6650
Fax: (888) 290-8300
E-mail: afarris@sprg.mercy.net

7629

The Hospitalist

Marietta, Georgia
Northwest Metro Atlanta

HOSPITALIST OPPORTUNITIES

Seeking several Hospitalists to join an established, expanding program at WellStar Kennestone Hospital in Northwest Metro Atlanta. Candidates must be BC/BE internists with excellent clinical and interpersonal skills. WellStar Health System is a non-profit system offering a competitive compensation package and benefits. Not a J-1 opportunity.

For information please send CV and References to:
Jackie Zaino
WellStar Health System
805 Sandy Plains Road
Marietta, Georgia 30066
jaclyn.zaino@wellstar.org
Fax 770-792-5033
Phone 770-792-5222

7364

NEW POSITION HOSPITALIST

Excellent opportunity for a BE/BC Internist to join our team hospitalists in Lakeland, Florida.

- **Nationally recognized by *Money Magazine* as the 10th "Best Place to Live in America" for medium-sized cities!**
- Between Tampa and Orlando - access to museums, theatres, colleges, shopping, festivals, sports events, Disney World, Sea World and other attractions
- 500 + lakes, numerous parks and access to beaches. Year-round outdoor activities-tennis, golf, running, boating, and fishing. Home of the Sun 'n Fun Fly-in, the PGA Nike Classic and the Cadillac Open, and the world's largest single site collection of Frank Lloyd Wright Architecture.
- 800-bed tertiary care hospital; requires no coverage in critical care.
- First year salary guarantee and bonus & Partnership offered after two years.

WATSON CLINIC LLP
(800) 854-7786 Fax: (863) 680-7951
email: plough@watsonclinic.com

7050

The Hospitalist **CLASSIFIED ADVERTISING**

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215-351-2768 mgardner@acponline.org Fax: 215-351-2685
or
Call Maria Fitzgerald 800-523-1546, ext. 2667
215-351-2667 mfitzgerald@acponline.org Fax: 215-351-2738

A Tradition of Medical Excellence

Cedars-Sinai Medical Group is a premier multi-specialty medical group located in Beverly Hills, CA. We are physician-directed and committed to providing personalized, comprehensive healthcare with an emphasis on quality.

BC/BE HOSPITALIST
FULL TIME

We are seeking a full-time hospitalist board-certified or board-eligible in Internal Medicine. Responsibilities include admitting and attending adult medical patients, providing a medical consultation service for specialists and participating in quality and medical management activities. Excellent interpersonal skills and the desire to have a busy practice are essential.

We offer a competitive salary and benefits package.
Please submit CV to:
recruiting@csmns.org
For more information about Cedars-Sinai Medical Group, please visit our web site at
www.cedars-sinaimedicalgroup.org

AA/EOE

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LEADING THE QUEST FOR HEALTH®

7566

Immediate opening for Hospitalist on the Seacoast of New Hampshire

Expanding physician-led group with strong administration and primary care support in the beautiful seacoast region of New Hampshire is looking for a Hospitalist with experience.

- No sales or income taxes
- Competitive salary and benefits
- Great quality of life with four-season recreation opportunities
- 1 hour from Boston and Portland, ME
- Amtrak service
- 370 years of American history
- Pristine beaches and great open water sailing
- Phillips Exeter Academy
- University of New Hampshire
- Wonderful sense of community
- Moving expenses covered
- Temporary housing option
- Expanded call coverage

Send CV to: Exeter Hospital
5 Alumni Drive, Exeter, NH 03833
Attn: Ron Goodspeed

Visit www.foreveryday.com for more information

7522

Growing, established, independent Hospitalist group seeks experienced, B/C, B/E Hospitalist. This is a full time position in a 250+ bed non-profit community hospital in Beautiful Chester County, PA (25 mi. SW of Philadelphia) Position is open immediately!

For further information contact Sue Ortaldo
at (610) 431-5000 Beeper 0191
or FAX (610) 738- 2597

7725

HOSPITALISTS/FACULTY POSITIONS
INTERNAL MEDICINE
UNIVERSITY OF COLORADO HEALTH SCIENCE CENTER

The University of Colorado is currently accepting applications for faculty academic hospitalist positions. The position combines clinical work, research and educational opportunities. This fifteen member group has its academic home within the Division of General Internal Medicine and works closely with the internal medicine housestaff training program to oversee greater than 75% of the general medical admissions. The group has an active research agenda and has developed and oversees an innovative hospitalist-training track for internal medicine residents. The second annual "Rocky Mountain Hospital Medicine Symposium", attended by nearly 500 participants, is an educational initiative sponsored by this group. If you are interested in becoming a recognized leader in the hospitalist movement, please forward your CV:

KGray, 4200 E. 9th Ave., B180, Denver, CO 80262
fax: 303-372-9082; email: kathryn.gray@uchsc.edu

CV review began 10/30/04 and will continue until positions are filled. UCHSC is committed to diversity and equality in education and employment.

7793

CONNECTICUT

Putnam, CT:

NEW!! Permanent HOSPITALISTs needed! Seeking BC IM physicians for brand new hospitalist program. Critical care experience preferred. Block scheduling provides physicians 1 week off every 3-4 weeks and ensures continuity of patient care. Close commute (30 minutes- 1 hr) from the larger surrounding cities: Providence, Boston & Worcester..Sterling Healthcare offers Competitive Remuneration; ICP status; procured malpractice; discounted benefits program, CME and NO restrictive covenants. For a confidential inquiry, please contact:

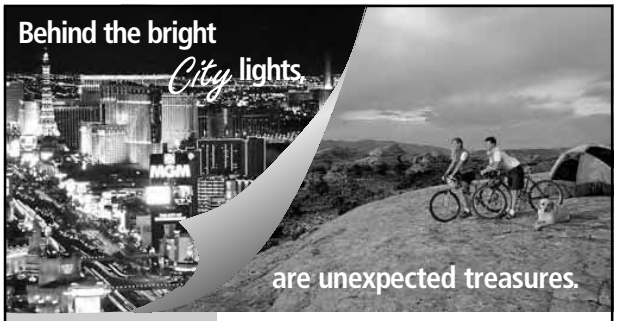
Alison Rausch at
1-800-476-5986 or fax/email CV to (919)382-5155
Alison.rausch@sterlinghealthcare.com

7791

OREGON HOSPITALIST POSITION

Oregon Medical Group, in Eugene seeks BC/BE Internist to join 8 full-time Hospitalists for expanding inpatient program. Hospitalists work at 432 bed level 2 trauma center which has been recognized as one of the nation's top 100 Cardiovascular Hospitals. Attractive salary/benefits package. Family centered, University town with easy access to ocean beaches and mountain skiing. **dmorris@oregonmed.net, (800)982-6699 Fax (541)284-2038, www.oregonmedicalgroup.com**

7228



BC Hospitalists

Southwest Medical Associates is the largest multispecialty group in Nevada. We are affiliated with Health Plan of Nevada and a subsidiary of Sierra Health Services (NYSE- SIE).

Contact:
Michael Griffin
(702) 242-7122
mgriffin@sierrahealth.com
www.smalv.com or
www.sierrahealth.com

Visit us at
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Booth #112

Las Vegas offers:

- No state income tax
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- Entertainment

Southwest Medical Associates offers:

- 100% inpatient position with a well-established 15 year old program
- Outstanding support team of case management nurses, social workers and scheduling staff.
- Choice of day or night positions
- 12-hour shifts: 8am to 8pm **or** 8pm to 8am
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- Attractive salary, bonus, paid time off, matching 401k and stock purchase plan plus comprehensive benefits including liability insurance.

SOUTHWEST MEDICAL ASSOCIATES, INC.
a subsidiary of Sierra Health Services, Inc.

7505

Join TEAM HEALTH'S Hospitalist Team!

ENJOY:

- Competitive compensation with performance incentives
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- Freedom to focus on patient care

Realize the security of working for a stable, physician-led organization that is a pioneer in hospital medicine.

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HOSPITALIST SERVICES

800.818.1498
www.teamhealth.com

"Leaving private practice and coming to work for Team Health as a hospitalist was one of the smartest decisions I've ever made."

Susan Waters, M.D.

THIS MONTH'S FEATURED OPPORTUNITIES

Wakefield, RI
This beautiful coastal community is seeking a BC/BE IM physician with ACLS certification. Practice in a community-based, 100-bed hospital located in close proximity to the arts, academia, cuisine and attractions of Providence, RI.

Los Angeles, CA
Seeking hospitalists BC/BE in IM with ACLS and critical care experience for this prestigious 408-bed medical center. Enjoy the diversity offered by Los Angeles – a city with something for everyone!

Knoxville, TN
Seeking hospitalists BC/BE in IM with ACLS and critical care experience to join the team at this 130-bed, state-of-the-art hospital. Knoxville's excellent school system, low cost of living and abundance of outdoor activities make it one of the country's best places to live.

See www.teamhealth.com for a full listing, or call 800.818.1498.

7639

CHARLOTTE METRO AREA NORTH CAROLINA

CaroMont Inpatient Physicians, an established, very busy and growing eight-physician practice, has outstanding Hospitalist opportunities available for BE/BC internal medicine and/or med/peds physicians. Located in Gastonia, just outside Charlotte, NC one of the fastest growing cities in the country nearly 300 active medical staff physicians have access to Gaston Memorial Hospital, a modern and progressive 442-bed hospital. The hospital provides comprehensive care to patient base of almost 300,000. Lovely community having easy access to the beautiful North Carolina Mountains and some of the most popular beaches on the East Coast. Minutes from major international airport and two large lakes, community offers unlimited cultural and recreational amenities. A superb quality of life exists here with many lovely neighborhoods and good choice of public and private schools. If interested in learning more about this opportunity, please send CV and cover letter to:

Celia G. Billings, Manager, Physician Recruitment
CaroMont Health
2240 Remount Road, Gastonia, NC 28054
Telephone: 704-834-2153
Fax: 704-834-4615
E-mail: billingc@gmh.org
Web site: www.caromont.org

Sorry, no J-1 opportunities available

7489

HOSPITALISTS
CHIEF HOSPITALIST

PACIFIC NORTHWEST

SEATTLE · TACOMA · OLYMPIA
SALEM · PORTLAND

SOUND INPATIENT PHYSICIANS invites you to contact us about Hospitalist and Chief Hospitalist opportunities. We are a dynamic physician-focused company in the Pacific Northwest and have openings in our Washington and Oregon sites.

Work with us and live in proximity to Mount Rainier, Puget Sound, Olympic Peninsula, Columbia River Gorge, Pacific Coast. Choose cosmopolitan or country living, all our sites are near fine dining, nature, arts and leisure activities, excellent schools and universities.

We're looking for team-oriented BC/BE internists with exceptional clinical and communication skills. SIP provides leadership opportunities and schedules that address quality of life. We offer competitive salary and benefits that include retirement, health, disability and life insurance, professional liability insurance and more.

Sound Inpatient Physicians

Fax or email cover letter and CV
253.682.1714
Stephanie@soundphysicians.com

7440

Enjoy the best of Maine **in Bangor**

JOIN MAINE'S LARGEST HOSPITALIST PROGRAM

Eastern Maine Medical Center
offers an exceptional inpatient medicine opportunity. Our thriving practice includes 14 physicians and five extenders. A collegial ethic, a block schedule with no call, and a flexible approach characterize our work environment. We offer excellent compensation and benefits.

Eastern Maine Medical Center is a 400-bed referral center serving a population of 500,000. Bangor, an award-winning small city, offers easy access to Maine's spectacular coast, lakes and mountains. Schools rank among New England's best. Bangor is the regional hub for medicine, the arts, and commerce. For more information, please contact:

Ann Trainor, Physician Liaison
Eastern Maine Medical Center
Phone: 207-973-7444
Fax: 207-973-4977
Email: atrainor@emh.org

www.emmc.org
A member of EASTERN MAINE HEALTHCARE SYSTEMS

7432

HOSPITALISTS
INTERNAL MEDICINE

Freeman Health System
Joplin, Missouri

- Hospital Practice, group of four, sharing call
- Duties: See unassigned patients and refer to intensivist if necessary - split patient load with other hospitalists evenly
- Call rotation - Every 4th night and every 4th weekend
- Level II Trauma Center, ICU-40 beds with full-time pulmonologists/critical care physicians accepting referrals
- FHS has a service area of 450,000

Competitive Salary with Bonus Potential
Execellent Benefit Package

- **Joplin, Missouri** is a friendly, small community with big city amenities - arts, music, theatre and community involvement
- Nationally the lowest cost of living for same metro-areas in US
- Enjoy the hassle free life-style, safe environment, and lots of recreation for the family, good schools - private & public.

You need to take a look at Joplin!
We want to hear from YOU!
Call Nancy at 800-353-6812
email: njpaul@freemanhealth.com
or fax CV to 417- 347-9320
www.freemanhealth.com

7367

Austin, Texas

Hospital Internists of Austin, P.A. - An established Hospitalist group in Austin is currently seeking Hospitalists to join our practice. We offer an excellent compensation and benefits package. A Full time physician can expect to earn greater than $200,000 per year. Candidates must be BE/BC in Internal Medicine.

Candidates are required to submit a current resume to
Alysa Muto at alysa@hiapa.com
or Fax : (512) 476-9892

7773

Cleveland Area Hospitalist Practice!

ESTABLISHED and REPUTABLE Cleveland Area Hospitalist Practice! Community Hospitalists, LLC seeks BC/BE IM Hospitalists with exceptional clinical and interpersonal skills. Build your career in a city with changing seasons. Enjoy cultural and sporting events near Lake Erie.

Our Hospitalists have a reasonable workload, extensive time off with block scheduling, and a competitive compensation package. **Join our newest locations!**

Contact Peggy:
Community Hospitalists
30680 Bainbridge Road
Cleveland, OH 44139
440-542-5025 (phone)
440-668-5353 (phone)
770-300-0644 (fax)
E-mail: pcf@hospitalistinfo.com

7700

Join Us in the Beautiful Northern Rockies!

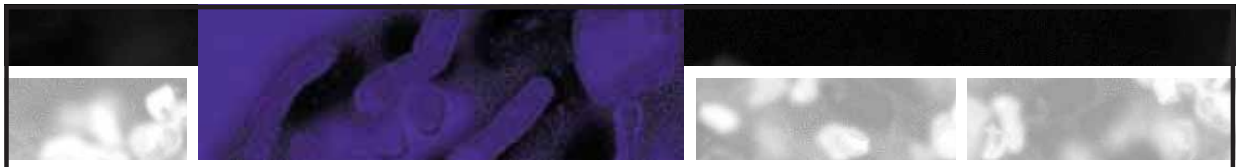
Hospitalist

Fully integrated Hospitalist program with administrative and clinical back-up. Major tertiary referral center. You will have excellent, university trained colleagues with state-of-the-art facilities. Distinguished Hospital Award for Clinical Excellence, Solucient's 100 top Health Care organizations, and 5-Star rated by Health Grades.

Friendly community offers good schools, two colleges, family activities and fine arts. Excellent outdoor recreation nearby and less than an hour to the mountains for hiking, kayaking, skiing or fly-fishing.

Contact Rochelle Woods
(800) 303-6893 or
rdwoodsmmg@aol.com

7427



THE CHANGING LANDSCAPE OF INFECTION:

CRITICAL CONCERNS FOR THE HOSPITALIST

April 28, 2005 • Sheraton Chicago Hotel and Towers • Chicago, Illinois • 5:15 pm – 8:15 pm

Target Audience

This program has been designed to benefit healthcare providers involved in the diagnosis and management of serious hospital infections.

Program Rationale

This symposium is designed to review the current situation for the empiric treatment of serious hospital infections in an environment of increasing resistance and epidemiological change, and to describe current, recently-introduced and developmental compounds with respect to their empiric potential.

CME Credit

US Micron, LLC is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Physician Credit

US MICRON US Micron, LLC designates this educational activity for a maximum of 2.5 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

Acknowledgement

"*The Changing Landscape of Infection: Critical Concerns for the Hospitalist*" is supported by an unrestricted educational grant from Wyeth Pharmaceuticals.

Information

For further information on this program, please visit our website at **www.microneducation.com** or email us at meetings@usmicron.com.

Agenda

"The Changing Landscape of Infection: Critical Concerns for the Hospitalist"

Sheraton Chicago Hotel and Towers
Room – Chicago 8, 9 & 10
Chicago, Illinois

5:15 pm – 5:45 pm	**Reception**
5:45 pm – 6:00 pm	**Welcome and Introductions** • ***Paul B. Iannini, MD, FACP***
6:00 pm – 6:30 pm	**The Infectious Disease Landscape in Today's Hospital Setting** • ***Daryl J. Hoban, PhD, FCCM, D(ABBM)***
6:30 pm – 7:00 pm	**Clinical and Economic Consequences of Serious Infections** • ***John E. McGowan, Jr, MD***
7:00 pm – 7:30 pm	**Today's Tools for Empiric Treatment of Serious Infections** • ***Gary Garber, MD, FACP***
7:30pm – 8:00 pm	**New and Upcoming Strategies for Managing the Most Challenging Infections** • ***Paul B. Iannini, MD, FACP***
8:00 pm – 8:15 pm	**Questions and Answers**
8:15 pm	**Adjourn**

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7701

Marian Medical Center
CHW

Hospitalist

Immediate Opportunity in Santa Maria, California

Located on California's beautiful Central Coast

Hospitalist to join on-going successful Hospitalist program for 167-bed medical center with two campuses.
BC/BE Internal Medicine or BC/BE Family Practice.

Marian Medical Center is located in a growing, medically sophisticated community and family-oriented service area of about 120,000 residents.
Safe community offers world-class outdoor recreational opportunities and scenic beauty.

Please fax CV to:
Attention of Communications: (805) 739-3599

Or mail CV to:
Communications, Marian Medical Center
1400 East Church Street, Santa Maria, CA 93454

7330

HOSPITALIST NEEDED FOR FULL-TIME POSITION IN DELAWARE

Leading to partnership in private Hospitalist group. Must be BC/BE in Internal Medicine. Excellent salary and benefits with pension. Great location: close proximity to New York, Washington, DC, and beaches. NO J-1.

Fax CV to: 302-984-2575

7626

HAWAII, ISLANDS OF SUN, SURF & ALOHA HOSPITALIST & INTENSIVIST

STRAUB CLINIC & HOSPITAL, a multi-specialty group with a 159-bed hospital, seeks BC/BE internal medicine and critical care fellowship trained physicians to join the in-patient team. Schedule allows ample time to enjoy the superb lifestyle, cultural diversity, recreational activities and excellent year-round climate of Hawaii. Benefits include malpractice insurance and relocation allowance.

Send CV to: Ellen Kaye
Physician Recruitment Coordinator
Email: ekaye@straub.net
Fax: (808) 522-4006; Phone: (800) 578-7282
www.straubhealth.com

(An affiliate of Hawaii Pacific Health)
Not a J-1 opportunity

7698

Hospitalist-Educator:

Residency Program is recruiting ABIM board certified Hospitalist trained M.D., as an Instructor of Medicine, and a tenured- earning position. Responsibilities include inpatient care and resident teaching with additional opportunities for clinical investigation and academic pursuits. UAB is an Affirmative Action/Equal Opportunity Employer.

Send CV & names of 3 references to
W. J. Many, Jr.
Program Director
UAB MIMRP
4371 Narrow Lane Rd, Ste 200,
Montgomery, AL 36116 or to
hope@uabmontgomery.com

Inquiries accepted until position is filled.
No phone calls please.

7713

MAINE - RIVERSIDE COMMUNITY:

Join expanding hospitalist program at MaineGeneral Medical Center in Augusta. Four-day workweek; light call; competitive salary plus full benefits; student loan assistance. Community with easy access to Portland, seacoast, Sugarloaf.

Contact Susan Edson
New England Health Search
63 Forest Avenue, Orono, ME 04473
Phone 207-866-5680, Fax 207-866-5696
sedson@nehealthsearch.com

7660

Forsyth MEDICAL GROUP

Remarkable People. Remarkable Medicine.

Winston-Salem North Carolina

Our 23-physician Hospitalist group is seeking a BC/BE Internal Medicine physician to join our group. Since 1996, we have been providing inpatient care to physicians and patients in Winston-Salem and surrounding counties.

Our services are provided at Forsyth Medical Center, a 905-bed tertiary care center and cornerstone of Novant Health, Inc, a growing integrated health care system. We offer a competitive salary based on credentials and experience, plus an opportunity to earn an incentive bonus, as well as a full benefits package.

For immediate considerations, send CV to
mjdavis@novanthealth.org

Mail to:
Mimi Davis
Forsyth Medical Group
2085 Frontis Plaza Blvd.
Winston-Salem, NC 27103
or Fax to 336/277-9164
J-1 waiver not available.

7077

Covenant Medical Group

Hospitalist Opportunity
West Texas

Covenant Medical Group (CMG) is seeking 4 experienced BE/BC Internal Medicine physicians to join a growing 10 physician inpatient medicine service. Practice includes inpatient management, ICU work, and consultations in a 900 bed tertiary care hospital. Position is located in Lubbock, Texas where our physicians enjoy all the benefits of metropolitan living: entertainment and recreation, an international airport and a major Big 12 University (Texas Tech University), but with the friendliness and convenience of a smaller city.

CMG is affiliated with Covenant Health System in Lubbock, Texas. CMG is a multi-specialty group with more than 160 physicians located across west Texas and eastern New Mexico. We offer a competitive salary and excellent benefit package that includes medical/dental insurance, life and disability insurance, vacation/holidays, 403(b), 457(b), 457(f), reimbursement for CME and other benefits. CV should include salary requirements and can be forwarded to Covenant Medical Group.

ATTN: Kelly Reeves
3420 22nd Place
Lubbock, Texas 79410
Or Fax to 806-723-6532

7179

The Hospitalist CLASSIFIED ADVERTISING

To obtain information regarding advertising, visit www.acponline.org/careers

Call Margaret Gardner 800-523-1546, ext. 2768
215-351-2768 mgardner@acponline.org
Fax: 215-351-2685
or
Call Maria Fitzgerald 800-523-1546, ext. 2667
215-351-2667 mfitzgerald@acponline.org
Fax: 215-351-2738

Midwest Quality of Life:

Opportunity for BC Internist to join growing Hospitalist program serving 147 bed regional referral and teaching hospital associated with ten hospitals and 44 clinics across north central Iowa. One full-time and one half-time position available. Average 13 shifts per month and no call. Hospital named "Top 100" for past three years. Community of 40,000 people with referral base of 200,000. Easy access to shopping, recreation and major metropolitan areas. Community named "Top 10 Best Micropolitan Areas to Live." Competitive compensation and comprehensive benefits.

Contact: Jerry Hess
Mercy Medical Center - North Iowa
1000 4th Street SW
Mason City, Iowa 50401
888-877-5551 or
hessj@mercyhealth.com

7705

INDIANA — SIGN-ON BONUS!

A recently renovated, state-of-the-art hospital seeks hospitalist. Pulmonary and ICU experience preferred. Guaranteed $160K salary covering day shifts with no call, 1:5 weekend call. Loan repayment and paid relocation in a state with a favorable malpractice climate. Small community with quick access to Indianapolis and Chicago.

Contact Cheryl Heuer
800-365-8902, ext. 1312
cheuer@comphealth.com
Ref. #513118

7742

Are you looking for a Monday-Friday position?
Would you like your nights, weekends and holidays to yourself?
Do you possess the desire to provide top quality care in one of the most respected health care facilities in the community?

If so, then this opportunity is for you! Provide complete inpatient care to those patients referred by the other primary care physicians in your group. More exciting details available, call Jennifer Kwasny at 1-800-243-4353 or by email: jkwasny@strelcheck.com.

STRELCHECK & ASSOCIATES, INC.

7738

PEDIATRIC HOSPITALIST OPPORTUNITIES
CENTRAL CONNECTICUT

Bristol Hospital
a SAINT FRANCIS *Care* Partner
www.bristolhospital.org

Join our expanding hospitalist team, practicing in an award-winning community hospital. Working closely with our OB/GYN's, anesthesiologists, and neonatologists, you'll oversee care for all newborns in our contemporary all LDRP-maternity unit and Level I nursery (850 deliveries) as well as provide counsel for pediatric patients our emergency department.

We are offering a competitive, guaranteed income, attractive benefits and no call responsibilities. Candidates must be BC/BE in Pediatrics.

Our location offers a wide range of upscale suburban living options, including first-rate schools and many desirable cultural activities, with easy accessibility to NY and Boston.

To learn more about this opportunity, call toll-free, Christine Bourbeau in the recruitment office at 800-892-3846 or fax your CV to 860-585-3086. EOE.
Email address: cbourbeau@brishosp.chime.org

6858

PRIMEDOC®

Southeast and Mid - Atlantic Hospitalist positions

PrimeDoc is a 100% physician owned and managed private practice Hospitalist Company that currently operates 12 hospitalist programs and employs 80 physicians throughout the **Southeast and Mid-Atlantic**. PrimeDoc has set a high standard for hospital based care throughout these regions and is currently one of the largest and most well established private-practice hospitalist companies in the US. Founded by physicians in 1997 in Asheville, North Carolina, PrimeDoc now serves hospital clients throughout **North Carolina, Virginia, Georgia and Maryland**. PrimeDoc hospitalists are full and part time acute care specialists that focus exclusively on inpatient care.

We are actively recruiting for Clinical and leadership positions for select locations and new locations opening summer 2005!

Asheville, NC- Heart of the Blue Ridge!
Richmond, VA- Beautiful facility!
Winchester, VA-65 miles to Washington, DC
Frederick, MD- Easy access to Baltimore & Washington, DC
Athens, GA- Home of the University of Georgia!

- **A variety of attractive locations** -National compensation surveys consistently indicate that median compensation for hospitalists is highest in our territory. (Source- SHM 2004 Compensation report)
- **A physician-built company with a physician owned and managed culture**
- **A company where profits are shared with our physicians**
- **Experience & Stability**
- **A democratic system**
- **Exciting and flexible work environments**
- **Growth Opportunities**
- **Earnings consistently higher than national averages**
- **A variety of pre-tax and salary deferral benefits programs**
- **Blocked scheduling with no in-house responsibility**

Christopher P. Noel
VP Staffing/ Marketing
828-210-3262
cnoel@primedoc.net
www.primedoc.net
Please stop by our booth at the SHM Annual Conference in April!

7768

Sunny Southern California
Excellent Hospitalist Opportunities

Southern California's leading physician owned multi-specialty medical group seeks full-time Hospitalists for our Greater Los Angeles and South Bay regions. We are seeking physicians who are trained in internal medicine and/or pulmonary/critical care, also with subspecialties such as ID or Renal, who are experienced in hospital-based medicine. Candidates must have a current California medical license. We are a large, dynamic and well-established group and offer a secure, balanced professional and personal lifestyle, as well as excellent compensation and benefits with partnership opportunity. Mail, fax or email CV to:

HealthCare™ PARTNERS MEDICAL GROUP

HealthCare Partners
Clinician Recruitment
19191 So. Vermont Ave, Ste 300
Torrance, CA 90503
Attn: Kathy Rudman
Fax: (310) 352-4902
or Email: krudman@healthcarepartners.com

7291

MASSACHUSETTS-HOSPITALIST

The Department of Medicine of the University of Massachusetts Medical School and UMass Memorial Healthcare seek additional hospitalists for a well-established and expanding Hospital Medicine service. Candidates should be BE/BC in internal medicine. He/she will provide care at our two major hospitals. Work primarily days, or choose night shift option, depending upon preference. The position involves interactions with medical students and residents. An interest in teaching is required and research opportunities are available. An academic appointment commensurate with training and experience is offered. Excellent benefits and compensation package.

Send CV to Katie Pryor
Physician Recruitment
UMass Memorial Medical Group
15 Belmont Street, Worcester, MA 01605
or e-mail to pryork@ummhc.org
or fax to (508)-334-5054

7630

The Hospitalist

Northeast Florida

Excellent opportunities for BC internist to work as a Hospitalist in a Hospital affiliated network.

Send CV to Jim Clower, M.D.
Baptist Primary Care
3563 Phillips Hyw., #101
Jacksonville, FL 32207
or call 904-376-3728

7708

KAISER PERMANENTE

Hawaii Permanente Medical Group/Kaiser Permanente

Hawaii's most established multi-specialty group of 400 physicians recruiting for BC/BE internal medicine hospitalist based in Wailuku, Maui. The practice is affiliated with the state-run Maui Memorial Medical Center and available summer 2005. Applicants must have commitment to quality care, patient advocacy, and involvement in patient and professional education. We offer competitive salary, comprehensive benefits and relocation assistance; as well as outstanding recreational activities with easy access to beaches and mountains of the Valley Isle.

Send CV to:
Thao.Hartford@kp.org
No immigration sponsorship opportunities available.
EOE

7382

Now... More than 500 Hospitalist jobs online

"The Online Source for Hospitalist Jobs"

If you are looking for your first job or next job go to

HospitalistJobs.com

www.HospitalistJobs.com

7662

MASSACHUSETTS

Fallon Clinic has been the dominant provider of care in central Massachusetts for over 70 years. 240 physicians practice at 27 locations in Worcester, Massachusetts and the surrounding area. They are nationally recognized as a leader in quality, service and commitment to patients. The Clinic is seeking a Hospitalist to join the team of 7 based at Worcester Medical Center, a 299-bed facility. Fallon offers competitive compensation and comprehensive benefits.

Contact Eileen Curl at 800-678-7858
fax 314-726-0026
beard.curl@cejkasearch.com
ID#25339NU.
For more opportunities, visit www.cejkasearch.com

7581

NEIGHBORHOOD HEALTHCARE is looking to expand and is recruiting for energetic and dedicated BE/BC Internists or IM/Peds to join our dynamic and growing hospitalist division in North San Diego County. We are looking for individuals who are interested in practicing the highest quality of medicine in a community hospital setting. Although we are a group that is dedicated to the underserved of our community, our patient population is extremely diverse and medically interesting. We offer very competitive compensation package and enjoy a great work environment.

Send CV to dch1@pph.org
or fax to (760) 739-2376
EOE

7743

NORTH CAROLINA- OWNERSHIP OPPORTUNITY!

Busy, single-specialty group seeks ambitious physician for hospitalist opportunity. 7 days on, 7 days off. Buy out and own practice. Other options available. $120K income guarantee with $165K potential. Excellent benefits package. Prime location offers the breathtaking beauty of the Blue Ridge Mountains. Easy access to coastal areas.

Contact Sue Irons, 800-365-8902, ext. 1320
sirons@comphealth.com
Ref. #513098

7541

MAINE

Join team of hospitalists and PA's. Work in collegial, collaborative environment. Shift work with ample time off. Panel of patients between 11-13. Community offers many cultural opportunities, excellent educational services, University of Maine. Easy access to mountains/seacoast. International airport. Offer includes salary, full benefits, student loan assistance.

Contact Susan Edson, New England Health Search
63 Forest Avenue, Orono, ME 04473
Phone 207-866-5680, Fax 207-866-5696
sedson@nehealthsearch.com

7659

ARIZONA

A Better Quality of Life. American Physicians Incorporated (API) offers an excellent opportunity for a BC/BE internist. API has become the largest Hospitalist group in the state thanks to our solid reputation of professional expertise. Our growth is a direct result of patient-focused, quality-driven physicians. Hospitalists in our practice enjoy a shift-work model with 12 days off each month, they are paid on productivity and earn above national average compensation, and receive a full benefits package. Opportunities are upcoming and current in Phoenix and Flagstaff.

If interested, please contact Vicky Rinehart
at 602-595-8111
or email: vrinehart@americanphysicians.net
API offers no visa opportunities.

6975

HOSPITALIST - Southwest Michigan

Borgess Medical Center is currently seeking a BC/BE physician to join our existing group of 12 physicians and six PA-C's; that provide inpatient services through our Hospitalist Program. Borgess Medical Center is licensed for 426 beds, is a Level 1 Trauma Center, and tertiary referral center located in Kalamazoo, MI. This department has been established for five years with an average daily census of 70 patients; service is also provided to the Long Term Acute Care Center at Borgess Pipp Hospital, 15 miles north of Kalamazoo. Coverage for both facilities is covered on a rotating schedule of days, weekends and nights, however, providers only work an average of 45 hours per week, every third weekend, and two night shifts every six weeks. Candidate will also have the opportunity to round with residents. This opportunity does not qualify for J1-Visa.

For further consideration please respond to Cadace Lee
Physician Recruiter, Borgess Health Alliance
1521 Gull Road, MSB 350, Kalamazoo, MI 49048
Toll-Free 800-695-6737; Fax: 269-226-5966
E-mail: cadacelee@borgess.com

BORGESS HEALTH ALLIANCE

ASCENSION

7632

A CONTINUING EDUCATION SYMPOSIUM TO BE HELD DURING THE SOCIETY OF HOSPITAL MEDICINE 2005 ANNUAL MEETING

Improving Patient Care:

Reducing Antimicrobial Resistance in Respiratory Infections

Friday, April 29, 2005

Superior Room, Level 2
Sheraton Chicago Hotel and Towers
Chicago, Illinois

Program Agenda

7:00 - 7:30 pm	Registration and Reception
7:30 - 7:35 pm	Welcome and Introduction
7:35 - 8:05 pm	Acute Exacerbation of Chronic Bronchitis: Strategies for Reducing Drug Resistance
8:05 - 8:35 pm	Managing Community-Acquired Pneumonia While Avoiding Resistance Risks
8:35- 9:05 pm	Antimicrobial Resistance: Implication for Nosocomial Pneumonia Patients
9:05 - 9:30 pm	Questions & Answers

PREREGISTRATION IS REQUESTED
You may register at www.dwrite.com/SHM

This program is supported by an educational grant from Ortho-McNeil Pharmaceutical

ORTHO-McNEIL

A continuing medical education activity jointly sponsored by the University of Wisconsin Medical School and DesignWrite, Inc.

Program Goal

The goal of this program is to educate hospitalists on current data about antimicrobial resistance in key respiratory infections and discuss strategies to prevent and reduce antimicrobial resistance.

Learning Objectives

- Demonstrate strategies to manage patients with recurrent acute exacerbation of chronic bronchitis
- Analyze community-acquired pneumonia patterns of resistance and treatment
- Describe the effect of drug resistance on outcomes related to nosocomial pneumonia

CME Information

Accreditation Statement: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the University of Wisconsin Medical School and DesignWrite. The University of Wisconsin Medical School is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation Statement: The University of Wisconsin Medical School designates this educational activity for a maximum of 2 category 1 credits toward the AMA's Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the educational activity.

Educational Reviewer: Andrew W. Urban, MD, Clinical Assistant Professor of Medicine, Section of Infectious Diseases, University of Wisconsin Medical School; Chief, Infectious Diseases, William S. Middleton Memorial Veterans Hospital, Madison, Wisconsin

For further information, please contact Wendy Heywood of DesignWrite at 609-865-5051 or wheywoo@dwrite.com

VENTURA COUNTY, CALIFORNIA HOSPITALIST OPPORTUNITIES!!!

Primary Critical Care Medical Group has openings for full and part-time hospitalists for a new contract serving patients at St. Johns Regional Medical Center in Oxnard, California.

Competitive compensation package and excellent schedule!!!

Contact Information:
Bruce Gipe, MD, Medical Director
or
Dann Stubblefield, Director of Recruitment
888 761 3600 or 805 729 3480
bgipe@pccmg.com
fax CV to 818 761 5568

7744

HOSPITALIST

Mid-Atlantic coastal area. Opportunity to join a Hospitalist group affiliated with Peninsula Regional Medical Center in Salisbury, Maryland. We offer a competitive salary, incentive package, and excellent benefits.

Send CV to: Ron Fisher
Executive Director Primary Care Network
Peninsula Regional Medical Center
100 E. Carroll Street, Salisbury, MD 21801
or email: ron.fisher@peninsula.org.

7565

HOSPITALIST POSITION - PRESTIGIOUS NORTH SHORE MEDICAL CENTER/SALEM HOSPITAL

Salem Hospital is part of the North Shore Medical Center and affiliated with Partners Health Care System of Boston. Geriatric training and/or experience a plus. The hospital is recruiting for a BC/BE internist or hospitalist to join the Salem Hospital hospitalist program. There are 5 hospitalists and 1 PA. Hospitalists are employees of Salem Hospital. Competitive compensation plus bonus incentive and comprehensive benefits. Salem is a unique seaside community located 12 miles north of Boston.

Contact Kathy Murray
at 800-724-1295; fax 570-882-3098
e-mail kmurray@cejkasearch.com
www.cejkasearch.com
ID#25295-25296NU.

7428

OHIO - ACADEMIC AFFILIATION WITH TOP UNIVERSITY.

Hospitalist needed for non-profit hospital. Perform medical exams, evaluations, diagnosis and treatment. Skill in critical care procedures desired. Regular schedule with no call. Suburban location with easy access to family entertainment such as the Rock'n Roll Hall of Fame and major league sports.

Contact Linda Jacovino, 800-365-8900, ext. 232
ljacovino@comphealth.com
Ref. #615073

7625

Hilo Medical Center, on the Big Island of Hawaii, offers hospital work in a lovely tropical, medically underserved community of 80,000 people. Part of Hawaii Health Systems Corporation, HMC has the state's second busiest emergency room. Income guarantee or salary, moving expenses, a broad range of hospital experiences, potential to work with physicians at the University of Hawaii John A. Burns School of Medicine. Intensive care, geriatrics interest a plus.

Contact Nancy Lundblad, M.D., Medical Director
HMC
1190 Waianuenue Avenue
Hilo, HI 96720
808-974-4736
Nlundblad@hhsc.org

6648

HOSPITALIST
DENVER, COLORADO

Hospitalist- Internal Medicine, Denver, Colorado. Stable, physician-owned practice now in its 6th year, seeks BC/BE internist. Competitive pay, outstanding benefits, and an even better lifestyle. Realistic partnership opportunities. 100% inpatient hospital work, attractive case mix. Not a health care shortage area. Send CV and cover letter to:

ISPC
Attention: Rachael Acosta
4350 Wadsworth, #201
Wheat Ridge, CO 80033
Phone: 720-898-9613
Fax: 720-898-9614

7075

TEXAS HOSPITALIST OPPORTUNITIES

Join Houston's premier hospitalist program and enjoy a **generous compensation package** and the opportunity to work alongside respected physicians specializing in **superior inpatient care**.

Immediate openings for **BE/BC IM physicians** in **Houston** and **Corpus Christi**. E-mail CV to **nicole.obrien@hcahealthcare.com**.

For information, call Nicole O'Brien toll-free at **(888) 239-7924**.

HIG Hospital Inpatient Group

Visit our booth at the SHM Annual Meeting in Chicago this April!

7253

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Toll free: 866-321-DOCS (3627)
BSimpson@sfphysicianstrategies.com

Szydlow & Foster
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7348

Opportunities in California
Become a VEP Hospitalist!

VEP is a Physician owned, Physician run, democratic egalitarian group. VEP has full and part time Hospitalist positions available at several Northern California Hospitals. We offer fast-track to ownership, competitive salary, retirement plan and bonus programs. VEP also offers; paid Malpractice, Substantial Productivity Pay - you earn more when your patient load increases; and Independent Contractor Status - be your own boss without the overhead. A Director position is also available.

For more information contact:
Patricia Pena Sam at 510-436-9000 x 226 or fax CV to 510-436-9013
or email patriciapenasa@valleyemergency.com

7684

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EXPANSION OF HOSPITALIST PROGRAM

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Contact Germaine Lorbert
at 800-678-7858, x3704; fax 314-726-0026
e-mail glorbert@cejkasearch.com
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Call (800) 880-2028 or visit us at
Info@HospitalistJobsOnline.com (Hosp Web)

7537

MASSACHUSETTS

Established and well-respected hospitalist program needs additional BC/BE Internists to join 20-member group that provides 24/7 coverage at South Shore Hospital in Weymouth. This expanding 300-bed hospital is conveniently located 20 minutes from Boston and has an outstanding medical staff providing sophisticated care. Our physicians work approximately 17 shifts per month, with mostly daytime and evening hours. We offer an excellent starting salary with a generous incentive program and full benefits.

For more information,
call 781-848-1300
or fax CV to 781-356-1829
Not J-1 Visa opportunity.

7580

Hospitalists and Internists wanted in Pacific Northwest

Skagit Valley Medical Center seeks BC/BE Internists to participate in either our hospitalist or office based IM Department. Physician owned multi-specialty clinic working collaboratively with our local hospital to expand existing hospitalist program to a 24/7 schedule. Hospitalists must be competent in ICU and good team members. Office based primary care positions available in clinic. Located one hour from Seattle and Vancouver BC. Easy access to mountains and Puget Sound. Competitive salaries.

Contact smennella@svmc.net or fax (360) 428-6485

7714

The Hospitalist

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Society of Hospital Medicine

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LIMITED to 100 participants to allow for small group learning

Our First Meeting In January 2005 Sold Out In Less Than A Month So Register Early

Faculty

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Jack Silversin, DMD, DrPh • Laurence Wellikson, MD, FACP
Mark V. Williams, MD, FACP

To register visit www.hospitalmedicine.org or call 800-843-3360

Topics

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- Leadership Challenges in Hospital Medicine
- Conflict Resolution & Negotiation
- Understanding the Business Drivers for Hospital Survival and Success
- Understanding Critical Hospital Performance Metrics: How to Interpret All Those Reports
- Strategic Planning
- Leading and Managing Change
- Effective Communication
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