

Evolution and role of the Hospitalist program at Riyadh Military Hospital

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The role of the Hospitalist has evolved to meet the challenges and demands of modern medical practice and primary care. In 1999, Wachter¹ proposed the definition “a physician who spends at least 25% of his or her professional time serving as the physician-of-record for inpatients, during which time he or she accepts “hands-off” of hospitalized patients from primary care providers, returning the patients to their primary care providers at the time of discharge.” However, this has now greatly evolved into the Society of Hospital Medicine’s current definition “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.”² Most Hospitalists are board certified internists, pediatricians, and family practitioners by training, specializing in providing continuity of primary and acute care to inpatients from admission to discharge. The specialty is organized around a site of care (the hospital), rather than an organ (cardiology), a disease (oncology), or patient age (pediatrics).³ Unlike other specialists, Hospitalists spend most of their time focused on the inpatient, with limited other commitments (no outpatient clinics).

Changes in inpatient care and management in our setting prompted the vision of an indispensable Hospitalist program, providing quality and efficient care through improved bed utilization and enhancement of Emergency and Specialist physicians at the Riyadh Military Hospital (RMH), Riyadh, Saudi Arabia. This pioneer regional program now completes its first month, and we briefly report preliminary progress and findings to identify the initial benefits and potential challenges and risks of the Hospitalist model, and to guide program development.

Hospitalists provide intense work-ups and regular daily patient visits, they consult with specialists and sub-specialists to coordinate multidisciplinary inpatient

care, and they collaboratively work to establish discharge plans and communicate with the patient and family. The efficiency of the Hospitalist is facilitated by their 24/7 on site availability, increased exposure to acute patients, knowledge of hospital care systems, hospital setting and staff familiarity. This enhances function and enables the provision of faster and more frequent evaluation, standardized treatment, and prompt response to clinical data, with a positive impact on quality of patient care, safety, length of stay, and costs per patient.⁴

One example is relief of emergency room (ER) congestion where the Hospitalist expedites clinical decisions and directs patient flow to the next appropriate level of care, ensuring proper monitoring, avoiding on-call delays, and allowing the ER physician to focus on their primary function.^{4,5} This efficient discharge service improves patient and staff satisfaction, bed availability, number of inappropriate admissions, and rate of incoming patient traffic.⁶ Clear benefits exist following the introduction of physician-administered care in location based Emergency and Critical Care Medicine, and the Hospitalist will bring the same benefits to the ward.⁷

Hospitalists also play important roles in physician liaison, education and training programs, and can provide a bridge between medical staff and management.⁸ Their goals of improvement in quality of care, efficiency of service, time, cost-effective treatment plans, and patient satisfaction, place them in a unique position to offer feedback and advice on hospital systems and management policy, in addition to developing, implementing, and improving evidence-based protocols.^{4,9}

Challenges to the Hospitalist model include financial constraints and physician burnout.¹⁰ The provision of adequate staff support and patient volume control will reduce potential burnout.

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At RMH, we envision 3 Hospitalist teams, each comprising one consultant and 2 registrars, offering Hospitalist care on a 24/7 basis, and a 20-30 patient service capacity. Typically, any general medical patient expected to have a 1-5 day hospital admission is a candidate for the service. The Hospitalist team will be the coordinators of care ensuring that all necessary clinical information is obtained during initial workup. Depending on diagnosis, they will provide a specialist interface providing care to patients in place of the specialty physicians, with consultations as necessary. They will coordinate discharge care, communicating with patients on medications and treatments, with encouragement to comply with follow-up. They will ensure quality of care by reviewing literature to utilize and develop evidence-based treatment guidelines. They will understand the high-value of the hospital bed, expediting care to facilitate discharge and coordinated home care as necessary. They will educate the patient and family in the care process, interventions, discharge, and outpatient care, essential components of patient health and re-admission prevention, and they will reinforce medical documentation including social comments, patient/family education, discharge expectations, and specialty care involvement.

Program success measures will include patient and physician satisfaction, readmission rates, overall and major diagnoses utilization rates, and number of same-day discharges. Through a long-term intentional approach, we envision all primary and specialist physicians adopting this type of care for hospitalized patients at RMH.

In March 2010, we restructured the ER service at RMH to adopt a Hospitalist model. Our objectives were to improve access, timeliness and quality of care, and to ensure the safety of patients, reduce length of hospital stay, achieve higher patient satisfaction and better outcomes, maximize efficiency and use of resources, and to offer options to physicians. We hope the program will also standardize care, identify throughput and capacity issues, lead to the development of new protocols, increase education and mentoring, and foster collaborative relationships between hospital services.

Improve quality of care
Ensure patient safety and satisfaction
Reduce length of hospital stay
Maximize efficiency and use of resources
Offer options to physicians

Our initial focus centered on recruiting and orientating physicians, educating key members on service function and utility, and developing a preliminary understanding of the programs optimal position to ensure future success. The program slowly expanded over the first month, with one consultant and one registrar caring for patients in the first 2 weeks, joined by a second consultant and registrar in the third week, and a third consultant and registrar joined the team in the last week of the month. The team now accepts new patient referrals between 8 a.m. and 9 p.m., 5 days a week. The initial results show that the daily consensus increased from an initial average of 6-8 patients to 9-11 patients, with a 92.5% discharge rate from the Hospitalist Service and an average length of stay <3 days. Specialist services admitted 5% of patients after an average of 3 days, 2% transferred to long term care facilities in, on average, 14 days, and a 0.5% recorded mortality rate. These results confirm the Hospitalists' quick grasp of same day testing and intense discharge planning, the ER physicians' acceptance of the program through enthusiastic patient referrals, and indicates that the turnover of patients on a 24-hour basis facilitates bed availability in certain areas. Initial experience and dialogue support a "win-win" attitude of nearly all involved. The initial challenges highlight the need for 2 additional registrars to offer a 24/7 Hospitalist referral service, continuing education of ER physicians to promote referrals, clarification of roles of traditional medicine physicians and Hospitalists to ensure they are complementary and not competitive, and determination of the department housing this service.

The future success of the program relies on many factors including the need to establish consistency within the program, excellent communication and coordination with other specialties, not only to eliminate unnecessary consultations, avoid repetition of tests and decrease margins for medical error, but also to educate other specialists on the benefits Hospitalists provide and the roles they play.

We hope this exciting and rewarding specialty, which combines the best of general and acute specialist care, will attract the interest and enthusiasm of our hardworking junior colleagues interested in the delivery of hospital care and patient safety during acute illness, procedural skills, teaching, research, resource management, and quality improvement. As this specialty evolves, the demand for the Hospitalist will grow, and many will progress to leadership roles related to procedural management.¹⁰

In conclusion, Hospitalists are better trained, situated, and equipped, to provide evidence-based and cost-effective inpatient care.⁵ They lead an integrated inpatient team with proven success in reducing length

of stay and increasing patient satisfaction without compromising quality. They ensure patient coverage, provide rapid direct admission, and reduce staff burden. Initial feedback is very encouraging, and this program provides a unique opportunity to assess the suitability of this hospital model in our setting. The Riyadh Military Hospital has a long-standing reputation for meeting the challenges and demands of medical practice modernization. We have always been leaders in recognizing the need for, and the introduction of, innovative patient management programs, such as Organ Transplantation, Home Support, Family & Community Medicine, and so forth. With the necessary support and the chance to succeed, and our persevering commitment to the health and needs of our patients, this new program will again enable our institution to lead the way forward in the delivery of medical care. We trust our winds of change will then gradually spread to other institutions throughout the Kingdom, and the Region, providing them with the benefit of our knowledge and experience.

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