Hospitalists Urged to Act as 'Agents of Change'

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VANCOUVER, B.C. — Hospitalists are ideally qualified and positioned to drive hospital quality improvement initiatives, Dr. Larry Wellikson said at the annual Canadian Hospitalist Conference.

"We are owners, not renters," he said, contrasting hospitalists with house staff and other physicians. Not only do hospitalists know their institutions inside and out, they often have more clout to effect change than do allied health professionals. And hospitalists are intrinsically involved in overarching issues of care, such as drug safety and patient education.

Hospital care today leaves much room for improvement, Dr. Wellikson said.

"We are virtually the only industry where you pay exactly the same thing whether you get the worst care or the best care." Moreover, limited measurement of quality outcomes makes it difficult to compare the caliber of care across hospitals.

The Society of Hospital Medicine has taken a leading role in supporting hospitalists in working to change the status quo, according to Dr. Wellikson, CEO of the society.

The many guidelines for standards of care that have been written are merely an initial step in quality improvement (QI), and implementation is a key focus of SHM, he said. The society has brought together multidisciplinary groups of experts to create virtual resource rooms on its Web site (www.hospitalmedicine.org) that provide tools for use by hospitalists involved in QI projects.

In addition, because physicians seldom learn how to conduct QI projects during their medical education, the society offers QI training at its annual and chapter meetings, Dr. Wellikson noted.

SHM also has defined core competencies for hospital care and secured funding

to pursue mentored implementation projects, whereby hospitalist leaders trained in QI mentor others involved in projects to improve quality outcomes. One project, conducted at a University of California, San Diego, hospital, led to a near doubling of the rate of adequate prophylaxis for venous thromboembolism and reduced the annual number of venous thromboembolic events from 50 to 4, he said.

SHM also is leading efforts to set standards for transitions of care at hospital admission and discharge, in part because hospitalists have often been criticized as contributing to a lack of continuity of care, according to Dr. Wellikson.

The society's long-term strategy for QI includes an emphasis on teamwork and efforts to bring together allied health professionals, Dr. Wellikson explained at the conference, which was sponsored by the University of British Columbia.

"We need to move toward a world where health care is a team sport," he said, noting that empowering nurses, pharmacists, and other professionals can have benefits all around.

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DR. WELLIKSON

Dr. Wellikson cautioned against pursuing an illusion of improvement in place of the real thing. "The idea of a bunch of people running around with clipboards satisfying some regulations that will grow from 10 to 20 to 100 is really not having a culture of quality," he said. SHM is also evaluating how information technology can best be harnessed to support QI, and is seeking to raise funds for research on the best ways to conduct QI.

He urged hospitalists not to view QI as a burdensome task undertaken at the end of the day. "You need to look at performance improvement as part of your DNA, as part of your job, as the gift or the differentiator that you bring to the marketplace," he advised. "It isn't that [others don't] care about quality or performance—it's just that *you* have the opportunity to seize this, own this, and be the agents of change."

Dr. Wellikson reported that he had no conflicts of interest in association with his presentation. ■