

Jean S. Kutner, MD, MSPH

Division of General Internal Medicine, University of Colorado Denver School of Medicine, Aurora, Colorado

## Ensuring Safe, Quality Care for Hospitalized People with Advanced Illness, a Core Obligation for Hospitalists

Communication, palliative care, and patient safety have been identified by the Society of Hospital Medicine as core competencies in hospital medicine. Effective communication is recognized as being “central to the role of the hospitalist to promote efficient, safe, and high quality care....”<sup>1</sup> Hospitalists are increasingly recognized as having a central role in initiatives to improve palliative care for hospitalized patients and their families<sup>2-4</sup> and have a vital role in leading and participating in interventions to mitigate system and process failures that affect patient safety.<sup>1</sup> The obligation of the hospitalist to assure safe, quality care for hospitalized people with advanced illness extends from direct patient care to advocacy for systems that facilitate the provision of such care.

Four articles in this issue of the *Journal of Hospital Medicine* provide complementary perspectives on these crucial roles of the hospitalist. Cherlin and colleagues describe findings from a survey of hospitalists and medical residents regarding their knowledge, attitudes, and practices relative to caring for patients with terminal illness. The article identifies misperceptions related to core components of quality palliative care: pain and symptom control, hospice eligibility, and communication about prognosis and hospice and palliative care.<sup>5</sup> Although this study was conducted at only a single academic medical center and certainly deserves to be repeated in an expanded and more representative sample, it clearly identifies deficits in core components of quality care for persons with advanced illness. The article by Minichiello and colleagues provides practical guidance and resources for addressing one of the deficits identified: communicating a poor prognosis, or “bad news.”<sup>6</sup>

Pain and symptom management and communication are commonly recognized aspects of quality care for persons with advanced illness. Less often appreciated are the significant threats to patient safety and medical errors that occur in the care of this vulnerable population.<sup>7-9</sup> Potential errors include failure of a planned action to be completed as intended (ie, not following advance directives) and failure to treat symptoms adequately. The original research article and accompanying images discussion by Sehgal and colleagues serve as a call to action to both recognize and address the potentially significant patient safety issue related to the use of color-coded wristbands, particularly variation in color used by different hospitals to designate “do not resuscitate”

status.<sup>10,11</sup> What is exciting about this sequence of articles is that they describe opportunities for improvement and provide potential solutions. We have to be aware that there is a problem in order to initiate change. Hospitalists are in an a prime position to both identify these potential critical issues and effect the necessary changes to facilitate our ability to provide safe, effective care to our patients with advanced illness.

Palliative care is increasingly being accepted as a means for improving care for persons with advanced illness. The National Consensus Project *Clinical Practice Guidelines for Quality Palliative Care*, released in 2004, was endorsed by the National Quality Forum and incorporated into its Framework for Hospice and Palliative Care in 2007.<sup>12,13</sup> The Joint Commission (TJC; previously known as JCAHO) is developing a Health Care Services Certification Program for palliative care services modeled on existing programs for diabetes and stroke care, to take effect in 2008.<sup>14</sup> *Newsweek* featured palliative care in its August 2006 issue focused on "Fixing America's Hospitals."<sup>15</sup> *US News and World Report* has included hospice and palliative care indicators in its ranking of "America's Best Hospitals" since 2002.<sup>16</sup> There has been significant recent growth in hospital-based palliative care programs, with 1250 hospitals reporting palliative care programs in 2005, an increase of almost 100% over 2000. Seventy percent of U.S. hospitals with more than 250 beds report having a palliative care program.<sup>17</sup>

Although hospital-based palliative care programs are increasing, it is the obligation of all hospitalists who care for an ill, often elderly population to assure that all hospitalized patients with advanced illness receive safe, quality care while hospitalized. This includes avoiding medical errors such as inappropriate resuscitation attempts because of miscommunication of do-not-resuscitate orders or advance directives, as well as minimizing distress, maximizing comfort, and addressing informational and psychosocial support needs. As evidenced by the 4 articles in this issue of the *Journal of Hospital Medicine*, we need to make safe, effective care for people with advanced illness a priority, then implement appropriate training and education and create systems that assure delivery of quality care.

Address for correspondence and reprint requests: Jean S. Kutner, Associate Professor and Division Head, Division of General Internal Medicine, B180, University of Colorado Denver School of Medicine, Academic Office 1, P.O. Box 6511, 12631 East 17th Ave., Aurora, CO 80045; Fax: (303) 724-2270; E-mail: jean.kutner@uchsc.edu

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