Catholic Health

COLLABORATION WITH PRIMARY CARE PHYSICIANS (PCP)

Failed communication between the hospital physician and the PCP's routinely contributes to unnecessarily long hospital stays, poor patient and family satisfaction, excess resource consumption, fragmented post-hospital care, delayed patient follow-up, higher readmission rates and returns to the ER, and flawed medication reconciliation.

Common problems identified:

1. Inadequate communication with the PCP on admission, both to discuss acute illness and to evaluate important details of the patient's prior care and confirm most updated medication listing available.

2. Inadequate direct communication with the PCP at time of discharge to review course, medication list, and any pending issues requiring outpatient follow-up.

3. Lack of documentation in the chart describing discussions with the PCP or any notifications.

4. Testing performed in hospitals duplicative of similar testing that has been performed prior to admission in the office setting.

5. Consultations performed when such evaluations have previously been performed and completed or are not needed.

6. Consultants are asked to see patients in the hospital when there is important information about the patient that is available in the outpatient record but has not been solicited ore requested and does not have the appropriate information based to evaluate the patient.

7. Patient satisfaction is negatively impacted when there has not been contact with their PCP about the hospitalization and care, and when they have duplicative testing and consultations performed.

8. Patients' families (and sometimes patients) will call their PCP about the patient's hospital course and see their physician after discharge and discover that their PCP was not informed either about the hospitalization or about significant issues that developed in association with the hospital stay.

9. Patients are not seen in a timely fashion after hospital discharge in the PCP's office.

10. The discharge medication reconciliation frequently has errors of recording or inpatient follow-up of the medication instructions and these discrepancies are much more frequent when there has not been collaboration with the PCP with respect to the discharge medications.

Suggestions to improve patient satisfaction, Care Transition, medication reconciliation, reduce readmission rates and ER visits, reduce unnecessary resource utilization, shorten length of stay, and improve recognition and documentation of the patient's pertinent and significant history by improving routine collaboration with the PCP:

1. There should always be <u>direct</u> contact with the PCP at time of all key transitions – admission, discharge, change of status as a best practice consistent with state and national guidelines and recommendations.

2. Verbal discussion with the PCP is the most effective method of communication. When that is neither necessary nor practical, then secure text messaging is the preferred alternative. When hospital physicians (hospitalist and subspecialist) choose other forms of communication with the PCP at transitions of care then they have the responsibility to also assure that the information form is thorough, clear, and timely. It is also incumbent upon them and their responsibility to make sure that the alternative communication method is validated – i.e. that it is getting to the intended individual.