

GENERAL INTERNAL MEDICINE REVIEW COURSE

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HOSPITAL MEDICINE



**Self-guided
improvement in care**



**Pattern recognition
and critical thinking**



**Mentorship and the
10,000 hour rule**



**Jigsaw puzzle –
patient care**

- Patient derived data
- Direct observations
- Diagnostic testing
- Clinical judgement
- Specialist consultation
- Available treatments
- Response to treatment
- Financial constraints

HOSPITAL MEDICINE

First goal: Diagnose the problem and treat it

Second goal: Excellence in healthcare delivery

Incredibly complex

- Physician: vast fund of knowledge, good bedside manner, excellent diagnostician, works well with all the other staff, master of clinical competence, accurate and well summarized documentation, efficient, well-read, effective networking
- Physical plant, nursing care, ancillary services, cost, availability, sustainability, supply chain, throughput time, continuous assessment and QI/QA projects, administration, work culture, remuneration, debt collection, community outreach, charity care

HEALTHY WORKPLACE

- Schedule
- Work load – stress / performance curve
- Salary – employee retention
- Expectations – job description
- Flexibility for life events
- Time for training, interpersonal relationship development, QI/QA
- Functional equipment and plan for maintenance
- Focus on both excellence and safety
- Effective conflict resolution process
- Supportive and visionary administrators

HOSPITAL MEDICINE

- Continuity of care that minimizes the number of handovers and optimizes the handovers that do occur is best for patients
- Dedicated hospitalist improves outcomes and reduces length of stay
- Protocols increase adherence to standard of care
- In the USA: well studied, highly regulated and tracked daily
- NEVER events: avoidable iatrogenic harm
 - Wrong dose or wrong patient or wrong test or wrong medication
 - Surgery on wrong body part
 - Injury from medical equipment
 - Wrongful death / negligence
- Limited events: iatrogenic harm
 - Hospital acquired infection/DVT&PE
 - Falls while in the hospital

HOSPITAL MEDICINE

- Requires 24-hr ancillary support
- Requires teamwork and collaboration across languages, cultures, education levels, personalities/temperaments
- A physician and a nurse is responsible for the patient at all times and should be EASILY identified and respond to communication rapidly
- All physician orders must be carried out in a timely manner
- ANYONE on the healthcare team can voice a concern about patient safety without retribution
- Appropriate triage and prioritization are prerequisite skills
- Admitting privileges and core competencies

HOSPITAL MEDICINE

Patient flow

- Pre-admission workup -> admitting diagnosis -> initial treatment
- Reassessment -> working diagnosis -> adjust treatments / investigations as needed
- Reassessment -> confirmed diagnosis / improvement -> establish discharge goals -> discharge

OR

- Decline -> adjust treatments / level of care / diagnostic investigations

Post discharge follow-up

HOSPITAL MEDICINE

- If your diagnosis falls under an established international guideline or hospital template -> FOLLOW IT

Pneumonia, bronchitis, COPD exacerbation, asthma exacerbation, CHF exacerbation, DVT, pulmonary embolism, stroke, hypertensive emergency, myocardial infarction, urinary tract infection, malaria, shock, GI bleed, peptic ulcer disease, acute abdomen, DKA, TB/AIDS, cirrhosis

- Otherwise -> FOLLOW local or international standard of care

Arrhythmias, other infections like cellulitis/gastroenteritis/bronchitis, wound care, management of chronic comorbidities, AKI/CKD, pancreatitis, endocarditis, cholecystitis, GERD/PUD, trauma, musculoskeletal pain/arthritis, birth and it's complications, mood disorders, diabetes, joint pain, debility, neurologic disorders, hematologic disorders

HOSPITAL MEDICINE

- Pattern recognition
- Common items ideally have standing order sets
- Be mindful of cognitive biases
- Communicate respectfully and honestly with patient / family
- Bedside manner / communication skills
 - Affects outcomes
 - Affects lawsuit rates
 - Affects patient satisfaction
 - Influences patient and community perception of the facility

HOSPITAL MEDICINE - PERFORMANCE

Your individual performance matters

- Correct diagnosis and treatment is critical
- Medical errors compromise efficacy of treatment, increase length of stay, decrease patient satisfaction, compromise life
- Transient or permanent alterations to functional capacity
- Reviewed monthly in M&M conference -> avoidable?
- Improves inside a culture that fosters excellence and safety
- Impacted by interpersonal relationships in the work place

HOSPITAL MEDICINE

Common issues

- Incorrect working diagnosis
- Incorrect treatment plan
- Physician delay in following up on tests ordered
- Ancillary staff delay in orders getting done
- Orders not done as written
- Too many handovers, poorly done handovers
- Physician not alerted to change in clinical status
- Delay in reassessing patient

PRACTICAL POINTS

- Include working diagnosis in every note
- Written handover of complicated pictures
- Verify medications, IV fluids GIVEN (not ordered) daily
- Include start and stop date of pertinent medications
- Reassess clinical status minimum every 24 hours
 - Hospital policy is twice per day
 - If change in clinical condition, patient / family / nurse concern
 - More often if important diagnostic tests pending
 - Hourly if quasi-stable
 - Don't leave the bedside if unstable
- Further investigation if the pattern doesn't fit
- Maintain a broad differential diagnosis early in the hospital stay

TOP 25 DIAGNOSIS IN THE WARDS

Know these conditions extremely well

- Common presentation
- Uncommon presentation
- Treatment failures/common pitfalls
- Local resources
- Family guidance
- Repetitive explanations to patients/families (your “standard speech”)
- Transitional care / discharge plan

LOCAL “ANTIBIOTIC-OGRAM”

- Know what antibiotics to use empirically in your population

HOSPITAL MEDICINE - PRACTICAL POINTS

- For complex patients – use a system based approach instead of a problem based approach
- For complex patients – discuss with trusted colleagues and specialists
- Bedside manner tips
 - Touch the patient twice per day
 - Do a comprehension check
 - Tell the patient their diagnosis
 - Tell the patient WHY you order any tests or procedures and ask if they are willing
- Start the discharge planning a day ahead
- Written discharge summary for every patient

HOSPITAL MEDICINE

Common issues that are NOT the working diagnosis

- Blood sugar control
- Blood pressure control
- Delirium and sun-downing
- Renal impairment
- Electrolyte imbalance / nutritional deficiencies
- Omission of usual home medications
- Deconditioning
- Insomnia / poor sleep
- Day/night reversal
- Adverse medication events (allergies, reactions, interactions)