Cleveland Clinic Orthopaedic Surgery—Hospitalist Consultant

Rationale
The Cleveland Clinic Orthopaedic Surgery service cares for patients who are admitted primarily for surgical treatment of bone and joint problems, some of whom present with a variety of complex medical problems that are known to increase perioperative morbidity and mortality. The current structure does not always permit the most efficient care for some of these patients, particularly those with the highest complexity. The Cleveland Clinic Department of Hospital Medicine can potentially improve the medical care for orthopaedic patients with established risk factors for postoperative medical via an “embedded consultant” for hospitalized orthopaedic surgery patients.

Currently, medical care for these patients is provided by nurse practitioner or physician assistant with backup from the floor orthopaedic resident, followed by backup from the staff. The major limitations of the current structure include:

• Medical care from midlevels has limited supervision
• Orthopaedic residents providing backup for other providers are often quite busy with other responsibilities and sometimes lack the complete medical knowledge to deal with complicated medical issues
• Patients with significant medical co-morbidities may require routine medical surveillance to prevent, detect, and intervene during their hospitalization.
• The general medicine consultation service typically is called to see patients who have already developed complications, and lacks the capacity to prospectively affirm or develop a medical plan of care for high-risk or complicated medical patients.

The Orthopaedic-Hospitalist consultant physician will be a staff physician from the Department of Hospital Medicine, and in pilot phase will not generally involve internal medicine house staff. If the model has capability to be an effective teaching experience, medicine house staff may be included in the future after discussion and approval of the internal medicine residency program.

Objectives
The principal components of the “embedded consultant” include:

• Hospitalists will provide medical consultations requested by the orthopaedic surgery joint services, including medical consultation for urgent surgeries, and active/unstable medical conditions.
• Orthopaedic team will identify and patients who have elevated risk for perioperative medical complications:
  • history of MI, CAD, or angina/abnormal stress test
  • CKD
  • Diabetes
- Hypertension
- COPD requiring chronic management
- CHF
- OSA
- Cirrhosis requiring chronic management
- Use of anticoagulation in the preoperative setting for arterial or venous thromboembolic disease
- Severe malnutrition
- Severe dementia

Conversely, there is sparse evidence to argue that patients with few or no medical comorbidities or complexity benefit from an internist routinely following them. Thus, Hospitalists will not be expected to write routine orders for (or consult upon) routine, straightforward, or stable medical issues.

- Hospitalist will confer each morning with orthopaedic providers on the joint services, who will present patients who were admitted overnight, and/or underwent surgery on the prior day with an expectation of at least 48 hours' length of stay. Based on either the hospitalist pre-operative clinic note or other reliable history, the orthopaedic team will identify patients who meet the above criteria and review the preoperative medical assessment with the Hospitalist, who in the course of daily rounds will evaluate the medical care plan for such patients, review the post-operative orders, and enter a progress note into the medical record making recommendations for management of the medical problems. A process for weekends and holidays is TBD but should follow a similar approach. Thereafter, the orthopaedic team may choose to further review plan of care with the Hospitalist on daily rounds or during the day, including clinical updates, review of relevant laboratory information, and general medical questions, and the Hospitalist may be asked to update recommendations of management based on findings. Orthopaedic team may also turn to hospitalist for general questions about the medical care of patients on the service.

- When requested via order and verbal communication, and as appropriate, Hospitalist will also provide advice on medical evaluations, and/or timely preoperative medical consultation on patients with known or likely medical comorbidities, and formal medical consultation for unstable or uncontrolled medical problems.

- Hospitalist may make efforts, as able, to provide teaching to orthopaedic surgery service providers

**Ongoing Responsibilities of the Orthopaedic Team**

Success and sustainability of the program depends upon mutual professional respect of the services. In general, staff physicians should not be asked or assumed to perform tasks which are competently performed by other providers, or which in the spirit of “patient-centeredness” most appropriately reside in the sphere of another physician's expertise and training. The orthopaedic team will:
• Retain the appropriate clinical support infrastructure including residents and current PA & NP positions
• Perform daily rounding, assessments, and progress notes, and orders for routine and stable medical issues (including postop orders)
• As primary service, continue to receive the “first call” from nurses for questions and patient assessments, and the orthopaedic service will perform full and appropriate patient assessments prior to calling medical physicians for further support. Orthopaedics will be primary service for patients with orthopaedic problems that do not have substantial medical complexity (such as fractures and infections) as determined by medical staff.
• Off-hours (nights, and afternoon/nights of weekends/holidays) coverage of chronic issues, including first call from nurses with acute developments during these times to be supported by the medicine consult resident. Be available promptly for communication and patient assessment when requested by medical staff regarding patients or clinical concerns
• Follow-up on tests ordered by orthopaedic service (such as Doppler studies)
• Enter orders for consults (and subsequent recommendations) into EPIC via CPOE except those specified by the medical consultant.
• Proactively write orders for appropriate patients off the dedicated Orthopaedic floor to be transferred to the orthopaedic floor, and contact throughput team to help facilitate
• Be responsible for routine post-operative management orders including:
  • initiation of and compliance with orthopaedic protocols
  • blood and fluid management
  • pain management and routine prn medications
  • DVT prophylaxis and medications
  • wound assessment/care and perioperative antibiotics
  • admission and discharge planning, forms, and prescriptions
  • communication with families and facilitation of discharge planning

Scope of Practice for the Consultant Hospitalist:

▪ Staff hospitalist consultation is available 7 days per week from 7:30 am until 5:00 pm (until 2pm on weekends). At other times, urgent medicine consults for general medical issues will be seen by the medicine consult resident and staffed promptly the following morning. As always, emergent consultation requests during “off hours” should be triaged to the appropriate service (e.g. MICU, cardiology). “Pre-operative evaluations” unaccompanied by active problems that would require medicine intervention/management decisions should not be called to the medicine consult resident at night.

▪ For patients being actively followed, if requested, Hospitalist will order procedures, labs, and testing related to the medical care of orthopaedic surgery patients, and follow up as appropriate, and will order subspecialty consults as needed for patients being actively followed, and notify team (and/or chart) that this was done.
• Discuss the surgical management of orthopaedic surgery patients with the surgical team when Hospitalist recognizes concerns

• Discuss changes in medical condition or care with patients and families, and with primary care physician if appropriate.

• Hospitalists will be accessible to those caring for patients actively followed by this service, including the orthopaedic surgery team, nursing, social work, case management, respiratory, and occupation and physical therapy

• Hospitalists will play a role for identifying and addressing patient safety concerns on the orthopaedic surgery service, and may participate in quality improvement processes with the orthopaedic surgery team.