

Hospitalist / Principal Physician Communication

Communication Categories and Standards

Immediate Verbal

- HMS needs to communicate about an acute matter
- HMS provider contacts principal physician (PP) by phone, text or page
- PP responds concurrently

Discontinuous Appropriate / Prioritized

- HMS needs to bring a sub-acute, time-sensitive matter to PP's attention
- HMS leaves message at PP's office or sends an EMR task / encrypted email
- PP responds by next business day if verbal conversation is requested by HMS

Discontinuous Appropriate / Standard

- HMS needs to communicate a non-acute matter
- HMS describes clinical situation in discharge / transfer documentation
- PP is not required to respond unless they deem clarification or coordination is necessary

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Specific Clinical Scenarios

Immediate Verbal

Patient death

Significant care decision requiring discussion – urgent

Patient being discharged from ED, need to ensure care plan

Discontinuous Appropriate / Prioritized

Significant care decision requiring discussion – non-urgent

Status change – urgent deterioration (codes / ICU transfer)

Request for discussion about patient utilization, readmission pattern

Patient being discharged from hospital – high risk (e.g. warfarin plan, follow up testing needed)

Family complaint(s) related to inpatient care

Patient left 'Against Medical Advice'

Discontinuous Appropriate / Standard

SNF / rehab transition planning

Pain management care plan

Status change to 'DNR'

Status change to hospice

Patient being discharged from hospital – low risk

Unexpected outcome / harm during hospitalization (e.g. fall resulting in injury, iatrogenic injury)