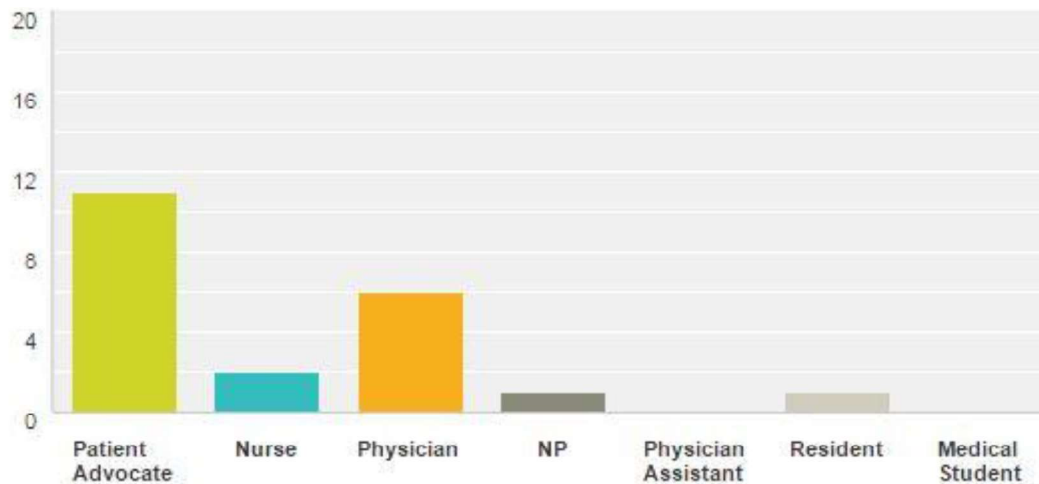


Hospital Medicine Council

Please select the role that best describes you.



Right Care Do's:

- 1. We recommend the implementation of programs designed to promote improved sleep in the inpatient setting.***

Evidence:

- Kamdar BB, King LM, Collop NA, et.al. "The Effect of a Quality Improvement Intervention on Perceived Sleep Quality and Cognition in a Medical ICU." *Critical Care Medicine*. 2013;41(3): 800–809.
- Park, Marn Joon et al. "Noise in Hospital Rooms and Sleep Disturbance in Hospitalized Medical Patients." *Environmental Health and Toxicology*. 2014;29:e2014006. PMC. Web. 26 Apr. 2017.
- Yoder JC, Yuen TC, Churpek MM, Arora VM, Edelson DP. "A Prospective Study of Nighttime Vital Sign Monitoring Frequency and Risk of Clinical Deterioration." *JAMA Intern Med*. 2013;173(16):1554-1555.
- Tamrat R, Huynh-Le MP, Goyal MJ. "Non-Pharmacologic Interventions to Improve the Sleep of Hospitalized Patients: A Systematic Review." *Journal of General Internal Medicine*. 2014;29:788.

- 2. Provide verbal (i.e. phone call) or written (i.e. email) communication with the patient's Primary Care Physician prior to discharge.***

Evidence:

- Kripalani S, LeFevre F, Phillips CO, Williams MV, Basaviah P, Baker DW. "Deficits in Communication and Information Transfer Between Hospital-Based and Primary Care Physicians: Implications for Patient Safety and Continuity of Care." *JAMA*. 2007;297(8):831-841.
- Kripalani S, Jackson AT, Schnipper JL, Coleman EA. "Promoting effective transitions of care at hospital discharge: A review of key issues for hospitalists." *J Hosp Med*. 2007;2(5):314-323.

3. **Provide the patient with personalized instructions (including education) on discharge.**
4. **All patients admitted for syncope should have orthostatic vital signs assessed prior to considering testing beyond an ECG.**

Evidence:

- Moya A, Sutton R, Ammirati F, et al. Guidelines for the diagnosis and management of syncope: the European Society of Cardiology (ESC). *Eur Heart J*. 2009;30(21):2631-2671.
- Mendu ML, McAvay G, Lampert R, Stoehr J, Tinetti ME. "Yield of diagnostic tests in evaluating syncopal episodes in older patients." *Arch Intern Med*. 2009;169(14):1299-1305.
- Johnson PC, Ammar H, Zohdy W, Fouda R, Govindu R. "Yield of diagnostic tests and its impact on cost in adult patients with syncope presenting to a community hospital." *South Med J*. 2014;107(11):707-714.
- Chang N-L, Shah P, Bajaj S, Virk H, Bikkina M, Shamoof F. "Diagnostic Yield of Echocardiography in Syncope Patients with Normal ECG." *Cardiol Res Pract*. 2016
- Shen WK, Sheldon RS, Benditt DG, et.al. "2017 ACC/AHA/HRS Guideline for the Evaluation and Management of Patients With Syncope: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines, and the Heart Rhythm Society." *Circulation*. 2017.

Syncope is defined as a self-limited period of global cerebral hypoperfusion that leads to a transient loss of consciousness characterized by its rapid onset, short duration, and spontaneous complete recovery.(Moya) Syncopal events are very frequent accounting for as many as 3% of emergency department visits and 6% of hospital admissions.(Mendu) Guidelines recommend orthostatic vital signs in the initial evaluation of all patients with syncope.(Moya) Several studies have supported this recommendation and shown that orthostatic vital signs were the most likely diagnostic test to affect management. (Mendu & Johnson) Despite the high utility and cost-effectiveness of this non-invasive test, these same studies showed that less than 50% of patients had these orthostatic vital signs recorded.(Mendu & Johnson)

5. **We recommend the use of structured verbal and written communication for shift handoffs.**

Evidence:

- Snow V, Beck D, Budnitz T, et al. "Transitions of Care Consensus policy statement: American College of Physicians, Society of General Internal Medicine, Society of Hospital Medicine, American Geriatrics Society, American College Of Emergency Physicians, and Society for Academic Emergency Medicine." *J Hosp Med Off Publ Soc Hosp Med*. 2009;4(6):364-370.
- Arora V, Johnson J. "A Model for Building a Standardized Hand-off Protocol." *Jt Comm J Qual Patient Saf*. 2006;32(11):646-655.

- Denson JL, Jensen A, Saag HS, et al. "Association Between End-of-Rotation Resident Transition in Care and Mortality Among Hospitalized Patients." *JAMA*. 2016;316(21):2204-2213.
- Starmer AJ, Spector ND, Srivastava R, et al. "Changes in Medical Errors after Implementation of a Handoff Program." *N Engl J Med*. 2014;371(19):1803-1812.

Right Care Don'ts:

1. **"Daily labs" should not be ordered in the presence of clinical stability or in the absence of a specific clinical question.**

Evidence:

- May TA, Clancy M, Critchfield J, Ebeling F, et.al. "Reducing unnecessary inpatient laboratory testing in a teaching hospital." *Am J Clin Pathol*. 2006 Aug;126(2):200-6.
- Thavendiranathan P, Bagai A, Ebidia E, Detsky AS, Choudhry NK. "Do Blood Tests Cause Anemia in Hospitalized Patients? The Effect of Diagnostic Phlebotomy on Hemoglobin and Hematocrit Levels." *J Gen Intern Med*. 2005 Jun; 20(6): 520–524.
- Napolitano LM, Kurek S, Luchette FA, et.al.; American College of Critical Care Medicine of the Society of Critical Care Medicine; Eastern Association for the Surgery of Trauma Practice Management Workgroup. "Clinical practice guideline: red blood cell transfusion in adult trauma and critical care." *Crit Care Med*. 2009 Dec;37(12):3124-57.

2. **Telemetry monitoring should not be routinely used in the inpatient setting in the absence of a specific clinical indication.**

Evidence:

- Dressler R, Dryer MM, Coletti C, Mahoney D, Doorey AJ. "Altering overuse of cardiac telemetry in non-intensive care unit settings by hardwiring the use of American Heart Association guidelines." *JAMA Intern Med*. 2014;174(11):1852-1854.
- Kansara P, Jackson K, Dressler R, et al. "Potential of Missing Life-Threatening Arrhythmias After Limiting the Use of Cardiac Telemetry." *JAMA Intern Med*. 2015;175(8):1416-1418.)
- Henriques-Forsythe MN, Ivonye CC, Jamched U, Kamuguisha LKK, Olejeme KA, Onwuanyi AE. "Is telemetry overused? Is it as helpful as thought?" *Cleve Clin J Med*. 2009;76(6):368-372.

3. **Laboratory and imaging tests should not routinely be ordered prior to evaluating and examining the patient.**

4. **Routine evaluation of acute kidney injury should not involve urine electrolytes in the absence of oliguria or hepatic disease. The decision to obtain a renal ultrasound should be made in the context of an evidence-based risk stratification framework.**

Evidence:

- Espinel CH. "The FENa test. Use in the differential diagnosis of acute renal failure." *JAMA*. 1976;236:579–81.

- Miller TR, Anderson RJ, Linas SL, Henrich WL, Berns AS, Gabow PA, Schrier RW. “Urinary diagnostic indices in acute renal failure: a prospective study.” *Ann Intern Med.* 1978;89:47–50.
- Ostermann M, Joannidis M. “Acute kidney injury 2016: diagnosis and diagnostic workup.” *Crit Care.* 2016;20:299.
- Leaf DE, Srivastava A, Zeng X, McMahon GM, Croy HE, Mendu ML, Kachalia A, Waikar SS. “Excessive diagnostic testing in acute kidney injury.” *BMC Nephrol.* 2016;17:9.
- Pahwa AK, Sperati CJ. “Urinary fractional excretion indices in the evaluation of acute kidney injury.” *J Hosp Med.* 2016;11:77–80.
- Licurse A, Kim MC, Dziura J, Forman HP, Formica RN, Makarov D V, Parikh CR, Gross CP. “Renal ultrasonography in the evaluation of acute kidney injury: Developing a risk stratification framework.” *Arch Intern Med.* 2010;170:1900–1907.

5. In the absence of neurologic findings on exam, computed tomography of the head should not be obtained to evaluate delirium or altered mental status in the inpatient setting.

Evidence:

- Lai, M. M. Y. and Wong Tin Niam, D. M. “Intracranial cause of delirium: computed tomography yield and predictive factors.” *Internal Medicine Journal.* 2012; 42: 422–427.
- heisen-Toupal J, Breu AC, Mattison ML, Arnaout R. “Diagnostic yield of head computed tomography for the hospitalized medical patient with delirium.” *J Hosp Med.* 2014 Aug;9(8):497-501.

Next Steps: Complete writing evidence supporting paragraphs and write article for publication. Also, think about what items on the list this council can organize around. This means choosing one item and identifying 5-10 specific institutions, clinics and/or hospitals nationwide where you start a campaign demanding that these institutions commit to the item selected.