Hospitalist/Cardiology Work Group: Guiding Principles for Hospitalists Admitting Cardiology Patients on April 4th

1) Respect attending/consulting role

Attending Responsibilities include (among others):

- Integrating and synthesizing views of caregivers
- Ultimate decision-making with patient

Consulting Responsibilities include (among others):

- Bringing specialized expertise to the planning and implementation of treatment plan.
- Ensuring appropriate inpatient and outpatient implementation of treatment plan specific to his/her expertise.

2) Right service/right time

Criteria for Cardiology to admit/attend patients:

- STEMI (level 1) patients
- Emergent level 2 patients (Patients with NSTEMI but who require urgent angiogram)
- Cardiac arrest/"Cool-it" patients
- Unstable Malignant Arrhythmia patients
- Patients being admitted to the medical CCU for cardiac-related reasons
- Advanced Heart Failure patients with LVADs or status-post recent (< 1 year out) transplants or on verge of transplant or <u>any</u> transplant patient admitted for a cardiac issue
- Patients being admitted for scheduled (elective) angiogram
- Patients being admitted for scheduled (elective) EP procedures
- Patients on inotropes as a bridge to transplant or VAD (not palliative)
- Post TAVR patients, unless significant medical (non-cardiac) complications occurred
- Patients transferring out of CCU that meet above criteria should have cardiology attending

Obtaining cardiology consults:

- Consult general cardiology - specialty (EP, CHF, valve) will be determined by consult coordinator
- For established MHI patients not in need of formal consult, MHI welcomes a courtesy communication
- Established MHI patients do not require a cardiology consult unless expertise needed

3) Communicate effectively

The attending hospitalist must be kept "in the loop" in order to participate in decision making, present a clear and **consistent** message to the patient and their family, and advance the disposition plan in morning rapid rounds.

The cardiology consultant and hospitalist attending should communicate daily, with the following caveats:

- verbal communication after initial consultation and for major changes such as angiogram, cardioversion, further subspecialty consultation, etc.
- Text page for substantive but more minor changes such as stress test, sign-off
- Progress note for minor changes such as med dosage, lab tests, etc.

4) Emphasize continuity in physicians

To the extent possible, turn-over in attending or consulting physicians will be limited. A basic expectation is that the same physician will follow a patient Monday-Friday.

5) Promote collaborative learning

Schedule cardiology speakers at hospitalist "Lunch and Learn" case conferences. All available cardiologists invited/encouraged to attend. **Pizza is served.

6) Provide timely and constructive feedback

Communicate feedback to the hospitalist lead (Brian French) or the cardiology leadership (David Lin, Marc Newell).

7) Foster collegiality and sense of Team

It's better for our patients ***and*** our physicians!