

Mapping Weekend Call Workflows and Resources to Support Outpatient PM&R Attendings Providing Inpatient Coverage



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Abstract

Physicians who practice primarily in the outpatient environment and do not routinely provide inpatient coverage are less likely to understand the idiosyncrasies, workflows, and culture that are specific to an inpatient service while providing weekend coverage. A qualitative analysis of stakeholder feedback regarding inpatient call coverage and workflows demonstrated alignment between inpatient and outpatient physicians' frequently used workflows and assisted in mapping shared resources for potentially time-consuming or high-risk activities. These resources were then incorporated into an educational tool for outpatient attendings taking call.

Introduction

Attending physicians with the Harvard Medical School Department of Physical Medicine and Rehabilitation (PM&R) whose primary clinical practice is based in the outpatient clinic environment provide weekend call coverage for 120 adult beds at a 132-bed inpatient rehabilitation facility (IRF). Contemporary qualitative research suggests that physicians whose clinical practice spans different practice environments may experience a marked lack of continuity and information regarding the basic logistics of providing care in a new environment and significant perceived risk to patient safety and delays in providing care.

Methods

A broad coalition of stakeholders participated in semi-structured interviews to help map workflows. Interviewees included:

- PM&R attending physicians whose primary clinical practice includes outpatient clinics
- Inpatient PM&R attending physicians
- Executive and frontline nursing leadership
- Clinical pharmacy, radiology, and laboratory services
- Admissions support and case management
- Chief PM&R residents
- Consulting physician services (i.e. internal medicine, infectious disease, psychiatry) and rehabilitation psychology
- Quality, regulatory compliance, and risk management

Interviewees were asked about commonly used weekend call workflows, shared resources, and any perceived opportunities for improvement that would help outpatient attending physicians practice safely and effectively on inpatient units, including:

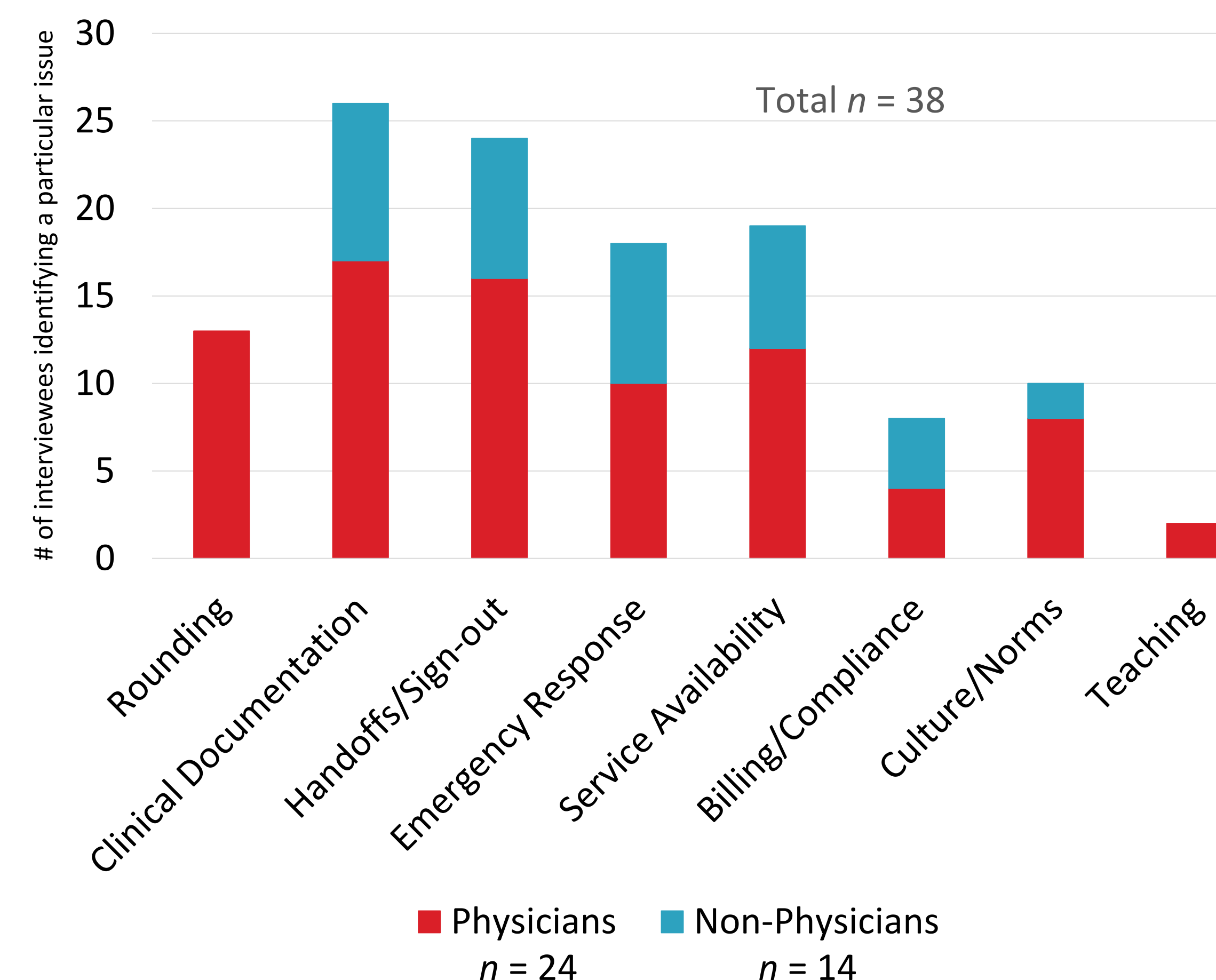
- Handoff and sign-out workflows between primary inpatient and weekend on-call teams
- Rounding and clinical documentation workflows
- Billing and regulatory compliance workflows
- Availability of pharmacy, radiology, and laboratory services on weekends
- Workflows involving responses to medical and/or behavioral emergencies by weekend coverage teams

Results

- A total of 24 physicians were interviewed, including outpatient PM&R physicians (n = 9), inpatient PM&R physicians (n = 8), inpatient consultants (n = 5), and chief PM&R residents (n = 2)
- 14 non-physicians were interviewed from nursing, clinical pharmacy, radiology, and laboratory services, quality and compliance, risk management, admissions support, and case management
- Thematic analysis of interviewees' feedback revealed common elements across both groups that included clinical documentation, handoffs and sign-out, emergency response, service availability, billing and compliance, and culture or institutional norms

- Both inpatient and outpatient physicians highlighted the importance of understanding weekend call coverage workflows related to rounding, clinical documentation, handoffs and sign-out between primary and weekend teams, emergency response, service availability and culture or institutional norms
- Resources and workflows related to billing and regulatory compliance were mentioned by a minority of interviewees in both groups
- Physician interviewees had specific feedback related to weekend rounding workflows and teaching responsibilities that were not shared by non-physicians
- Physicians have responded positively to a "Weekend On-Call Guide" incorporating interview themes so far

Figure 1. Qualitative interview themes by discipline.



Conclusions

Inpatient coverage arrangements that incorporate attending physicians whose primary clinical practice is in the outpatient clinic environment can benefit from mapping of clinical workflows related to team communication, service availability, patient safety, and clinical documentation. Workflows related to patient safety are foremost among concerns expressed by stakeholders of all disciplines and should be a priority for provider education. We intend to leverage this qualitative analysis in continued departmental process improvement work and network quality initiatives.