

# DOWNLOAD PDF TOOLS AND STRATEGIES FOR AN EFFECTIVE HOSPITALIST PROGRAM

## Chapter 1 : hospitalist recruitment and retention | Download eBook pdf, epub, tuebl, mobi

*A complete soup-to-nuts guide, Tools and Strategies for an Effective Hospitalist Program provides proven forms, schedules, and tools you need to effectively and efficiently run your hospitalist program. This is the resource you need for.*

This book was not available for: Hospitals and physician practices across the country have turned to hospitalists to combat mounting financial pressures, increasing patient flow problems, and rising malpractice suits. Unfortunately, finding the tools and resources to manage a program effectively can be a struggle. A complete soup-to-nuts guide, Tools and Strategies for an Effective Hospitalist Program provides proven forms, schedules, and tools you need to effectively and efficiently run your hospitalist program. This is the resource you need for: Four-hospitalist provider rotating call schedule [2 samples to compare! Four-hospitalist provider block schedule 4. Five-hospitalist block schedule [2 samples to compare! Protocol for determining need for on-call backup 8. New physician retention interview 9. Orientation day-one and day-four checklists Hospitalist job description at a non-teaching hospital Hospitalist job description at an academic medical center with residents Communication via Web-log and patient portal Communication between hospital and outpatient clinics Admission protocol and communication expectations Referring physician satisfaction survey [3 samples to compare! Nurse satisfaction survey [2 samples to compare! Draft communication plan for developing a hospitalist program Letter to referring physicians announcing a new hospitalist program Draft communication plan for expanding a hospitalist program Letter to referring physician announcing the expansion of hospitalist program Patient satisfaction survey [2 samples to compare! Patient-targeted hospitalist program brochure Departmental guidelines for hospitalist evaluation Hospitalist employee performance evaluation [2 samples to compare! Physician assistant employee performance evaluation Six metrics within the purview of hospitalist programs Protocol for generating a hospital report card Pre-printed order sets on thrombosis risk-factor assessment Table of Contents at a Glance.

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## Chapter 2 : Certificate in Physician Leadership | ACP

*A complete soup-to-nuts guide, Tools and Strategies for an Effective Hospitalist Program provides proven forms, schedules, and tools you need to effectively and efficiently run your hospital program.*

Treatment for complex patients is unsustainably costly, but the needs of these patients can be met with effective care strategies. PAs are poised to take lead roles in bringing cost-effective care coordination to complex patients. These super-utilizers are often patients with multiple, complicated conditions in combination with additional factors that may make them medically complex. The costs for treating patients with multiple chronic conditions has been estimated to be up to seven times as much as treating patients with only one chronic condition<sup>1</sup>. Research has shown, however, that healthcare costs can be reduced through effective care-coordination strategies <sup>2,3,4</sup>. By providing effective care-coordination and assuming care-coordinator roles, PAs can enhance their marketability as a cost-effective resource. The Cost of Care According to the Centers for Disease Control and Prevention CDC , nearly half of all adults have at least one chronic condition, and one out of four adults have two or more chronic conditions<sup>5</sup>. In adults 65 and older, this number grows to three out of four people who have multiple chronic conditions MCC <sup>5</sup>. With each additional chronic condition, there is a large increase in per capita Medicare spending. To put this into perspective: Increased frequency of health visits and hospital readmissions are, in part, driving the high cost of MCC. Hospital readmissions are similarly dominated by patients with multiple conditions. It is easy to see how MCC, which can add to the complexity of patient care, can also add dollars. When we look across age categories, we see that adults aged 65 and older make up the smallest percent of the total population Time to Coordinate Care for medically complex patients is a high priority “ not only because these patients are highly prevalent, but because managing costs benefits patients, healthcare providers, and health systems. Medically complex patients are high-need patients that frequently require coordination between multiple medical providers. Lack of coordination can result in complications, declines in functional status, increased dependency, and other negative health outcomes for patients and major costs for healthcare providers <sup>9</sup>. The current cost of healthcare spending is unsustainable. With effective care strategies, this cost can greatly be reduced. A successful care coordination program at Gunderson Health, for example, targeted medically complex patients and emphasized team-based care <sup>4</sup>. As the need to reduce healthcare costs increases, care coordinators and team-based models become critical. Across all PA specialties, the majority of their patients have comorbidities except pediatrics; the largest percentage of their patients have 3 or more comorbidities AAPA unpublished data, Programs that have experienced care-coordination cost benefits call specifically for care coordinators, which may be any medical professional. Previous research illustrates that PAs are a cost-effective resource for providing medical care, care coordination, increasing patient access, and improved patient quality PAs regularly see complex patients. They are poised to assume these care-coordinator roles and help to bring drastic reductions in healthcare costs.

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## Chapter 3 : Project Management Skills from calendrierdelascience.com

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Facebook Are hospitalist physician assistants the answer to shortages? Among them is a pressing shortage of hospital physicians and restrictions on resident duty hours that can sometimes leave a vacuum of care providers. Mayo Clinic Arizona announced the first post-graduate PA fellowship dedicated to hospital medicine in the country, according to the paper, "A hospitalist postgraduate training program for physician assistants," published in the January issue of Journal of Hospital Medicine. Unlike traditional PA training programs, this optional post-graduate program focuses on the inpatient setting. If PAs have hospital experience, most of it is in the subspecialty area. Upon completion, the PAs receive a certificate. Currently, in its third year, the program has since graduated two PAs, who were later hired at Mayo. Since the s, PAs have assisted in providing care in the OR and in other medical subspecialties. Decades later, the hospitalist PAs numbers have grown. Although duties vary by individual, institution, and even state, PAs typically round daily, admit patients, plan discharges, and lead end-of-life discussions with patients. In addition to helping with the physician shortage and duty hour limits, proponents say the hospitalist PA movement is supported by a growing body of evidence that PAs provide equal, if not better care, than traditional house staff services. For instance, a study published in the Journal of Hospital Medicine in September stated that hospitalists and PAs produce equivalent outcomes as traditional house services. When compared, length of stay, mortality, ICU transfers, readmissions, and patient satisfaction were essentially the same. Another study in the March-April issue of American Journal of Medical Quality stated that hospitalists and PAs even save more patient lives than in the resident model. Benefits of hospitalist PA training The Mayo program also touts advantages, such as a shorter learning curve. Essentially, more time and investment upfront makes them better, effective healthcare providers at the end, in a shorter time period," Will said. No only do the Mayo PAs advance faster, they are more likely to stick around and take on more leadership roles, said Will about the retention and committee work that in which PAs participate. A worthwhile investment For hospital administrators who may be wondering if this PA program would work in their own institution, the Mayo PA program could be replicated in other institutions. The curriculum could be easily implanted in any type of medical system," she said. In addition, hospital medicine nonphysician training could expand to nurse practitioners. Weekly Reader Poll How difficult is it for you to maintain a healthy lifestyle with your current workload? I can always find enough time for exercise, sleep and healthy meals. I can manage to get sometime in the week to focus on my health, though it can be a time crunch. I almost never have enough time to look after my health, I have too much work to do.

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## Chapter 4 : Table of contents for Library of Congress control number

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Bibliographic record and links to related information available from the Library of Congress catalog Note: Electronic data is machine generated. May be incomplete or contain other coding. Let hospitalists know what they can expect in return. Keep descriptions current Description of hospitalist duties-Large academic medical center with residents. Description of hospitalist duties-Small community hospital without residents Staffing, scheduling, and planning Sequence of practice development. Four-hospitalist rotating call schedule-Variation 1. Four-hospitalist rotating call schedule-Variation 2. Five-hospitalist block schedule-Variation 1. Five-hospitalist block schedule-Variation 2. Protocol-Determining the need for on-call backup. Survey new hospitalists 53 i. New physician retention interview. Orientation-Day 1, 57" Tool: Orientation-Day 4 58 Notes. The referring providers perspective. K6 Understanding the daily responsibilities of specialists. Communication with healthcare practitioners Flow of information at discharge Establishing communication pathways via a Web-log Communication between hospital and outpatient clinics in lieu of an electronic medical records system. Admission protocol including communication expectations for hospitalists and referring providers Referring physician satisfaction survey-Format 1 Referring physician satisfaction survey-Format 2. Referring physician satisfaction survey-Format 3 Nurse satisfaction survey-Format 1 Patient satisfaction survey-Format 1. Patient satisfaction survey -Format 2. Draft communication plan for a hospitalist program launch Letter to referring physicians announcing hospitalist program launch.. Draft communication plan for a hospitalist program expansion. Letter to referring physicians announcing hospitalist program expansion. Hospitalist performance evaluation-Format 1 Physician assistant performance evaluation 3. Quality improvement and data collection. Relating compensation to quality of care Hospitalist operational data and graphs Hospitalist report-Pneumonia core measures initiative 61 Tool: Name of hospitalist service quarterly report identifier A to 4 Considerations when linking compensation to quality measures Observation orders-Congestive heart failure. Coding and compliance for the inpatient physician Increased auditing activity. Challenges to determining the level of service Problem types associated with low-, moderate-, and high-complexity medical decision-making. Data to be ordered and or reviewed.. Level 2 and level 3 subsequent hospital visit comparison Differences between level three, four, and five consultations. Low-, medium-, and high-risk examples MS-sponsored EIM seminars. Hospitals Medical staff, Hospitals Administration.

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## Chapter 5 : PAs Can Bring Cost-Effective Care to Complex Patients - AAPA

*These standards should be focused on safe, effective and efficient patient-centered care in a way that serves the needs of both departments. The transfer of care between the emergency department and Hospitalist is also critically important and should also be clearly addressed within the standards.*

Fundamentals of Physician Leadership: Influence Influencing others is a major component of leadership. Influence shows physicians leaders how to first influence themselves " by developing core values and clarifying their vision " so they can effectively inspire and lead the people around them. Quality Quality and consistency are inexorably linked. Quality course offers physicians the tools and tactics they need to create consistent systems, processes and quality outcomes " along with some insight into the history of quality in medicine. Learn how to take a leadership role in developing processes for resolving ethical dilemmas facing physicians, patients and their families. Build medical ethics into organizational culture, policies and procedures. Put the organization to the test by gauging its commitment to ethics. Negotiation With the right skillset, anything can be negotiated " rank, salary, schedule and more. Negotiation demonstrates the steps that make up all negotiations, and it shows physician leaders how to leverage that structure to create the career and lifestyle they want. Strategy development occurs in three interdependent stages: Strategic thinking is about analyzing and interpreting information. Strategic decision-making is about which strategy to pursue. This course focuses on the third aspect " strategic planning. The word "strategy" gets used a lot but defining it can be frustratingly elusive. This course explores the true meaning of strategy, what strategies are good for, and the difficulties in creating and implementing shared strategies. Series gain access to the tools necessary to source, hire, develop and compensate talented providers. This program provides expert instruction and actionable takeaways to recruit new physicians, host performance-based conversations, incentivize positive behaviors by redesigning compensation models and retain top performers. The focus is on operations and investment, and the integration of financial principles into those areas. The basic principles of finance will be taught along with the mechanical skills of manipulating financial tools, giving each participant a thorough understanding of the key areas required to both build and grow a fiscally healthy organization. Physician leaders and their organizations can experience meaningful growth through conflict. Keep conflict in check with the insights offered in Resolving Conflict. Those tasked with leading teams are presented with challenges that must be dealt with efficiently. This course will introduce leaders to new approaches for improving team performance through effective communication, innovative problem-solving, and conflict management. Strategies and templates discussed in the course will allow learners to evaluate personal team-based experiences while drawing connections to industry examples. The course walks through basic system design, testing, and validation, system scaling, system maintenance " all to help physicians create lasting, high-quality change in their work environments. Use the strategies here to build physician trust, provide performance feedback and implement change. Explore key elements designed to promote higher levels of physician engagement and deliver effective solutions. With these principles, leaders can open lines of communication with teammates, foster accountability in every employee and empower peers and colleagues to achieve incredible things. This course introduces areas of vital importance that every CEO should be aware of in relation to the financial health of their organization. After completing this course, leaders will be able to speak authoritatively about important financial concepts, plan for strategic decision making, and unite employees to improve quality and reduce costs.

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## Chapter 6 : Hospital Medicine Management

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By Lon Safko long Read Every business plan, campaign, or project comes down to Tactics, Tools, and Strategies hence the subtitle of my book. To conceive, develop, and implement a sound social media marketing strategic plan that will be successful needs to have those three critical components. And, many start with developing a sound strategy, then determine which tactics and tools best suits their needs to accomplish their goals. For this example, I will take them in the order of Strategy, Tactics, and Tools. To begin, you may need to do some homework, look around the web, get some thoughts, read a book or two like *The Social Media Bible*, and read some blogs. This will provide some exciting ideas about where you would like to start the process of developing your plan. When you begin to develop your high level strategy you will find that multiple strategies will immediately emerge. You may identify two, three, four, of even a dozen different, sound strategies that will achieve your goals. Continue to develop all of the possible strategies you can until you have either exhausted all of your ideas or developed a list of strong candidates to choose from. The next step is to explore each possible strategy you developed and weigh each one for their ROI Return On Investment. You will have to choose, one or possibly two strategies to begin with. The idea is to increase revenues by augmenting your existing marketing strategy by adding social media as a significant component to your plan. The primary and ultimate goal in any successful business strategy is to increase revenues. Each of the three strategies above are dependent the one another. They are all directly connected to each other and any one; will drive, increase, and improve the remaining two. Be aware that Building Community is more than just a buzz-word. It refers to actually developing a following and engaging our customers and prospects in each of the social media platforms from blogging to microblogging, to Facebook or MySpace, to RSS feeds and comments, to more email list sign-ups. This is accomplished in the same way as we developed the high level strategy. We must realize that Building Community is probably the most ambitious and most resource intensive strategy in the list, while also returning the most significant pay-off of any identified. When we take a close look Building Community and determine our mid level strategies we might find the following list. Given enough resources, you are wise to go back and develop an integrated plan that includes all of the high level strategies you have identified above. Step Three – Low-Level Strategy The third and last step in developing a sound social media strategy is to now choose one of the mid level strategies. So, at this point we have determined that: We are going to implement that strategy both on and off line to fully integrate our existing conventional marketing strategies and our newly developed social media marketing strategies. Once our plan is fully developed we will begin implementation immediately. We need to connect with our audience, demographics, community, customers, and prospects to get them engaged in our brand and increase awareness, which will ultimately increase revenues. We will execute this strategy with in-house staff with only a little assistance from our external marketing company. We will utilize all of the available tactics and tools that social media and the Internet has to offer. Next comes the Tactics. If we know that we want to increase revenues by building community, by driving traffic to our blog, what are all the many ways the ways you can do that? Well the news of the death of the king has been greatly exaggerated. Good content is why people read your blog. Good content is why people come back and read your next blog. Good content is why people RSS feed your blog. And, good content is why people refer your blog to friends, colleagues, and potential customers. Rich Media In the early days of web development when bandwidth was at bits per second, not the , to , bits per second it is today, most every web site only contained text and maybe an image. As bandwidth increase so did the web page content. Great content today needs to include as much richness as possible. SEO Search Engine Optimization Because your blog resides on the Internet in the form of an html web page, every rule that applies to standard web pages still apply to your blog, if you want your posts found and indexed by the search engines. A very basic rule of driving traffic to your blog is the ability to be found; first by the search

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engines, then by your customers and prospects. Many of the technical necessities are either fully automated or are provided to you in the form of a widget or plug-in. The second reason is that the search engines will read these alt descriptions and factor them into the overall keywords for your blog and you will get extra points in the search engine page ranking if they match the content. Keyword Meta Tags Just like standard web pages, the search engine is looking for a keyword list in the header of your html code that tells the search engine what you think are the most important list of keywords that it should use when someone types their keywords into the search engine query. The search engine looks at your keywords and the words used in your content and if they match, you get more page rank points. So be sure you have one of the automated keyword suggestion tool plug-ins installed so all you have to do is look at the suggested list of keywords it provides on your blog post and select the ones you think are relevant. There are even plug-ins that search the Internet and look for associated words and popular keyword combinations or keyword phrases and provide those suggestions for one-click addition. A couple of clicks and a ton of extra page rank points! Remember, if you want your prospects to find you, you have to make it easy for them! You can even increase your page rank points if the documents you are linking to such as a Word doc or pdf document also use the same keywords in their titles. These are free and generally only a click to get them to work their magic. An example of this would be to include words like Apple, iPad, Facebook, or Google gratuitously in your blog just to get the search engines to use them as keywords or make those words a priority so that when people type Apple iPad Social Media into a search engine request, your blog comes up in the SERP Search Engine Result Pages. While using these gratuitously is unethical, working them logically into the content when appropriate would certainly help your page rank and drive you to the top of the search engines. Google Juice You can also climb to the top of the search engines by simply having a lot of content. The more content you have which contain the same or similar keywords, the more likely you will come up on page one of a google search for those words. My Google Juice is currently topping , individual pages that reference me personally. So just by continually creating and posting your blogs, commenting on other blogs, and encouraging others to mention your blog, you gain Google Juice. In this case, more is better. Integration The next factor you should look at applies almost always when incorporating social media into your conventional media mix, and that is Integration. Nearly everyone forgets this very simple exercise; integrate your conventional marketing with your new social media marketing. Social media marketing is identical to conventional marketing, but for only two reasons; social media marketing is two-way communication and it uses different tools. Here are a few ideas to get you started with integration: You get the picture. You can Tweet your blog address and encourage your followers to stop by your blog for better, more complete insights that are greater than characters. This post would have taken more than 30 individual Tweets to send. Also be sure that your blog site is clearly mentioned and obvious on your Facebook Fan page, your LinkedIn profile, and any other social network you are participating in. And when you send out an email blast, be sure your blog address is not only in your automated signature, but also in the content of your email. Tell people to visit your blog. Be sure to set your Google Alerts for all of the keyword phrases you use in your blog. Note which web pages and blogs are returned. Go to each of the top blog sites and participate. Read the blogs and place valuable comments on those blogs. Add new information, a different perspective, maybe argue a different point of view, but participate. Listen first, then participate. You would never walk up to a group, interrupt them, and begin telling them what you sell. That would be completely inappropriate behavior. Step up to the group, listen for awhile, and when you have something of value to add, wait for the right time and add it. You are now part of that trusted micro-community. When the blogger reads your posts and think they are worthy of linking to, you are building a trusted relationship and building Link Love. You can also ask the blogger if you could post an excerpt or all of one of their blogs on your site with a link back to their original blog. When you do that, you are building Link Love and you cooperatively marketing each others blog sites. In this example you would want to take some time to identify or depending upon your expertise have someone identify the best tools available to execute each of your tactics. An example would be: Once you have gone through the above exercise and have reached this point

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you have completed a fully developed, one successful social media strategy, which can now be incorporated into your existing marketing campaign. Now comes the real effort, the implementation. It takes work and it takes time. Once you have successfully implemented this strategy and are fueled with enthusiasm by the results, go back to the top and start again with either a new high level or select one of your mid level strategies and start the process over again. Implementing any successful strategy will increase your awareness, build your brand, engage your community, drive traffic, and ultimately increase your revenues! Below is a graphic of what I have been discussing for all of us out there who are visual. The graph below is a minor over simplification of the intended final product. Author of The Social Media Bible advertisement.

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## Chapter 7 : Health Care's OB Hospitalist Teaches Risk Managers to Take Risks : Risk & Insurance

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Process Evaluation Planning Tool p. Did the program follow the basic plan for service delivery? What are the program characteristics? This tool elaborates on questions posed in the Process Evaluation Planning Tool, providing information on the following: How well did the program work? Comparisons of the Common Evaluation Designs p. The developers recommend conducting a pre-post method with a comparison group, but if that is not feasible, than to do a pre-post. The following evaluation designs are assessed: While quantitative methods typically seek to answer who, what, where and how much, qualitative methods answer why and how. Linking Design, Collection and Analysis at a Glance p. Outcome Evaluation Tool p. How will continuous quality improvement strategies be incorporated? The CQI Tool summarizes findings from earlier steps and determines how this information will inform changes to program implementation. The following questions are listed: Does the program continue to fit with your agency both philosophically and logistically and your community? Have the resources available to address the identified needs changed? How well did you plan? What suggestions do you have for improvement? How well was the program implemented? How well did you follow the plan you created? What were the main conclusions from the process evaluation? How well did the program reach its outcomes? What were the main conclusions from the outcome evaluation? Who is involved Using this resource would require the involvement of many individuals and resources since evaluation and continuous quality improvement activities are long-term and ongoing processes. Some individuals who would be involved include program directors, program managers, public health nurses, public health nutritionists, health promotion officers, program coordinators, research and evaluation specialists and project specialists.

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### Chapter 8 : Formats and Editions of Tools and strategies for an effective hospitalist program [calendrierdel

*Use the strategies and tools in this book to develop, implement, and sustain a successful hospitalist program. Strategic planning for your hospitalist program The first half of the book provides a strategic perspective on hospital medicine.*

Here are five critical risk management steps psychiatrists, psychologists, counselors and social workers should take now to mitigate liability exposure. According to statistics compiled by the CDC in , nearly 8 percent of students had been in a physical fight on school property within the previous year, and 21 percent reported being bullied. Six percent said they skipped at least one school day because they did not feel safe. Schools are increasingly battling violence, and when injured parties seek to hold someone accountable, behavioral health specialists often find themselves on the front lines. In order to provide the best care or guidance while also protecting themselves from liability, behavioral health specialists should follow these five steps: Obtain informed consent for adolescent clients from the right authorities. Before they share such information, it is important to obtain informed consent from the person who has the legal authority for the child. This may inhibit any effort to prevent a violent act from taking place and increases liability exposure for the behavioral provider. The first step is identifying who has legal authority to provide consent. The type of record kept depends on the setting and scope of care provided. A psychiatrist working for a hospital system may use an electronic health record, for instance, while an outpatient social worker may use more informal means. Determine your duty to warn about potential violence. Some states absolutely mandate that providers warn law enforcement if a patient indicates they will commit a violent crime, while others say they may provide warning, but are not required to. New Jersey, for example, recently strengthened its duty to warn standard as part of a new law limiting gun access to any person posing a threat to themselves or others. Consult a legal professional about making predictive statements. Schools may occasionally ask mental or behavioral health practitioners if a student presents a future risk of harm. If the student has been expelled, for example, the school may want a letter from the provider stating whether it is safe for them to return to school. Court systems may also ask for letters of support regarding youth who are in state custody. Develop an incident response plan. Reporters may reach out. Depending on the severity of the act, there may be a full investigation. Providers should contact an attorney and their insurance company to avoid exposing themselves to unnecessary professional liability risk. Because of the many legal and ethical nuances of treating youth at risk for violence, turning to an experienced consultant can help make critical decisions easier. Lambert herself began her career as a clinical social worker working in both hospitals and outpatient clinics before obtaining a law degree, practicing as a lawyer and a risk manager. Our goal is to provide the services and coverages necessary to allow behavioral health providers to focus on practicing and spend less time worrying about their exposures. Such subsidiaries currently carry an A. Coverage is offered only through licensed agents and brokers. Actual coverage may vary and is subject to policy language as issued. Coverage may not be available in all jurisdictions. Allied World is a global provider of innovative property, casualty and specialty insurance and reinsurance solutions.

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## Chapter 9 : Cardiac Rehabilitation Change Package | Million Hearts

*Table of contents for Tools and strategies for an effective hospitalist program / Jeffrey R. Dichter, Kenneth G. Simone.*

Everything you need to manage an effective hospitalist program is right where it belongs--in one easy-to-access book and CD-ROM set! Hospitals and physician practices across the country have turned to hospitalists to combat mounting financial pressures, increasing patient flow problems, and rising malpractice suits. Unfortunately, finding the tools and resources to manage a program effectively can be a struggle. A complete soup-to-nuts guide, *Tools and Strategies for an Effective Hospitalist Program* provides proven forms, schedules, and tools you need to effectively and efficiently run your hospitalist program. This is the resource you need for: Four-hospitalist provider rotating call schedule [2 samples to compare! Four-hospitalist provider block schedule 4. Five-hospitalist block schedule [2 samples to compare! Protocol for determining need for on-call backup 8. New physician retention interview 9. Orientation day-one and day-four checklists Hospitalist job description at a non-teaching hospital Hospitalist job description at an academic medical center with residents Communication via Web-log and patient portal Communication between hospital and outpatient clinics Admission protocol and communication expectations Referring physician satisfaction survey [3 samples to compare! Nurse satisfaction survey [2 samples to compare! Draft communication plan for developing a hospitalist program Letter to referring physicians announcing a new hospitalist program Draft communication plan for expanding a hospitalist program Letter to referring physician announcing the expansion of hospitalist program Patient satisfaction survey [2 samples to compare! Patient-targeted hospitalist program brochure Departmental guidelines for hospitalist evaluation Hospitalist employee performance evaluation [2 samples to compare! Physician assistant employee performance evaluation Six metrics within the purview of hospitalist programs Protocol for generating a hospital report card Pre-printed order sets on thrombosis risk-factor assessment Table of Contents at a Glance.