

VTE Protocol Among Winning Posters

Judges chose from 195 submissions in RIV competition | By Jane Jerrard



Attendees look over the 195 posters presented April 3.

The best and brightest thinking from today's hospitalists was on display in the poster presentations in San Diego. Of 265 abstracts submitted to the Research, Innovations and Clinical Vignettes (RIV) Competition, 195 were accepted for poster presentations.

"The quality and quantity of abstract submissions increases every year," said Sylvia McKean, MD, course director of Hospital Medicine 2008.

Best in Show

"It's been a banner year for the poster presentations," said Jeffrey Greenwald, MD, hospital medicine unit director, Boston Medical Center, as he announced the winning abstracts during the President's Lunch on April 5:

■ **Research:** "Prevention of Hospital-Acquired Venous Thromboembolism: Prospective Validation of a VTE Risk Assessment Model and Protocol, Greg Maynard, MD, MSc, professor of clinical medicine and chief of the division of hospital medicine at the University of California, San Diego.

■ **Innovations:** "Can Tissue Models Be Used to Teach Central Line Placement? Phase II of the Procedure Patient Safety Initiative (PPSI), Annie R. Harrington, MD, Cedars-Sinai Medical Center, Los Angeles; and

■ **Clinical Vignettes:** "A Case of Salty Voluminous Urine, Twylla Tassava, MD, Saint Joseph Mercy Hospital, Ann Arbor, Mich.

Other Notable Works

Param Dedhia, MD, presented research he conducted with colleagues from Johns Hopkins Bayview Medical Center titled "Safe STEPS: Safe and Successful Transition of Elderly Patients." The group developed an interdisciplinary, multifaceted intervention in this area, which included:

- A history and physical exam tailored to geriatric patients;
- A "fast facts fax" to communicate with the primary care physician;
- An interdisciplinary team worksheet for centralized input;
- A medical evaluation including a detailed review with the pharmacist; and?

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■ A pre-discharge appointment.

The results: A 15-question survey showed a 60% to 90% jump in patient satisfaction. A health assessment by self-report showed improvement as well, and the number of revisits and readmissions dropped from 10% to 3%.

“The Impact of Fragmentation of Hospitalist Care on Length of Stay and Post-Discharge Issues” was presented by Kenneth R. Epstein, MD, MBA, of IPC-The Hospitalist Company. Dr. Epstein and his colleagues used an observational study of data from IPC’s billing and clinical database on inpatient admissions with pneumonia with complications and heart failure and shock. They wanted to see if fragmented hospitalist care—care provided by more than one hospitalist—affected outcomes for these patients.

Using a fragmentation formula that included the number of days as an inpatient and the number of hospitalists who provided care, they found that for every 10% increase in fragmentation, the length of stay increased 0.45 days for pneumonia patients and 0.38 days for heart failure patients.

The country’s first fellowship for physician assistants (PA) specializing in hospital medicine was detailed in “The Mayo Clinic Arizona Post-Graduate PA Fellowship in Hospital Internal Medicine.” Kristen K. Will, MHPE, PA-C, co-program director of clinic’s PA Fellowship Program, outlined how her institution initiated the fellowship in October. The program will train one PA using hospital medicine-specific clinical rotations, didactic instruction, and teaching modules.