

Joel Auslander, MD

Young Clinician Award 2010

Investigator Profile

Education

- MD, University of Connecticut School of Medicine, 2004
- BA, Biochemistry, Columbia University, 1997



Clinical /Professional Appointment

- Hospitalist Physician, General Medicine, Newton-Wellesley Hospital
- Assistant Clinical Professor, General Medicine, Tufts University

Recent Honors and Awards

- 2008, Locke Teaching Award, Newton-Wellesley Hospital
- 2004, Medical House Staff Teaching Award, Oregon Health Science University

Impact on Care

- Once a week, Hospitalists at Newton-Wellesley Hospital are handing off anywhere from six to eighteen patients to one of their colleagues.
- It has been recognized that the hand-off process in hospitalist medicine is fraught with error for a variety of reasons, including the inability to remember key facts that may have occurred several days prior, assumptions that other clinicians such as house staff will relay key information to the new hospitalist, as well as lack of involvement in the hand-off by key clinicians such as primary care providers.
- A novel OnService MD® software has been developed and implemented to facilitate the hand-off process from one hospitalist to another. However, there is no system in place to evaluate the effectiveness of this technology-enabled hand-off process.
- More efficient and effective hand-offs would benefit care by providing an improved environment in which to communicate key clinical aspects from one physician to the next

Abstract

We propose to study our communication at handoff using the new OnService MD® software. Once a week, each hospitalist that has picked up a new service will receive a survey that he or she will need to fill out within 24 hours that will rate the completeness of the handoff process by the previous hospitalist.

Questions on the survey will include but not be limited to the following:

1. Rate the overall hand-off of the previous hospitalist from 1-10
2. Were all patients included in the hand-off?
3. List any important aspects of patient care not included in the hand-off process
4. Was the hand-off too brief or too lengthy? Please explain.
5. Were all involved clinicians (both in the outpatient and inpatient setting) identified?
6. Were the names of the primary care provider and/or relevant consultants included in the hand-off process?

Survey results will be analyzed weekly and communicated back to the hospitalist who performed the hand-off.

The long term goal is that OnService MD® software improves not only the subjective measures of hospitalist handoffs, but ultimately also quality measures in patient care. In the future, we hope to be able to compare quality measures between hospitalist services that do and do not use the new software.

