Facilitating role definition between GP and Specialist in the Hospital Setting

Dinner April 11th 2018: Internal medicine and nephrology

Outcomes:

- Generated a dialogue, which can be perpetuated at the hospital.
- Identified specific needs from GPs, hospitalists and specialists. Created mutual understanding.
- Clarified some aspects of good referrals.
- Cultivating trust and support should be an ongoing project.

Attendees: Stefanie Houde, Janet Fisher, Alex Baxter, Kate Foreman, Trevor Aiken, Ralph Berhens, Chiara Pretto, Kristen Edge, Deanna Teichrob, Heather Stefanison. Danuta Ksiazek, Sam Segal, Paul Raju, Susan Benzer, Chi Zhang, Tara Howse (KBPA Project Coordinator)

Overview of the discussion

Communication

- There was a clear voicing that we offer each other support when someone feels overwhelmed.
- It is generally well received to ask a question without necessary getting a consultation. During the conversation, it can then be decided if a formal consultation is needed.
- When GP asks for a consultation, it is useful to discuss when it will be done, if the specialist expect a certain delay before seeing the patient, it might be totally ok but GP might have a specific question to discuss in the interim.

Shared care

- Specialist expect from GP : provide connection with community resources, with family, help with complex patients (as a sounding board, a second pair of eyes...)
- Overall the specialists have been providing great support in the cases of patients coming to KBRH as increased level of care centre.

Internal medicine

- Continuity of internal medicine follow up is currently being improved. Recruitment in progress, which will help.
- If we need to talk to IM about a pt who has already been seen by an internist who is not on call anymore, call the new internist

Nephrology

- There is a need to improve communication from HD unit to the floor. Chart should be brought with pt to HD unit. If medication or specific treatment given : should be written in progress note?
- Nephrologist usually take charge bp, lytes and Hb for nephrology patients. If we feel comfortable to initiate/ modify treatment they are ok with us doing so... They also welcome any question on that aspect.
- Don't hesitate to visit the renal unit!

ICU

- It is good practice to reassess a patient if their condition is changing and they might require ICU, before calling ICU md.
- GP supportive visit are appreciated in the ICU, certainly even more when the goals of care are obscure.
- Transferring out of ICU: As a group we identified that as we never know when a patient will finally get a bed on the floor, it makes continuing care difficult

Questions? Comments? Please contact Dr. Stefanie Houde at ***stefhou@hotmail.com***