

# MEDICAL PEARLS TO HELP YOU NAVIGATE AND BE SUCCESSFUL IN THE INPATIENT WORLD

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# DISCLOSURES

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Nothing to disclose

# EDUCATIONAL OBJECTIVES

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- Focus on areas of medicine that are important to the success of your practice and helping patients.
- Building relationships, strong communication, effective leadership, establishing empathy, managing one's time and doing the little things are what we will discuss.
- Review four cases to show how these attributes can have a positive or negative impact.
- Blend some medical pearls into our discussion
- Note: 8-year-old daughter may have helped me with some slides

# DISCLOSURES

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Nothing to disclose



# WHO AM I?

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- Hospitalist for 24 years
- Created, developed, and led multiple Hospitalist programs.
- Worked with multiple clinical teams in three academic medical centers (Wake, Mayo, ECU).
- CMO for six years at Wake Forest. ACMO for 3 years before that.
- Done a lot of stuff and led a lot of teams
- I have learned from each experience, and I'm still learning!

# AAPA FEEDBACK

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- “He talks about how little things are important but he made a mistake on his slide.”
- “He said MD sometimes, PA sometimes, NP sometimes and student sometimes. Made me feel disrespected.”



PHOENIX, ARIZONA

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**MEDICINE IS ABOUT  
LEADERSHIP**



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**MEDICINE IS ABOUT  
RELATIONSHIPS**

# LEADERSHIP

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- We were taught about the medical care of patients, but most of us did not get much training on leadership.
- Understanding leadership is critical for your success and for patient care
- “Leadership is the responsibility to see those around us rise” – Simon Sinek



# A FEW LEADERSHIP THINGS I HAVE LEARNED

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- **Leadership is not about you!**
- People will do things because you have authority, but that doesn't mean they would trust or follow you.
- Those who lead should inspire us. When a team knows that, and trusts you, your team gets better.
- When they believe in the mission, they are likely to give you everything they have.
  - You will attract others to the cause.



## KOBE BRYANT DISCUSSING INSPIRATION

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- Kobe Bryant on Why He Had the Best Father in the World 🧐

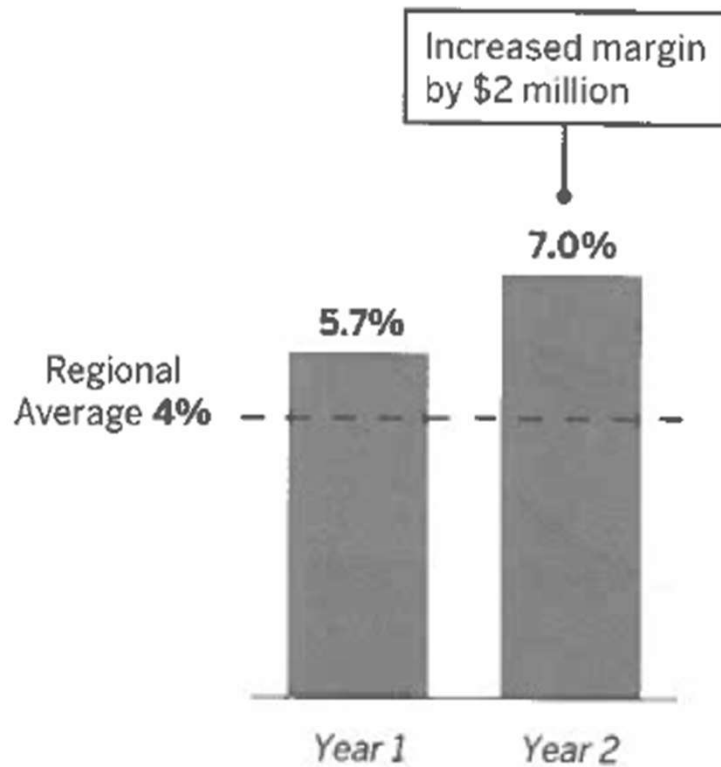


# EMPATHY/SAFE SPACE

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- Create an environment where it is safe to admit mistakes, be honest about shortcomings, and ask for help when needed.
- When you take care of and support your team, they will give you everything they have.

# ORGANIZATIONAL PERFORMANCE



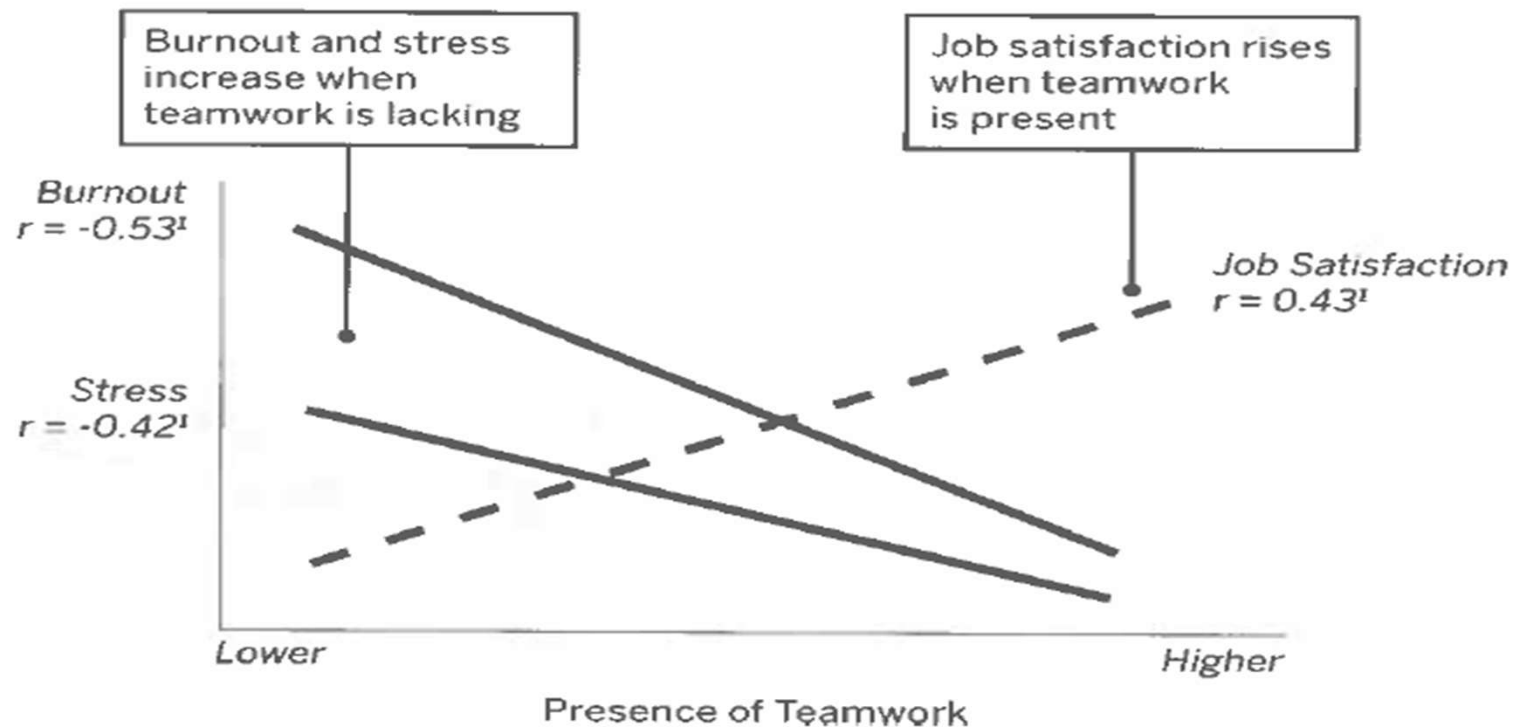
**Midwest community hospital increased operating margin to 7% with implementation of improved teamwork**

## **Margin Improvement Initiatives:**

- Increased number of patients who preregister
- Initiated earlier discharge process to reduce LOS
- Decreased wait time for outpatient procedures

# PREVENTING STRESS AND BURNOUT PROMOTING JOB SATISFACTION

## Correlations Between Satisfaction-Related Factors and Teamwork



Source: Spear, J et al., "Job Satisfaction and Burnout in Mental Health Services for Older People." *Australasian Psychiatry*. 2004. 12(1): 58-61



# CASE

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- 47 year old female with history of hypertension presents to ED with tremors, nausea and irritability. Also with hallucinations.
- Drinks 6-8 beers a day, but had recently stopped.
- Diagnosed with alcohol withdrawal and given Lorazepam, IV Haloperidol, and one dose of Chlordiazepoxide in ED.
- Patient stabilized and is admitted to your service

# MEDICATIONS FOR ALCOHOL WITHDRAWAL

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- Lorazepam effect: Lasts around 6-8 hours. Half-life is 12 hours
  - May need to taper to prevent rebound symptoms or withdrawal seizures.
- IV Haloperidol effect: Usually works within an hour. Half-life is around 14-26 hours.
  - Adjunct to benzodiazepines when alcohol withdrawal is not controlled by benzodiazepine therapy.
- Chlordiazepoxide effect: Peak concentration occurs over several hours. Half-life is 24-48 hours, but it has a metabolite that can last from 36-200 hours.

# CASE

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- Patient doesn't wake up for 48 hours.
- Vital signs and labs stable (CBC, Electrolytes)
- You anchor on alcohol withdrawal and patient needing time for the sedation to wear off.
- On day #3, the nurse for the patient comes up to you and asks you a question.

**What did she ask?**



# CASE

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- Could the patient also have hepatic encephalopathy?
- You check an ammonia. It's 140 micromol/Liter.
- You check an abdominal ultrasound: Significant cirrhosis
- You give the patient Lactulose. She wakes up.
- Your nurse colleague saves the day!!

# SAFE SPACE

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- **What is your sentence?**
- When you come around, does your team think “Danger, Danger!”
- You set the tone. Have your people think “Safe, Safe” when you enter the room.
- Can you learn to care, collaborate and be supportive? I think so, but it’s easier for some than others.

**Erik is Safe!  
Super Safe!!**



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**MEDICINE IS ABOUT  
COMMUNICATION**

# COMMUNICATION

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- Critical component of an effective team. When everyone on the team knows the mission and direction, you are more likely to move forward.
  - Open Communication
  - Clear expectations
  - **Listening**

# EXAMPLE OF COMMUNICATION

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## Hospital Readmissions Committee

“We have too many readmissions in the hospital. We need to lower readmissions because that will improve our reputational rankings and reduce our Medicare financial penalties, especially with CHF and COPD. If we reduce this metric significantly, we’ll get a bonus. We can make a difference.”

Who is ready to improve Readmissions?



# EXAMPLE OF COMMUNICATION

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## Hospital Readmissions Committee

“Everything we do here is to help our patients. People come to the hospital because they want to get better. We want them to feel better, be protected in their home environment and have the best quality of life they can. On this committee, we will work together to keep people where they want to be after discharge and not return to the hospital. We will make a difference.”

Who is ready to improve Readmissions?

# CASE

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- 16 month old admitted to the hospital secondary to complications from prior gastroschisis repair
- Nurse calls to inform physician that Potassium was low
- Physician gives verbal order to nurse to give 60 mEq of IV Potassium

# CASE

- Potassium Password:
  - Hypokalemia-



# CASE

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- Potassium Password:
  - Hypokalemia- *Hypomagnesemia*

# CASE

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- Potassium Password:
  - Hypokalemia- *Hypomagnesemia*
  - Hyperkalemia-

# CASE

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- Potassium Password:
  - Hypokalemia- *Hypomagnesemia*
  - Hyperkalemia-

# CASE

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- Potassium Password:
  - Hypokalemia- *Hypomagnesemia*
  - Hyperkalemia- *Hemolysis*

# CASE

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- Potassium Password:
  - Hypokalemia- *Hypomagnesemia*
  - Hyperkalemia- *Hemolysis*
  - IV Potassium-



# CASE

---

- Potassium Password:
  - Hypokalemia- *Hypomagnesemia*
  - Hyperkalemia- *Hemolysis*
  - IV Potassium- *It can burn (IV Magnesium also)*

# CASE

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- Potassium Password:
  - Hypokalemia- *Hypomagnesemia*
  - Hyperkalemia- *Hemolysis*
  - IV Potassium- *It can burn (IV Magnesium also)*
  - Oral Potassium tablets-

# CASE

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- Potassium Password:
  - Hypokalemia- *Hypomagnesemia*
  - Hyperkalemia- *Hemolysis*
  - IV Potassium- *It can burn (IV Magnesium also)*
  - Oral Potassium tablets- *Hard to swallow*

# CASE

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- Nurse questions the dose as being high. (Patient actually needed only 6 mEq).
- Physician berates nurse over the phone. Tells her “I’m the doctor. You are a nurse. You do what I say.”
- Nurse gives 60 mEq IV Potassium
- **RESULT:** Patient codes and dies

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**MEDICINE IS ABOUT  
CARING**



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**MEDICINE IS ABOUT THE  
LITTLE THINGS**

## LITTLE THINGS QUOTE



**Be faithful in small  
things because it is  
in them that your  
strength lies.**

*Mother Teresa*

# CASE

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- 19 year old female with no medical history
- Studying in her dorm room in college
- Suddenly notes not feeling well. Positive for nausea, weakness and shortness of breath. Had URI symptoms for the prior two days.
- Ambulance called to room. While EMT's are in room, patient loses consciousness and becomes pulseless
- Receives two rounds of CPR and pulse returns. Codes again on way to ED and is intubated.



# ORAL CONTRACEPTIVES

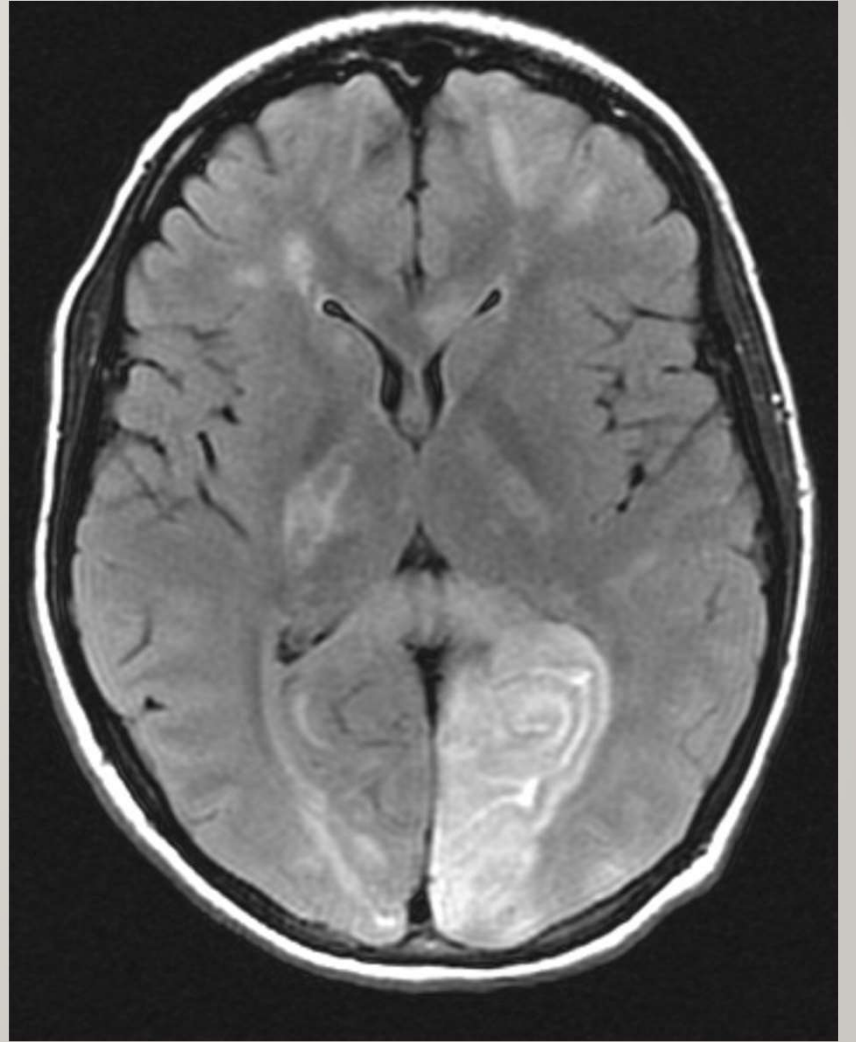
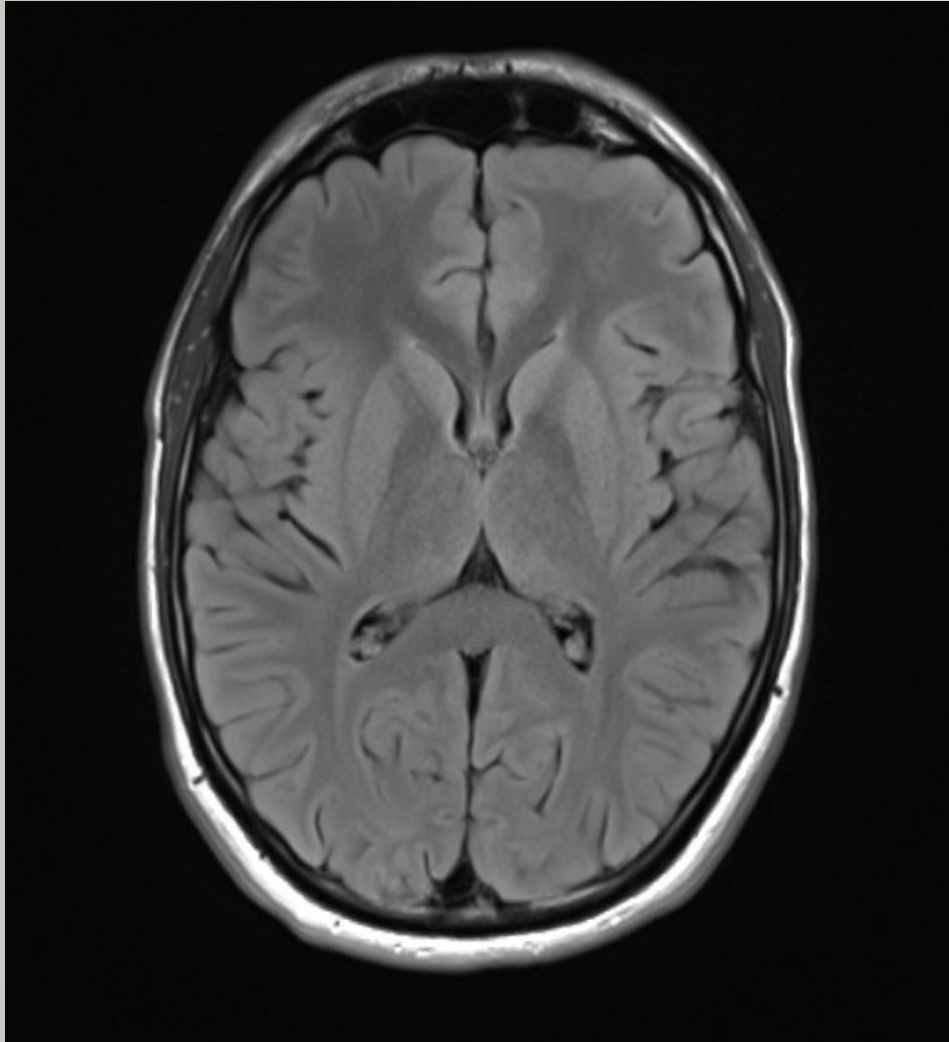
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- Different types of formulations
- Combined OCP's (COCs) can contain progestogen and estrogen.
- COCs have an increased risk for venous thromboembolism (VTE) which is likely due to induction of procoagulant proteins by estrogen.
- While COCs increase the risk of VTE by 3-3.5 times, the risk is still very low.
- Associated risks include:
  - Smoking
  - Age > 35 years old
  - Obesity
  - Hereditary thrombophilia's (Factor V Leiden, etc.)

# CASE

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- Stabilized in ED and brought into ICU
- Transitioned to VA ECMO due to cardiogenic shock
- Hemoperitoneum and profound lactic acidosis. Possible bowel ischemia.
- Placed on CRRT for renal failure
- No purposeful movements for 5 days. Suggestions of posturing.
- Family at bedside every day
- MRI of head obtained on hospital day #5



# NOW WHAT?

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- Medical provider on your team suggests the “case is over.”

# NOW WHAT?

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- Medical provider on your team suggests the “case is over.”
- You tell the provider: “Actually, this case has just begun.”

# NOW WHAT?

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- Medical provider on your team suggests the “case is over.”
- You tell the provider: “Actually, this case has just begun.”
- Why did I say that?

# MOMENTS

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- There are moments in Medicine that will come to you. How you deal with those moments matter.
- You have the ability to make a difference for a lifetime.
- One of the great skills in Medicine is the ability to imagine the perspective of a patient or family.



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**MEDICINE IS ABOUT  
TIME MANAGEMENT**



# CUT AND PASTE

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- Pros:

- Fast and Quick
- Most people do it
- Easy
- Time saver

- Cons:

- Outdated data can be transferred
- Source of data is often not ascertained
- Data accuracy is a concern
- Can forget to supplement information as opposed to replacing it
- If errors made, can be framed as an integrity issue.

2023 Mortality review of 1,100 inpatient deaths: Only 2 were possibly associated with a “Cut and Paste” error

# CUT AND PASTE

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- Recommendations:
  - Cut, Paste, and Edit
  - Separate acute from chronic information
    - Hospital synopsis tends to be static
    - Subjective, Physical Exam and Assessment/Plan are fluid
  - Be vigilant with transfer notes and the discharge summary

# TIME MANAGEMENT

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Trust, but Verify on Patient Handoff's

## LABORATORY VALUES MAY NOT BE WHAT THEY SEEM ON FIRST GLANCE

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- Positive ANA  $\neq$  Lupus
- Elevated BNP  $\neq$  Heart failure
- Elevated Troponin  $\neq$  Myocardial infarction
- Elevated Procalcitonin  $\neq$  Bacterial infection

# History is The Key

- 7 decades ago: the correct diagnosis can be made after history-taking alone in 74% of patients *(Platt R. Manchester University Medical School Gazette 1947; 27:139-145)*
- Comparing the relative value of history, exam, and labs in making medical diagnoses: correct diagnosis determined after only history in 82% of patients *(Hampton JR, Br Med J 1975;2:486-489)*
- In 1992, Petersen reproduced the above study: found that the history led to the correct diagnosis 76% of the time *(Peterson MC, West J Med 1992;156:163-165)*

# CASE

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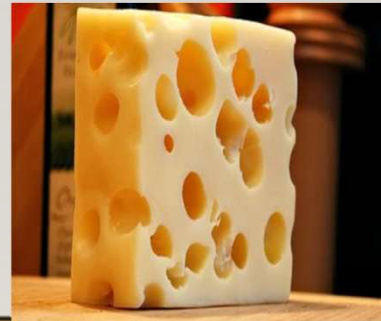
## The ED provider calls with an admission.

*“65-year-old female with hypertension and diabetes brought to the ED with anxiety whose blood pressure is elevated (220/95). IV Labetalol is bringing it down. Might be a good idea to watch her overnight.”*

Hospitalist still has patients to see and 2 other admissions.

Hospitalist tells the ED team: “Send her up.”

ED provider puts in some initial admit orders.





# CASE

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**Patient is placed in the ICU and nurse calls inpatient provider.**

*“Patient’s blood pressure is 218/107 and she is maxed out on IV Labetalol. The patient is anxious and has a headache”*

It’s 5:30 pm and the Hospitalist’s shift ends at 7. He still has 2 other admissions left.

Vital signs reviewed in the computer and everything “looks good” except the blood pressure.

If you were the provider, what should be your first thought at this moment?

**Answer: I need to go see this patient**



# CASE

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## Inpatient Provider gives an order over the phone.

*“How about Nitroprusside? Does that sound okay?”*

Nurse replies: “That sounds good. That worked in a patient I took care of last week.”

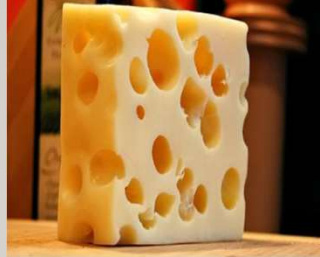
Hospitalist finishes up for the day, and passes off this admission to the night team.

Checkout: “Hypertensive urgency, needs H&P and orders.” Provider goes home.





# CASE



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## **Nitroprusside**

- When administered by IV infusion, begins to act within one minute or less.
- Vasodilator (arterioles and veins)
- This drug can produce a sudden and drastic drop in blood in blood pressure.
  
- Cherney D, Straus S. Management of patients with hypertensive urgencies and emergencies: a systematic review of the literature. J Gen Intern Med 2002; 17: 937
- Jauch EC, Saver JL, Adams HP Jr, et al, "Guidelines for the Early Management of Patients With Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association," Stroke, 2013, 44(3):870-947.
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# RESULT

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- **Patient suffers a massive left-sided stroke and is debilitated to this day.**
- Patient presented to ED with dysarthria and right arm numbness that was resolving.
- Neurology was consulted in the ED to evaluate for tPA. Their note stated “Concern for acute ischemic event.”
- ED placed on stroke order set. Stroke order set stated that “IV Nitrates are contraindicated.”
- Blood pressure dropped from 218/107 to 105/60 with 2 minutes on IV Nitroprusside.

# TAKE HOME POINTS/SUMMARY

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- If you take care of patients, you are in a leadership role
- Inspire the people around you with open communication and approachability
- Establish the “Why” through a patient-centered approach.
- Create your sentence (“Safe, safe”)
- You never know when you can make a difference
- Medicine is a caring and service-oriented profession
- Even in times of high stress, take a step back and look at the whole patient
- Never stop learning

# QUESTIONS

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“People will forget what you said. People will forget what you did. But people will never forget how you made them feel.”

- Maya Angelou

