Seeking the next generation of hotspotters!

Have you noticed those patients that visit the hospital again and again, whose faces are now recognizable to you? Every hospital has these patients with complex care needs who are admitted three times or more in a six to nine month window. Starting with one patient, you can gain insights into the root causes that lead to repeat visits to the emergency room or hospital. You can help these patients get better care. You can become a hotspotter.

Start with one patient, follow our 10 steps, become a hotspotter.

One patient can yield many insights.
One student can make a difference.
One resident
One attending
One provider
You

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Ten Steps to Hotspotting:
Creating the Next Generation of Hotspotters

This guide focuses on identifying just one patient who has been cared for in the inpatient setting three times or more over the past six to nine months. These ten steps will provide a simple but powerful way for you to connect with the patient, get to know him or her as a person, and see what you can learn and what you can change. Start today. Follow these ten steps. Become a hotspotter.

Step 1: With help from your legal department, prepare a media and medical record release form that will allow you to interview the patient and review their old billing and medical records. (Sample available in the online toolkit.)

Step 2: Approach a social worker, hospitalist, attending, discharge planner, nurse, or other care team member and ask that person to page or text you when someone who has been in the hospital multiple times (three or more) over the past six to nine months is admitted again.

Step 3: Meet the patient at his or her bedside and begin to learn this person’s story. Introduce yourself and explain that you are trying to learn more about the challenges patients face getting health care. Explain that you would like to get to know him or her, talk with the person during the hospital stay, continue to meet after discharge, and view his or her hospital records. If the patient agrees, ask him or her to sign the release form. If willing, you may also ask the patient if he or she would consent to being audio or videotaped for a wider audience, and if so, obtain an additional signature.

Step 4: Coordinate with the discharge planner so you know when the patient will be discharged as well as when any follow-up appointments with a primary care physician and/or specialist are scheduled. Seek permission from the patient to meet him or her at follow-up appointments.

Step 5: Go to the patient’s home, shelter or other residence on the day he or she is released if the patient agrees. If the patient consented, take a digital recorder or flip cam and record the interview. Don’t go alone, bring a fellow “hot spotter” with you. (This could be another student, a social worker, community health worker, or other colleague who wants to learn more about how to improve care for complex patients.) Find out who this patient is, his/her likes and interests, where he or she grew up, as well as learning about his or her recent experiences seeking health care. The goal is not to get a medical history but rather to better understand the patient’s personal circumstances, which will provide insights into this person’s struggles with getting care in an outpatient setting. (Sample interview questions available in the online toolkit.)

Step 6: Go with the patient to any follow-up medical appointments as an observer and find out what health care looks like from the patient perspective. If the patient is eligible to apply for any social services, go with him or her so you can see firsthand what that process is like.

Step 7: Obtain a copy of the patient’s billing record from the hospital and put together a summary that shows how many times the patient has been admitted to the hospital or emergency room in the past year and the total charges for the patient. Find someone in the billing office who can help you understand the data and put together a summary using excel graphs and tables.

Step 8: Prepare a case report of the interview and medical history that sheds light on your understanding of why the patient has had to be hospitalized so many times and share it with your colleagues. Identify potential interventions that might improve the patient’s ability to access needed care and services outside the hospital or emergency room.

Step 9: Assemble a multidisciplinary team of physicians, nurses, social workers, quality improvement experts, and other health professionals for a case conference. Enlist the support of a faculty member, if needed. Discuss the case, refine interventions and explore how representative this patient is of other patients with similar needs. What do these patients have in common? Where does our health system fail them? What costs are incurred because of preventable care for these populations?

Step 10: Meet with the hospital CEO, medical school dean and/or faculty member to discuss the clinical, educational and financial implications of this one patient’s story. If the patient is willing, bring him or her with you. What conclusions do you draw from this case, and what recommendations do you have for improvements?

www.aamc.org/hotspotter