



NEWS RELEASE

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Hospitalist Co-Management Program for Neurosurgery Inpatients Reduces Medical Complications and Length of Stay

Study in May 2024 issue of The Joint Commission Journal on Quality and Patient Safety

(OAKBROOK TERRACE, Illinois, May 2, 2024) – Medical complications are common among neurosurgical patients and can jeopardize their clinical results, leading to longer lengths of stay, higher costs, and higher readmission and mortality rates. A [new study](#) in the May 2024 issue of *The Joint Commission Journal on Quality and Patient Safety* (JQPS) evaluated the impact of a hospitalist co-management program on clinical outcomes in neurosurgical patients.

The study, “Impact of a Hospitalist Co-Management Program on Medical Complications and Length of Stay in Neurosurgical Patients,” aimed to determine whether general neurosurgery inpatients benefit from a hospitalist-led co-management program in terms of mortality, complications and use of resources. Researchers at Hospital Universitario 12 de Octubre, Madrid, Spain, used a quasi-experimental study design to compare a historical control period to a prospective intervention arm.

During the intervention period, patients admitted to a neurosurgery inpatient unit were included in the co-management program if they were:

- Older than 65 years old.
- Suffered certain conditions such as diabetes, heart failure, asthma, chronic kidney disease and more.
- Admitted from the intensive care unit (ICU).

The program incorporated two hospitalists into the neurosurgery team. These hospitalists intervened in the patients’ diagnostic and therapeutic plans, participated in clinical decisions and coordinated patient navigation with neurosurgeons.

Findings showed significant reduction in the incidence of relevant medical complications and length of stay in the co-managed patients but revealed no difference in in-hospital mortality. This may be partially explained by the study's patients' overall low mortality rates resulting in a small sample size.

“Growing evidence suggests that co-management is effective when used in a rational and selective manner rather than as a hospitalist-take-all approach,” notes an accompanying editorial by Robert Metter, MD; Amanda Johnson, MD; and Marisha Burden, MD, MBA. “Evidence from the past two decades suggests that hospitalist co-management is most beneficial in selected, higher-risk groups of surgical patients and less beneficial when used routinely for all patients.”

Also featured in the May issue are:

- [Team Relations and Role Perceptions During Anesthesia Crisis Management in Magnetic-Resonance Imaging Settings: A Mixed Methods Exploration](#) (Geisel School of Medicine, Dartmouth College, Hanover, New Hampshire)
- [Taming the Wild West of Procedural Safety: Assessing Interprofessional Teams in Non-Operating Room Anesthesia](#) (editorial)
- [Preoperative Communication Between Anesthesia, Surgery, and Primary Care Providers for Older Surgical Patients](#) (Geisel School of Medicine, Dartmouth College, Hanover, New Hampshire)
- [Development and Evaluation of I-PASS-to-PICU: A Standard Electronic Template to Improve Referral Communication for Interfacility Transfers to the Pediatric ICU](#) (University of Iowa Stead Family Children's Hospital, Iowa City, Iowa)
- [Refining a Framework to Enhance Communication in the Emergency Department During the Diagnostic Process: An eDelphi Approach](#) (University of Michigan, Ann Arbor, Michigan)
- [Involving the Patient and Family in the Transfer of Information at Shift Change in a Pediatric Emergency Department](#) (Hospital General Universitario Gregorio Marañón, Madrid)
- [Improving Outcomes in Patients Sent to the Emergency Department from Outpatient Providers: A Receiver-Driven Handoff Process Improvement](#) (University of Iowa, Iowa City, Iowa)
- [Implementation of an Interdisciplinary Transfer Huddle Intervention for Prolonged Wait Times During Inter-ICU Transfer](#) (Northwestern University Feinberg School of Medicine, Chicago)
- [Handoffs and Care Transitions: Interviews with Chris Landrigan and Theresa Murray](#) (JQPS)

The May issue is part of JQPS' 50th anniversary celebration. Each month, a topic of importance to the *Journal* and The Joint Commission will be highlighted. In addition to the articles described above, the May issue has an open-access list of handoff and care transition articles previously published in the *Journal*.

For more information, please visit the [JQPS website](#).

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Note for editors

The article is “[Impact of a Hospitalist Co-Management Program on Medical Complications and Length of Stay in Neurosurgical Patients](#),” by Álvaro Marchán-López, MD; Jaime Lora-Tamayo, MD, PhD; Cristina de la Calle, MD, PhD; Luis Jiménez Roldán, MD, PhD; Luis Miguel Moreno Gómez, MD, PhD; Ignacio Sáez de la Fuente, MD, PhD;

Mario Chico Fernández, MD, PhD; Alfonso Lagares, MD, PhD; Carlos Lumbreras, MD, PhD; and Ana García Reyne, MD, PhD. The article appears in *The Joint Commission Journal on Quality and Patient Safety* (JQPS), volume 50, number 5 (May 2024), published by Elsevier.

The Joint Commission Journal on Quality and Patient Safety

[*The Joint Commission Journal on Quality and Patient Safety*](#) (JQPS) is a peer-reviewed journal providing healthcare professionals with innovative thinking, strategies and practices in improving quality and safety in healthcare. JQPS is the official journal of [The Joint Commission](#) and [Joint Commission Resources, Inc.](#) Original case studies, program or project reports, reports of new methodologies or the new application of methodologies, research studies, and commentaries on issues and practices are all considered.