



DR. BHARAT BHUSHAN, THE “CONTEXT-SETTING” HOSPITALIST: PRACTITIONER OF KAIZEN

Medicine

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KEYWORDS

The hospital is a complex environment that is largely intolerant of errors, mainly cognitive errors, mistakes that a clinician makes despite “knowing better”. It is an important benchmark for hospitals throughout the world. Dr. Bharat Bhushan has introduced a checklist-based methods for human factor analysis that is enormously helping providers to make the correct decisions to fine tune their own thought processes and to reduce hospital based errors. A zero-error patient journey is a cherished dream of any team. Dr. Bhushan's insightful contributions is enabling it to realize in hospitals around the nation.

Dr. Bhushan is currently a hospitalist and Lead Nocturnist at Covenant Medical Center at Lubbock, affiliated with Sound Physicians. Earlier, he served as Medical Hospitalist/ Program Directors at University of Pittsburgh Medical Center (UPMC) Jameson Hospital and Horizon Hospitals (Shenango Valley and Greenville campuses) Hospitalist Program. Earlier, Dr. Bhushan served as an Administrator and general practitioner in the Fujairah Port Clinic and Welcare Hospital in the United Arab Emirates. He completed his initial medical training from Gandhi Medical College in Bhopal and served a residency in medicine at the same institute. Amongst his numeral unique contributions, one of his pioneering work involved the assessment of documentation of advance directives in very sick patients in the intensive care unit (ICU) and the coronary intensive care unit (CCU).

In 1991 the United States Congress enacted the Patient Self-Determination Act, which was an endeavor by the government to improve the completion rates of advance directives for individuals. Despite enactment of this law, alarmingly, the completion rates of advance directives have remained relatively low and unchanged with only 18-36% of adult Americans having completed a document. This important issue was systematically examined in an original retrospective analyses by Dr. Bhushan and his clinical team at the Prince George County Hospital, Cheverly, Maryland, when he served a residency in Internal Medicine. This preliminary study highlighted for the first time related to the inertia in accurately documenting advanced directives in discrete critical areas of hospital functioning, namely the ICU and the CCU. The published work appeared in the journal Archives of Medical Science. Nearly 90% of healthcare spending in the United States is on the management of chronic conditions (per statistics from the Centers for Disease Control and Prevention, 2015). As the baby boomer generation, which already has a high number of chronic conditions, ages, the challenges faced by the American healthcare system will be further intensified. One key aspect of chronic disease management is advanced and continued care. Dr. Bhushan has provided us with a viable framework to increase advance directive completion rates and has passionately driven the field for compliance for nearly the last decade.

While the majority of Americans state that they would prefer to be cared for at home if they were terminally ill (according to Institute of Medicine, 1997), most have not imbibed the essential steps to ensure that their wishes are followed if they are unable to speak for themselves. Failure to participate in advance care planning can result in patients receiving undesired life-sustaining treatments, elevated emotional distress of surrogate decision makers, and increased healthcare costs. The Institute of Medicine (2015) has identified advance care planning as “critically important” improving end-of-life care in the United States. Dr. Bhushan has encouraged triaging to identify patients that are at an increased risk of death in the next several months, which has emerged as a revolutionary tool in prioritizing which patients should have advance care planning conversations. Dr. Bhushan has led a campaign in ensuring the fidelity of documentation

of advanced directives by the attending physicians in the hospital, which, he emphasizes, is important to have an accurate count of patients' wishes, enabling planning in advance.

Pain management is a key aspect in patient care, especially in the postoperative period. For example, bariatric surgery patients need efficient pain management, as inability to move out of the bed after surgery often leads to lung collapse and worse outcomes. Balancing the pain management act is to prevent reliance on pain medications, as well as prevent adverse effects of the pain management agents including opioids. Recently, the use of medical marijuana has tremendously increased in the United States and many western nations. Dr. Bharat Bhushan was one of the lead to highlight the cardiac and other risks of marijuana and its impact on hospitalized patients. Dr. Bhushan is dedicated to set the fine clinical balance between well-defined use of an analgesic agent and prevent chemical dependency as well as adverse effects of the harsh therapeutic molecules.

As a hospitalist, Dr. Bhushan is deeply committed to efficient pain care, especially in post-surgical patients being cared for in the hospital. This simplistic method however is quite required and is a first step to prevent excessive reliance on pain medications., also addressing the current issues of opioid epidemic across the globe. Dr. Bhushan is a vociferous proponent of a multimodal, evidence – based approach. Implementation of this innovative concept leading to minimal hospital stays was facilitated by the seamless and simultaneous development and coordination for regional anesthesia techniques for pain control. Dr. Bhushan is a robust advocate of the concept of “eCASH” (early Comfort using Analgesia, minimal Sedatives and maximal Human care) and uneventful recovery of the patients in the perioperative period in the hospital. Effective pain control, as he shingly mentioned, enables early ambulation.

An important area of facilitation post-surgery in the care manual of Dr. Bhushan is early mobilization. Early mobilization of the critically ill patients is important, even if the patient is on temporary mechanical ventilation. This has significant impact on prevention of clot formation in the deep veins of the legs and the prevention of pulmonary embolism, when these clots dislodge to the lungs to create cataclysmic outcomes. An overarching aim, which is nuanced but rigorous, is to push the patients to the threshold for complete physiological recovery. Early mobilization is possible, and Dr. Bhushan stresses on its implementation by the special multidisciplinary hospital team that he provides an overall supervision in his clinical leadership roles. Dr. Bhushan is passionate about educating all team members with protocols, so that they are fluent and are able to implement them in their field of expertise. He lays out a simple, professional, relaxed personal and professional attitudes, which leads to critical implementation.

Dr. Bhushan has made important pioneering contributions in understanding the pathophysiology of neurocognitive disorders and brain injury in the complex medical patient. He has enabled the diagnosis of multiple sclerosis in a young individual who had presented with hemiparesis and stroke-like features. Movement disorders are often very difficult to diagnose. The careful and meticulous dissection of a demyelinating lesion is a representation of Dr. Bhushan's acumen and clinical finesse. His achievements clearly show that he outperforms in all these roles in efficient management of any presentation that he encounters in the hospital.

Delegating activities to memory has often resulted in errors. It is being

increasingly appreciated that flow checklists are efficient navigating high-risk points. Dr. Bhushan has demonstrated and emphasized that the checklists enhanced safety, without reducing hospital efficiency. Medication errors and delay in admissions mainly results from miscommunication between staffs. Dr. Bhushan has brought in a novel frontier to the functioning of the hospital. He adapted what is known as the systems theory, which, much like the functioning of the human body, proposes to study the whole system and the inter relations between its different parts. Using these principles, Dr. Bhushan has shown that human errors may not result from individual failings, but rather brought on by the entire environment. In a landmark report to the Congress "*To Err is Human*", the Institute of Medicine (IOM) suggested that quality improvement must be visualized from the whole healthcare system. Leonardo Da Vinci said, "Simplicity is the ultimate sophistication" However, dense network is currently the environment across the entire hospital. Dr. Bhushan has introduced the novel concepts of complexity sciences in managing the hospital workflow, urging to embrace complexity to become system thinkers rather than reductionists.

Dr. Bhushan has adapted unique approaches to strategy and has transformed the way to run the hospital synchrony. As a leader, he has set himself as the context setter, the designer of a learning experience—not projecting as a paternal figure with solutions. All his colleagues at the grassroots appreciate that they own the problem, they also discover that they can help create creative answers, and they pursue it very quickly, and in a novel fashion, with a lot more ideas than the old-style strategic direction could ever have prescribed from a top-down headquarter-style view, resulting in smooth functioning daily.

Top physician leaders like Dr. Bhushan have inspired all his staff to learn to work together in partnership. The process and behaviour introduced by Dr. Bhushan have driven authentic strategic changes. Dr. Bhushan has morphed a successful environment in the hospital, which is usually at the edge of chaos. He has created an atmosphere of *kaizen*, showing his utmost commitment to improving human performance.

Dr. Bhushan has helped realize that the better the team, the safer the world. He has cultivated the golden rules of group interaction in high risk environments. Dr. Bhushan is highly respected for recognition strategies for prompt decision heuristics, situation assessment patterns and communication. He has always been proactive, anticipatory and forceful interaction with other fellow physicians and caregivers and all staff members. Leaders like Dr. Bhushan provide the vision and are the context setters. He engages his entire team, so that the actual solutions about how best to meet the challenges of the moment, those thousands of strategic challenges encountered every day, have to be made by the people closest to the action—the people at the coal face, all the human elements inside the hospital.

Advance care planning is a set of process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals, and preferences regarding future medical care. The aim of advance care planning helps to ensure that people receive proper medical care which is consistent with their values, goals and preferences during serious and chronic illnesses. Such planning is a key component of establishing person and family-centred healthcare. These proactive decision making has been shown to improve quality of life and end of life care for individuals, to reduce decision-making burden, suffering and bereavement distress of family members, and to improve efficiency and cost shifting within the healthcare system as a whole.

Dr. Bhushan should be lauded for his strategic agility, which is at the helm of highest quality care for his patients at their moments of vulnerability. He is an epitome of high safety patient care in the hospital. He has demonstrated, by analyses and practice, that having a conversation about advance planning with a healthcare provider not only increases the likelihood that the patient will finish the documentation regarding an advance directive, but also the likelihood that the patient's wishes will be followed at the end-of-life. Given the barriers to advance care planning in the community and low utilization of outpatient advance directives in hospital settings, it is unclear if advanced planning in primary care for adults who have experienced homelessness is effective and efficient use of clinical time. Dr. Bhushan, through intelligent use of the web, has raised the literacy of the community that offering advanced planning has significant impact

on patients' hospital care and allow wishes to be honored when individuals lose capacity for medical decision-making, particularly at the end of life. Outpatient advanced planning even for the most socially vulnerable patients is feasible, often impactful, and Dr. Bhushan has demonstrated by his practice that it should be integrated into routine primary care. Importantly, Dr. Bhushan's emphasis on advanced directives impact planning for organ harvesting, which have had a significant impact in obtaining much needed organs for transplantation. Dr. Bhushan's compendium of thoughtful clinical achievements is what adds to the reputation of US hospitals at a global scale. Dr. Bhushan has excelled in his roles in playing a beacon for peer education for advanced care planning.

The rising prevalence of heart failure in response to changing demographics and the modified natural history of disease in response to effective treatments is well known. For the individual and family, heart failure has a wide-reaching personal impact, with diminution in the quality of life and function within society, and a lengthy dependence on healthcare services. This high cost to the individual as well to the healthcare services is currently projected to increase further, yet there is little emphasis in practice on solutions to prevent or manage its implications. During the course of heart failure, the costs of medical care are largely driven by hospital admission and are highest in the year after diagnosis and in the last half-year of life. The most common predictors for higher care costs are comorbidity (the cause of around three-quarters of readmissions in people with heart failure) and advanced stage of disease. Management of people with New York Heart Association Class IV heart failure accounts for 70% of total annual heart failure costs. While the first peak in costs following diagnosis is intuitively appropriate, the second peak at the end of life raises valuable concerns about inappropriate admissions and the use of invasive, burdensome and futile interventions. People with advanced disease are in double jeopardy: if inappropriate care is being received, they may not receive the care which would be helpful to them and their families. Prioritisation of clinical service time for life-prolonging interventions to the exclusion of an assessment of the emotional needs of patient and family may not be serving at all time. Dr. Bhushan, in his visionary study, had projected these issues of balance of care versus rising costs in his seminal study.

Advance care planning is important in all aspects of medical care. For example, it supports people to consider and communicate their future treatment preferences in the context of their own goals and values. For people with chronic kidney disease (CKD), these planning processes can indecision regarding the burden of dialysis, uncertainties about the future and inevitable death, and broaden the focus from dialysis and maintaining physical health to identifying and addressing goals that patients have for their remaining lives. These enormously contributes to the overall well-being of the individual.

Approximately one-quarter of the total Medicare expenditure is consumed looking after people during the last year of life. Health care resource expenditure for aggressive end-of-life care in the last month of life takes a megashare of almost 7% of the total Medicare budget; end-of-life care for patients with advanced cancer constitutes a significant portion of this massive outlay. The association of palliative care into end-of-life care not only improves quality of life and patient and caregiver satisfaction but also reduces health care costs. The National Comprehensive Cancer Network and National Consensus Project for Quality Palliative Care recommend that physicians regularly discuss end-of-life planning with patients with incurable cancer and a life expectancy of less than 1 year. The goal of palliative care, according to National Comprehensive Cancer Network guidelines is "to anticipate, prevent, and reduce suffering" and such care "begins at diagnosis and should be delivered concurrently with disease-directed, life-prolonging therapies. The planning process is best initiated early and readdressed often with patients who have advanced or poor-prognosis cancer. This practice, detailed in the Institute of Medicine's report, "Dying in America," is embodied in several quality metrics, including ASCO's Quality Oncology Practice Initiative and the Centers for Medicare & Medicaid Services Oncology Care Model.

Documentation of advanced directives is universally applicable in cancer care and constitutes a vital element of oncologic palliative care. Decrease of symptoms and suffering are most effective when provided early, well before a patient becomes eligible for hospice. Palliative care can be administered along with cancer treatment, integrated with

standard oncologic care. In my realm of practice of oncology, it is not an overemphasis of the significance of advanced planning and the relevance of Dr. Bhushan's pioneering work, given that the threat of death hangs like a "*sword of Damocles*" round the clock. Dr. Bhushan has introduced pragmatic methods to avoid intensive care unit admission when it does not align with patient and family goals. Dr. Bhushan has shown us the righteous pathway that open and honest conversations should be initiated at the earliest opportunity when encountering a patient with guarded prognosis and at the higher end of morbidity. Dr. Bhushan's clinical insignia helps us to prepare patients with serious illnesses to face end-of-life with dignity.



Figure 1 Dr. Bharat Bhushan