**ABSTRACT:**

The hospitalist is the fastest growing health care specialty in the United States (Wachter, 2008). Hospitalists provide primary care and address issues related to chronic diseases in a holistic way while patients are hospitalized. Traditionally viewed as a role for physicians, adult nurse practitioners are now practicing as hospitalist, meeting the ever-growing general health care needs of hospitalized patients and improving quality care, as well as the financial bottom line of hospitals (Gregory, Baigelman, & Wilson, 2003).

Adult nurse practitioners are well-positioned for the hospitalist role. Studies have shown that nurse practitioner productivity and outcomes of care are comparable to that of primary care medical physicians (Cowan et al., 2008; Pioro et al., 2001).

Most nurse practitioners in hospitalist roles are employed by health care organizations and are usually a member of a collaborative team comprised of nurse practitioners and physicians. The nurse practitioner is usually responsible for the direct care of a group of inpatients - performing pertinent physical examinations and clinical evaluations, managing clinical care, performing procedures, ordering and reviewing diagnostic studies, ordering and monitoring medications, participating in short-term and long-term planning of patient care with members of the inter-professional team, and coordinating the transition to outpatient care. This allows physicians to manage more patients and provide supervision to physicians in training.

At academic medical centers, the limiting of resident hours has made it possible to have more nurse practitioners (NPs) who staff the service during the week from 7:00AM to 6:00PM. The hospitalist model at Thomas Jefferson University Hospital includes two nurse practitioners (NPs) who staff the service from the teaching services when patients are stable. Direct admits from the emergency room, and inpatients who are stable, but waiting for nursing home placement, are transferred to the service from the teaching services when patients are stable.

The patient population of the hospitalist service includes:

- inpatients who are stable, but waiting for nursing home placement,
- uncomplicated sickle cell crisis patients,
- patients who have had complicated hospital stays and need some “fine tuning” of their chronic conditions before they leave the hospital,
- patients with uncomplicated cellulitis,
- uncomplicated DVT’s (meaning they have no pulmonary embolism and only one or two chronic diseases), and
- patients who have no insurance who need a multidisciplinary team to help manage their medical and social issues.

Patients are admitted to the hospitalist service from a variety of entry points:

- direct admits
- admits from the emergency room,
- transferred to the service from the teaching services when patients are stable.

**REFERENCES:**


