VIEWPOINT

The High-Profile Patient—Ensuring Good Care for the Entire Hospital

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The opportunity to care for the high-profile or celebrity patient can be a source of recognition and pride for a hospital. That said, caring for this numerically small but reputationally outsized population cannot be allowed to distract from the care of other patients. The high-profile patient can inadvertently disrupt the ability to provide routine care as a result of his or her expectations and demands, the effect of his or her social status on caregivers, or as a result of the measures taken to protect his or her privacy. While there is helpful literature on how to appropriately care for the high-profile patient,[1-4] these approaches must be nested in a perspective of ensuring high-quality and reliable care for all patients and protecting their privacy.

Every attempt should be made to follow standard procedures. Teams caring for the high-profile patient should understand the importance of all patients receiving the appropriate amount of attention. The high-profile patient should be treated like all others including use of house staff and allied health professionals. This practice safeguards the high-profile patient from omissions of more senior staff when placed in unfamiliar roles.[1] It also ensures that care is provided by personnel best equipped to do so. Consultants or additional caregivers should be chosen based on their expertise and not on their status. Under no circumstances should consultants self-refer, and the patient should understand that requests for additional consultation will be honored but will go through the primary team. The temptation to a priori involve department chairs or unit directors should be resisted unless they are the most effective person at providing the care needed.[2]

To maximize safety, care for the high-profile patient should occur where it is usually delivered.[1] Nursing and ancillary staff on specialty units are uniquely attuned to the specific care requirements of their core patient population. This usually means avoiding the use of "VIP suites." The specific room location should be chosen to best accommodate the patient's medical and special needs (eg, security detail) and avoid drawing extra attention to the patient or interfering with the normal function of the unit and the care of other patients.

The temptation to overdo care for the high-profile patient needs to be managed, specifically, limiting the patient's exposure to unneeded testing[4] and unnecessary staff and traffic that can have adverse effects including hospital-acquired infections. For similar reasons, members of the core team should be instructed not to physically enter the patient's room more than routinely required.

The high-profile patient is more likely to receive "heroic care," in which a well-meaning physician intent on being the captain of the ship unwittingly fragments care with uncoordinated actions.[5,6] The primary team should serve as the final common pathway of care and be responsible for all order entry. It should be ensured that consultants are just that; they are there to provide opinions on which the core team may or may not act. Consultants should not enter orders or make decisions without discussing care with the primary team in case those decisions conflict with other treatment strategies.

It may be helpful to explain these approaches to the patient and potential consultants prior to the admission, if feasible. When doing so, we recommend that clear expectations be agreed on regarding the frequency and route of communication so as not to distract caregivers from their obligations to other patients. Ideally, the primary attending physician should provide an overview on a daily basis. It may be helpful to outline expectations of the time that can be provided and how requests for communication outside of these windows will be handled and by whom (eg, a senior resident, physician's assistant, or nurse practitioner). The patient or his or her proxy should identify who is authorized to be present for updates. If several consultants are involved, as with any other patient, it is ideal for them to be present when the primary attending physician communicates with the patient so as to avoid misunderstandings and immediately resolve differing perspectives on care.

The second great challenge is protecting the privacy of the high-profile patient, in accordance with federal and state laws. We recommend that relevant hospital stakeholders (at a minimum, patient and family relations, security, media relations, marketing, risk management, and corporate compliance) create a formal checklist that can be used to ensure that necessary procedures have been implemented from admission through discharge and follow-up. Part of this approach should include a mechanism for determining which aspects of the checklist should apply. For example, prominent members of the hospital community or their families may require some but not all aspects of the protocol compared with an international celebrity. The protocol should address ways to optimize the patient's experience and address preferences and expectations prior to, during, and after hospitalization.

When feasible, the patient can be admitted under an alias or pseudonym with appropriate technical security safeguard(s) (eg, "break the glass" approach) to enter into the medical record. Key clinicians, security, and administrative staff should be alerted to the presence of the high-profile patient on a need-to-know basis to ensure that the approach to clinical care is consistent with the care outlined in this article. The medical record should be monitored in real time, and unauthorized entries should be addressed expeditiously according to hospi-

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tal policy. If the media reports on a hospitalized patient or if concerns arise regarding privacy violations or media leaks, real-time communication should be sent to all hospital and affiliated employees reminding of them of their obligations under Health Insurance Portability and Accountability Act law. In some cases it may be necessary to explicitly limit the caregivers permitted to see the patient, with decisions about additional caregiver input being made by predetermined physicians.

Given the intense interest in high-profile patients, the hospital corporate compliance, media, and or marketing teams should have a plan in place to respond to media enquiries. This should address both statements that are made by the high-profile patient's media representative and information that is leaked to the media without patient authorization. The plan should address how to handle the disruptions to normal care that can be caused by media presence proximate to the institution. A key point to consider is whether the hospital wants to be viewed as an institution that is willing to release patient information with consent under any circumstances. This could affect whether high-profile patients are willing to seek care at the institution in the future.

Occasionally, high-profile patients have poor outcomes that are discussed in the media. Invariably, these reports contain either factual or contextual inaccuracies. We recommend coordinating any public statements with the patient or his or her media representatives through the hospital media or marketing teams. Ideally, statements should be kept broad and nonspecific. It may be helpful for hospital representatives in coordination with the patient's team to contact media outlets reporting inaccurate information and clarify that their reporting is incorrect without providing specific details.

Frequently, institutions seek to interest the high-profile patient in philanthropy. We recommend that any consideration of this should be clearly separated in time and process from their care. Clinicians should not be directly involved in requests for philanthropic participation. Any such communications should be coordinated through the hospital development department in a manner that protects the patient's privacy and ensures a clear distinction between institutional philanthropic requests and the provision of clinical care.

While adopting these procedures for any single patient may feel different, it is important to recognize that the principles are identical to those of the care provided to all patients. As each of us would expect for ourselves, our family, and our friends, we must provide a secure and private medical experience that allows all patients to receive the care they deserve.

ARTICLE INFORMATION

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