

Impact of a Hospitalist Unit Medical Director on Patient

Length of Stay and Patient Satisfaction

Yale
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Health

Bridgeport
Hospital

L. Polisetty MD, S. Gazi MD, G. Albin APRN, J Palumbo MBA, S. Hoq MD

Hospitalist Department, Bridgeport Hospital

Summary

The objectives of this initiative are to:

- improve continuity of care
- improve patient satisfaction
- lower direct cost of care
- Decrease length of stay

Primary metrics included:

- physician schedule
- patient satisfaction scores
- direct cost

Background:

As in-patient volumes managed by Hospitalists were lower in past, staffing models are commonly based on those volumes with little thought regarding workflow and efficiency. Hospitalists were given a patient list based on number of patients who may be scattered throughout the hospital often leading to:

- Increased Hospitalist response time for pages
- Fragmented patient lists
- Providers wasted time due to travel between units
- Higher number of calls/pages from other team members and poor communication
- Trouble identifying the accurate hospitalist
- Non-team environment
- Increased number of hospitalist providers caring for patient in a given hospital encounter
- Increased LOS
- Decreased patient satisfaction

More recently majority of the in-patients are managed by the Hospitalist team, so restructuring the patient assignment is anticipated to improve Hospitalist work flow and ultimately patient care, we therefore established the unit based medical director model. In this model one physician or Unit Medical Director (UMD) delivers the appropriate care to majority of the patients on that particular unit while aligning with hospital priorities. Hospitalist programs must continuously evaluate their position within to determine if they are meeting the demand in a high quality, operationally efficient, and cost conscious manner while maintaining staff and patient satisfaction.

Methods

Input was taken from Hospitalists and other members of health care team as well as a literature review was conducted to develop a unit medical director's function and structure.

Unit Medical Directors' duties include:

- Providing medical care for in-patient on Hospitalist Service
- Involve in teaching - Resident education
- Serving as medical leader for the unit and multidisciplinary rounds

Unit Medical Directors' Structure include:

- Work 8 hour shifts (Mon-Fri)
- Assign to a medical/surgical unit for at least 3 months
- Active involvement in Quality Improvement projects
- Mandatory participation in weekly Unit Medical Director's meetings

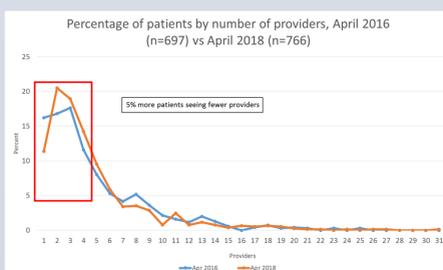
Change management methodologies such as sponsorship, involvement, and buy-in were implemented to ensure adoption and follow through. The Unit Medical Directors' functions and structure were implemented March 2017. Data from scheduling software, hospital computer systems, and Press Ganey were gathered and analyzed. Weekly UMD meetings were held to discuss performance and barriers to implementation.

Results

From April 2018-June 2018 med/surg assignments 98.72% of UMD scheduling was with a consistent UMD, and 85.56% of UMD work assignments when factoring in PCU rotation. Comparing April 2016 to April 2018 5% more patients had a more consistent physician while on a med/surg unit. Despite hospitalist volume increase by 15% from Oct 2016 - Mar 2017 to Oct 2017 - Mar 2018, ALOS decreased 0.7 days and average direct cost per case decreased \$155. Overall hospitalist patient satisfaction mean score and rank for the physician component on the Press Ganey survey increased with rank increasing 140% from 'Oct 2015 - Mar 2016' to 'Oct 2017 - Mar 2018'.

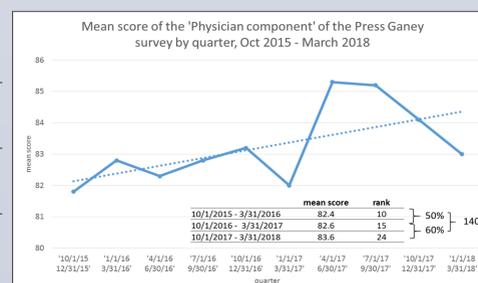
Figure 1: Screenshot of scheduling software used

	9 Mon	10 Tue	11 Wed	12 Thu	13 Fri	14 Sat	15 Sun
UMD 1	WT10	WT10	WT10	WT10	WT10		
UMD 2	COMP DAY	NW9	NW9	NW9	NW9	NW9	NW9
UMD 3	PCU	PCU	PCU	PCU	PCU		
UMD 4	PHYSICIAN PTO	WT6	WT6	WT6	WT6	WT6	WT6
UMD 5	WT7	WT7	WT7	WT7	WT7		
UMD 6	NW7	NW7	NW7	NW7	NW7	NW7	NW7
UMD 7	ET8	ET8	ET8	ET8	ET8		
UMD 8	NE9	NE9	NE9	NE9	NE9		
UMD 9	NE10	NE10	NE10	NE10	NE10		
UMD 10	NE7	NE7	NE7	NE7	NE7		



	UMD 1	UMD 2	UMD 3	UMD 4	UMD 5	UMD 6	UMD 7	UMD 8	UMD 9	UMD 10	worked days
med/surg 1	actual	100									
med/surg 2							42	51			100
med/surg 3		3	46								93.88
med/surg 4		3			40						93.02
med/surg 5				52							100
med/surg 6								45			100
med/surg 7	39		5			5					79.59
med/surg 8		33	5								86.84
med/surg 9				37							100
PCU 1	7	13	29	5	4	0	10	7	9	5	n/a
med/surg to total assignment mix	84.78	71.74	64.44	90.20	90.24	100	72.73	85.71	85	90	85.56
1 med/surg unit assignment	100	100		100	100	100	88.89	100	100	100	98.72

	Hospitalist Discharges	med/surg ALOS (days)	Average direct cost per case
Oct 2016 - Mar 2017	4,875	5.5	\$4,596
Oct 2017 - Mar 2018	5,628	4.8	\$4,441
Variance	753	-0.7	-\$155



Discussion

- Continuity of care allows the physician to know the patient better and improving operational efficiency and decreasing unnecessary testing and potential avoidable days
- Med/surg ALOS has decreased 0.7 days on units with an assigned UMD and average direct cost per case decreased by \$155 resulting in an estimated annual savings of >\$1.5 million
- Maintaining a more consistent physician fosters a feeling of well-being, self-worth, and comfort for the patient
- Overall Hospitalist patient satisfaction rank increased 60% since implementation
- Hospitalist accessibility, communication, and collaboration improved between staff and consultants due to reducing the amount of time locating correct physician and allows for quicker action based on recommendations
- UMDs were assigned to a med/surg unit 98.72% of their med/surg assignment days

Lessons learned

- Although high percentage of consistent coverage during scheduled time, consistency is lost on physician off days(CME/PTO, etc)
- Although UMDs were assigned to a med/surg unit 98.72% of their work days, mandatory rotation to the PCU(Step Up unit) decreased consistency to 85.56% of scheduled time
- Dedicated scheduling administrative team is required to maintain and high percentage of consistency of UMD med/surg assignments
- Attendance in Transitional Care Rounds/ Multidisciplinary rounds was improved by having a dedicated UMD putting the entire team on the same page and fostering teamwork