

FIVE TAKEAWAYS

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REIMAGINING PATIENT CARE

It's time for the next generation of hospital medicine.

During a webinar on February 19, 2020, leaders from SCP Health discussed how hospital medicine (HM) has evolved and the impact it will have on the future of healthcare. Lisa Fry, chief growth officer, and Dr. Rachel George, executive vice president and chief medical officer, explored how hospital leaders and providers can improve their hospital medicine programs by prioritizing needs and enabling higher quality care. To access the entire webinar, visit: www.modernhealthcare.com/HospitalMedicineWebinar.

Originally, hospital medicine started in larger hospitals and focused on the need to cover unassigned patients.

This model primarily supported primary care physicians to help maximize their outpatient office time. However, as the value of hospital medicine programs has increased, they have also evolved. Now, these types of programs help manage a patient's length of stay and have expanded to the majority of hospitals across the country. Ultimately, a dedicated hospital medicine program better the patient experience and quality of care, boosts workflow efficiency and improves financial performance.

How do you build a reputation of quality performance?

During a performance improvement project of a 138-bed facility in the southeast, strategies were put in place to improve facility reputation, growth efficiency and quality. These new initiatives included regular quality improvement meetings between providers and leadership across several departments, and a multidisciplinary, hospital medicine "mega-huddle" to discuss patients with discharge barriers. After just six months, hospital-wide length of stay decreased from 4.64 to 3.99 days and excess days per patient decreased from .87 to .16 days.

Within their hierarchy of needs, HM leaders should consider three different tiers: (1) foundational, (2) intermediate and (3) advanced.

The keys to tier one include staffing to volume and acuity, documentation best practices and seamless handoffs from emergency medicine to hospital medicine. Tier two elements include optimizing length of stay and having multidisciplinary and geographic rounding. Tier three consists of nurse practitioners and physician assistants working at the top of their license, utilizing technology and coordinating care post-discharge.

The future of hospital medicine requires careful planning and care coordination.

To make sure your organization is ready for the next generation in hospital medicine, decide what you are preparing for. Do you want to tackle social determinants of health? Will you use value-based contracts to ensure patient satisfaction? How will the use of telemedicine affect your organization? Making sure you define what types of initiatives you want to take on and committing to strong clinical partnerships will be essential to your hospital medicine program's success.

In an effort to drastically reduce length of stay, a regional medical center in the midwest began initiatives to cover all three tiers of the hierarchy of needs.

Major changes were made in the health system by improving documentation; re-educating providers on appropriate admission and consultation practices; launching multiple subcommittees focused on improving length of stay and throughput; and integrating nurse practitioners and physician assistants into the care team. Inappropriate consults and admissions were almost eliminated in just three days, while length of stay, hospital-wide, decreased from 6.4 to 4.8 days within five months.

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