Impacting Key Hospital Performance Metrics Through Leveraging a Hospitalist Program

Becker’s Hospital Review April 14, 2018

Carle Foundation Hospital
Lynne Barnes, Chief Operating Officer
Dr. Saad Adoni, MD, Hospitalist Associate Medical Director
Emily Myers, Manager, Hospitalist Physician Practice
Welcome to Carle
Mission and Vision

OUR MISSION
We serve people through high quality care, medical research and education.

OUR VISION
Improve the health of the people we serve by providing world-class, accessible care through an integrated delivery system.
Carle at a Glance

<table>
<thead>
<tr>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Beds</td>
</tr>
<tr>
<td>Average Daily Census</td>
</tr>
<tr>
<td>Admissions</td>
</tr>
<tr>
<td>Births</td>
</tr>
<tr>
<td>Emergency Department Visits</td>
</tr>
<tr>
<td>Health Alliance Members</td>
</tr>
<tr>
<td>Clinic Visits</td>
</tr>
<tr>
<td>Carle Physicians</td>
</tr>
</tbody>
</table>

Carle Physician Group
- Multi-specialty clinic-80 specialties
- Clinical Trials
- Reproductive Medicine
- Oral and Maxillofacial Surgery
- Hearing/Audiology
- Eye/Optical Shop
- Pain Center
- Geriatrics
- Primary Care

Carle Foundation Hospital
- Level I Trauma Center
- Level III Perinatal Services
- Primary Stroke Center
- Neonatal ICU
- Wound Healing
- Sleep Lab
- Spine Institute
- Heart and Vascular Institute
- Carle Cancer Center
- Mills Breast Cancer Institute
- Bariatric Services
- Palliative Care
- Digestive Health Center
- Carle Research Institute
- Pediatric Affiliation (CHOI)

Other Business
- Carle Medical Supply
- Carle Home Services

Units
- Carle Sports Medicine
- Carle SurgiCenters: Champaign & Danville
- Carle Therapy Services
- Carle Auditory Oral School
- The Caring Place: childcare
- Stratum Med: recruitment, GPO
- Windsor of Savoy: retirement community

Other Business Units continued
A Broad Service Area Receives Clinical Services Through Carle

- **1,332,595** Carle Service Area Population in 2017
- **80+** Specialties and subspecialties
- **Level I Trauma Center** Level III Perinatal
- **6 counties** In West Central IN
  **29 counties** In East Central IL

- **24 beds** Carle Hoopeston Regional Health Center
- **45+ physicians** Carle Hoopeston Regional Health Center
- **39 APPs** Carle Hoopeston Regional Health Center
- **11,243 ED visits** Carle Hoopeston Regional Health Center

- **134 beds** Carle Richland Memorial Hospital
- **8 physicians** Carle Richland Memorial Hospital
- **9 APPs** Carle Richland Memorial Hospital
- **9,262 ED visits** Carle Richland Memorial Hospital

- **413 beds** Carle Foundation Hospital
- **533 physicians** Carle Foundation Hospital
- **294 APPs** Carle Foundation Hospital
- **90,006 ED visits** Carle Foundation Hospital
Carle Service Area

Health Alliance Network

228,273
Total Lives
Dyad Leadership is a "work" marriage combining administrative leader with a physician leader.

The partners balance skills and strengths and work as a cohesive team towards common goals.

**ADMINISTRATIVE LEADER**
- Management skills
- Clinical credentials
- Persistent, organized, detailed
- Relates well across organization

**COMMON GOAL**
- Develop department and high-performing team
- Establish effective communication between administration and physicians
- Solve complex department problems

**PHYSICIAN LEADER**
- Sterling clinical credentials
- Excellent relationship and influence skills
- Systems thinker
Agenda

• The Past → Transition from RVU model to Shift-Based Pay (Geographic Model)

• Current State → Current struggles and successes
  – Physician Engagement

• Future State → Future Hospitalist 2.0 Program
The Transition from RVU to Shift-Based
Many factors external to the Hospitalist Service drove the need to look for an innovated approach to provision of patient care delivery. These factors included but are not limited to:

- Continual growth of regional referrals to Carle
- Expansion of overall hospital bed capacity
- Growth in the physical footprint of the Hospital
- Increased acuity of patient population
Transitional Period

**RVU/ Productivity Model**
- Average Team Census: > 20 patients/physician
  - Physicians were incentivized to carry large patient loads.
  - Physician Dissatisfier
- Created throughput issues
  - Long LOS for patients
  - Backups in ED
- Work/Life Balance: 7 days on/7 days off schedule

**Geo Rounding Model**
- Average Team Census: ± 15 patients/physician
  - Equal distribution of admissions
  - Motivation to appropriately discharge patients
- Increased throughput of patients
  - Driving shorter LOS
- Work/Life Balance:
  - Flex scheduling
## New Admission Acceptance

**RVU/ Productivity Model**
- Round robin rotation among 10 rounding physicians from both Carle physicians and regional referral sources
- Phone calls or paging to next physician up for admission were seen as disruptive to patient care delivery
- Delays in acceptance of new patient if Hospitalist not readily available to speak with referring physician

**Geo Rounding Model**
- Dedicated Triage Hospitalist and RN team provides centralized standardized admission acceptance
  - Hospitalist RN focused on Carle ED patient transition to inpatient / observation status
- Hospitalist focused on Carle Direct referrals
  - Transfers are assessed in the CDU prior to admission
The Intake Process

**RVU/ Productivity Model**

- Carle Direct request for transfers response time:
  - 3.48 minutes
- No Hospitalist chart documentation until patient arrived or was physically seen by Hospitalist

**Geo Rounding Model**

- Carle Direct request for transfers response time:
  - 1.64 minutes
- New documentation tools developed in Epic support:
  - Hospitalist Triage documentation of initial request
  - Tracking of patient through the Hospitalist acceptance process
  - Assignment of patient to Attending Hospitalist
Day Rounding

**RVU/ Productivity Model**

- No set geographic locations
- May have patients scattered throughout into house
  - Traveling time among floors
- Rounds interrupted by phone calls to discuss new admission requests

**Geo Rounding Model**

- Each team (physician) patient assignments focused on specific nursing units
- Three nursing units per physician team
- Hospitalist Triage Team accepts initial phone call and notifies day rounder of new patient assignment via Voalte
The Team Approach

**RVU/ Productivity Model**
- Silo’ed work effort by each of the stakeholders in moving the patient along to a successful discharge
- RN/Hospitalist communication: Limited opportunity on the unit
- Coordination of work efforts: No systematic approach
  - Page individuals
  - Phone tag
  - Challenges building consensus

**Geo Rounding Model**
- Team approach to addressing barrier to successful discharge
- RN/Hospitalist communication: Enhanced opportunity to connect
- Discharge Planning: Whiteboard rounds each morning starting at 10am involving:
  - Case Management
  - PT & OT, Pharmacy, RT
  - Palliative Care
Whiteboard Rounds
The Whiteboard
Current State: Successes, Struggles, and Engagement
Current Successes

ALOS improvement

![Graph showing ALOS improvement from January to December with data points for 2015, 2016, and 2017.]
Current Successes

Discharge Efficiency

![Discharge Efficiency Chart]

- 2015
- 2016
- 2017

*Source: Carle*
Current Successes

ARC Process

• All transfer patients from the region assessed in Observation unit prior to admission
  – Triage Hospitalist performs focused assessment and determines inpatient vs observation
    • Physician Response Time: 20 minutes
  – Case Management reviews inpatient criteria
Current Successes

Transitional Care Clinic

• Outpatient intervention-post discharge clinic.
  – Transitions in care from an inpatient hospital setting to the patient’s home.
  – Patients will be seen within 72 hours post discharge.
  – Targets high-readmission risk patients.

• Success:
  – Reducing readmissions to hospital within 30 days
Physician Engagement

Flexibility in Shift Preferences
- Day rounding, swing, triage, Xcover, Night

Scheduling Software
- QGenda: Automated Scheduling Tool

Committees / Group Participation
- Scheduling committees, Strategy Council, etc.

Feedback loops
- PollEverywhere utilized in staff meetings, Survey Monkey for physician practice feedback

Voalte Communication
- Admissions and transfers communication
## Current Struggles

**Issues**

- Communication:
  - Large group of Hospitalists working many different types of shifts
  - Cloud based storage solutions

- Case Mix Index; Improving our documentation

**Resolutions**

- Monthly admin and quality meetings to address current topics

- ClinIntell software pilot program to address documentation gaps
Future State: Home Team 2.0
Future State: Home Team 2.0

• Case Management Role
  – Dedicated CM support on each unit driving discharge

• Future Appointments
  – Appts prior to discharge with PCP
Future State: Home Team 2.0

• Revisit Geographic Units
  – Review geographic units to improve through put, discharge efficiency, and continuity of care.

• Introduction of new rounding teams / coverage to meet increasing demand and admissions

• New SLA’s defining relationships with other service lines