Virtual Hospitalist Program
CHSHG Partnership

August 17, 2017

Exceptional care, close to home
Mission
To provide quality, patient-focused health and wellness services.

Vision
To meet the changing needs of all we serve through safe, effective and compassionate care.
History of SLH Hospitalist Program

• Pre-existing Hospitalist coverage
  o Issues with pre-existing coverage

• Existing Hospitalist buy-in

• Community physician buy-in and support
  (local primary care MD’s - McCormack, Viar, others part-time coverage)

• Nursing Team “pain points” and process for buy-in/evaluation

• Perception of fragmented care
CHSCHG Partnership for Care Delivery

• SLH was third CHS facility to go live with Virtual Hospitalist program
• Patient Experience – Compliments & Concerns – Survey Results
• Role of CHS-HG Team Support (monthly and regular communications)
Clinical Care and Community Transition to Virtual Program

- Processes identified for patient care and clinical support
- Staff education and Mock events
- Focus on the Community – patient and family engagement
- General Patient Experience – Results
- Recent Program Improvements (Navigator role)
Economic/Financial Benefits

- Cost of service
- Charge capture/revenue cycle
- Cost-benefit analysis (look-back)
Benefits of Virtual Program on Quality and Patient Experience

• Real-time patient admissions/physician orders/documentation (H & P, etc.)

• Daytime Hospitalist benefits
  • Begin the shift with a clean slate (not playing catch-up)
  • Patients have care needs met without delays
  • Ability to hand-off patient concerns to following provider for on-going care
  • Increased job satisfaction

• Quality metrics embedded into program

• Excellent Patient Experience Scores
  • Consistently greater than 90th percentile.
Physician engagement in Patient Experience is a must

Quality and Patient Experience results were built into physician compensation model

Specifically, the HCAHPS domain of Communication with Doctors was established as an annual incentive goal

Improved communication between virtual care physicians and daytime Hospitalists at end of shift hand-off has facilitated more timely care, better follow-up of care concerns and facilitates better patient throughput. Thus, improved patient experience.
## Inpatient Comparison

### HCAHPS - Overall Rating

Percentile Rank pulled by received date, adjusted, as of 7/11/2017

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<tr>
<th>Month</th>
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**Legend:**
- **Rank**
- **Score**
- **SLH Target**
Inpatient Comparison
HCAHPS - Likelihood to Recommend
Percentile Rank pulled by received date, adjusted, as of 7/11/2017

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Blue bars represent rank, green bars represent score, and the red line represents the SLH target.
Inpatient Comparison
HCAHPS - Communication with Nurses
Percentile Rank pulled by received date, adjusted, as of 7/11/2017

- Rank
- Score
- SLH Target
Inpatient Comparison
HCAHPS - Responsiveness of Hospital Staff
Percentile Rank pulled by received date, adjusted, as of 7/11/2017
Inpatient Comparison
HCAHPS - Communication with Doctors
Percentile Rank pulled by received date, adjusted, as of 7/11/2017
Inpatient Comparison
HCAHPS - Hospital Environment
Percentile Rank pulled by received date, adjusted, as of 7/11/2017
Inpatient Comparison
HCAHPS - Pain Management
Percentile Rank pulled by received date, adjusted, as of 7/11/2017
Inpatient Comparison
HCAHPS - Communication about Medicines
Percentile Rank pulled by received date, adjusted, as of 7/11/2017
Inpatient Comparison
HCAHPS - Discharge Information
Percentile Rank pulled by received date, adjusted, as of 7/11/2017

Oct.'16  | Nov.'16  | Dec.'16  | Jan.'17  | Feb.'17  | Mar.'17  | Apr.'17  | May'17   | June'17  | Total YTD
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16       | 70       | 98       | 95.8     | 94.938   | 94.935   | 83       | 87.2     | 93       | 99.984   | 90.9
83.6     | 89.7     | 94.958   | 94.938   | 94.935   | 95.935   | 91.4     | 93       | 93       | 93       | 82
SLH Target -

Rank  Score  SLH Target
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82   90.9     90.9
Inpatient Comparison
HCAHPS - Care Transition

Percentile Rank pulled by received date, adjusted, as of 7/11/2017

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Rank | Score
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SLH Target
Questions or Comments?
HCAHPS Care Transitions

Tools for Success
- Morning Huddle - 8 am, 15-20 minutes
- Interdisciplinary Treatment (IDT) Rounds
- Discharge Planning Activities
- Joint Camp
- Transitional Care Community Case Manager
- Post-Discharge Phone Calls
Morning Huddle: Plan for the Day

- Led by Hospitalist
  - Navigator, Supervisor, Discharge Planner, Case Manager, Ward Clerk

- Focus
  - Planned discharges, transition to swing-bed admission
  - Review of continued need for telemetry, foley catheters and planned transfers to lower level of care or out of facility transfers
  - Urgent, outstanding needs for new admissions
Interdisciplinary Treatment Rounds

- 10:30 treatment team meeting
- All disciplines present
- Physician-led, all disciplines report
- Includes:
  - ADOD - Discharge Needs
  - Care needs - Nutritional status
  - Medication review - Rehab status
  - Antibiotic review - Standardized Form
Discharge Planning Activities

- Participation in AM Huddle, IDT
- Standardized weekend calls to Nurse Supervisor for to review discharge needs
- Relationships with post-acute providers
- Facilitation of Regional Care Transitions Workgroup (previously by CCWNC)
Discharge Planning cont’d

- Participation in Foothills Health Network and Community Partners Forum
- Partnership with Hospitalist RN Navigator
- CMS Discharge Planning Checklist now utilized for all admissions
Joint Camp

- All elective joint cases participate in camp
- Led by Orthopedic Nurse Navigator
- Incorporates all service providers during camp for PPS needs
- First group to implement Discharge checklist
- Ensures that all post-hospital needs addressed pre-operatively
Transitional Care Community Case Manager

- Case Manager hired May 2017
- Foothills Health Network Bridges
  - Group medical visit
  - High ED utilizers
  - Currently 6 enrolled
- Now following Hospitalist high risk referrals
  - Makes frequent calls to ensure compliance, identify potential issues
  - May accompany to office follow-up visits
- Will monitor impact on readmissions
Post-Discharge Phone Calls

- Conducted by retired RN volunteer
- Real-time referrals to resources as needed
- Issues caught:
  - Access to medications
  - Follow-up appointments missing
  - Lack of response from post-acute providers
  - Care concerns- any issue reported to nursing supervisor immediately for follow-up
Inpatient Comparison
HCAHPS - Care Transition
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