

Hospitalist in Health Care: Eliminating Obstacles

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Hospitalist – Health Care Team Marriage

- Patient Advocate
- Institutional Health Care Workers
- Discharge Planning
- Patient Satisfaction
- Quality and Safety
- Communication
- Performance Improvement

Improved Patient Care and Satisfaction

- Effective Leadership
- Open Communication
- Optimal Education
- Recognition and Rewards

Hospitalist Leadership

- Committed presence
- Represent our unit in several committees
- Role Model for the housestaff and nurses
- Biweekly meeting with Nurse Manager and Case Manager

Case Manager Leadership

- Restructure of Case Manager responsibilities
- Biweekly meeting with Hospitalist unit medical director
- Streamline discharge processes
- Efficient utilization of care coordinator for home care

Nurse Manager Leadership

- Restructure of Nursing Unit Leadership
- Daily Nurse Manager/Charge Nurse Patient Rounds
- Biweekly meeting with Case manager and Medical Director

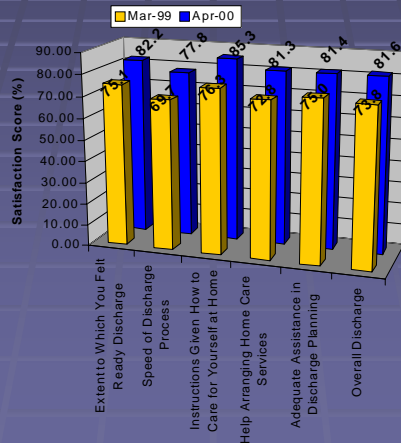
The Tricycle Model: Key to Patient Satisfaction

Multidisciplinary Team

- Social worker
- Childlife
- Nurses
- Case managers
- Pharmacy
- OT/PT
- Physician (Hospitalist)
- Nutritionist
- Housekeeping

Inpatient Discharge Customer Satisfaction Results

Inpatient Discharge Customer Satisfaction
March 1999 versus April 2000



Implementation Statistics

Indicator	Rate	Optimal
ASA	85%	100%
Beta Blocker	72%	100%
ACE-I	71%	100%
Smoking cessation	40%	100%
Lipid lowering	37%	100%

HCFA, 1998 NRM 2nd Qtr 2000

Find an Opportunity to Improve

- Ongoing physician education
 - PDCA: Primary care group meeting education
- Develop ambulatory and hospital care pathways
 - PDCA: Collaborate with Clinical Pathway Committee

10/18/2005

Find an Opportunity to Improve

- Development of HF-specific multi-disciplinary health education programs
 - PDCA: Collaborate with health education specialist on material/class development
- Development of cardiac rehabilitation
 - PDCA: Consider collaboration with PM&R and Cardiology Departments

Find an Opportunity to Improve:

- Development of HF clinical program
 - PDCA: Consider collaboration with Cardiology Department
- Initiate high risk case management in ambulatory setting /hospital discharge
 - PDCA: Consider collaboration with UM/CM

Find an Opportunity to Improve:

- Continue to encourage continuum of care optimization
 - PDCA: Collaborate with Hospitalist Program & Cardiology Division

Sources of Information

- History & Physical
- Discharge Summary
- Discharge Instructions
- CAD/CHF Discharge Audit Form
- Echo Reports

DESKTOP 7000 HCM

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MD **CHF DISCHARGE SUMMARY**

Discharge MD: _____
Discharge DX: CHF

Etiology Of CHF: CAD Prior MI
HTN Valvular Hrt Dz
Idiopathic

Procedures To Eval Prior During Plan
LV Function: Admit Admit p DC

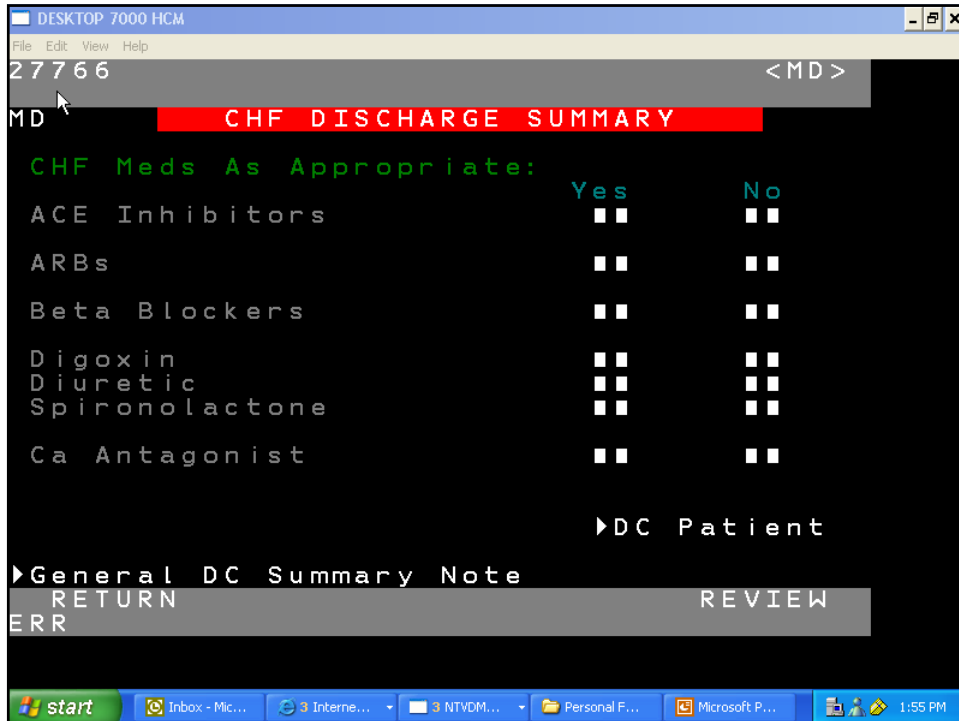
Echo	■	■	■
MUGA	■	■	■
Cardiac Cath	■	■	■

Quantitative Ejection Fraction _____%
(Or Qualitative Dysfunction if no EF:)
Mild Moderate Severe
(Quantitative or Qualitative EF may be preliminary result)

▶Continue

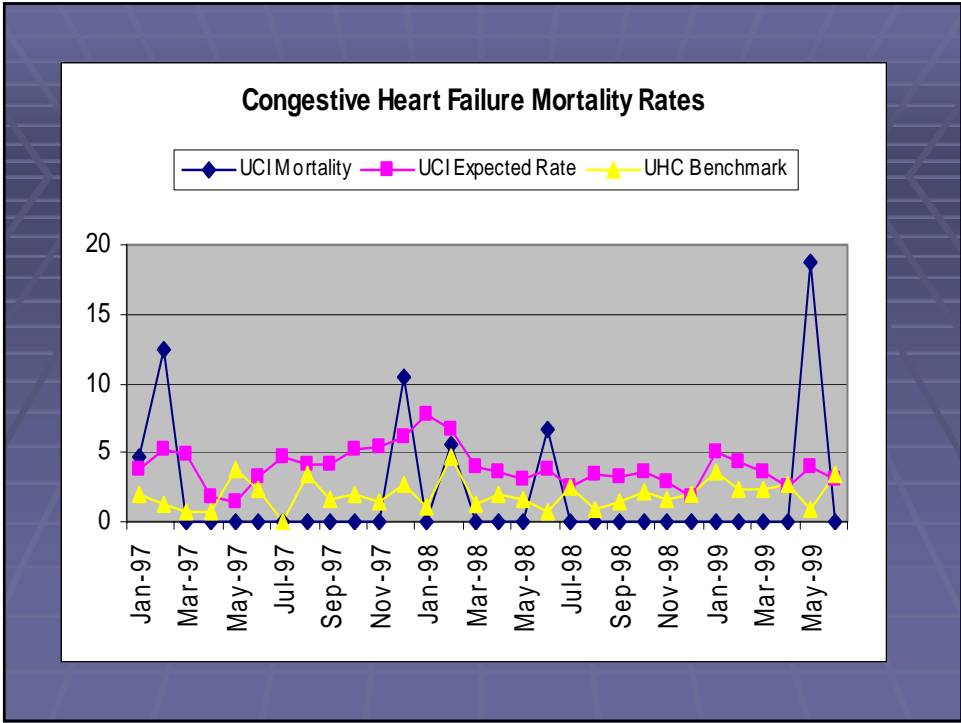
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Recent Improvements

- Developed and implemented a unique discharge pathway for CHF
- Updated general discharge pathway and instruction sheet
- Developed and implemented new patient education classes focused on CHF with clickable referral and online scheduling
- Developed and implemented sample teaching plan for CHF
- Identified preferred health education materials for CHF



Summer 2002

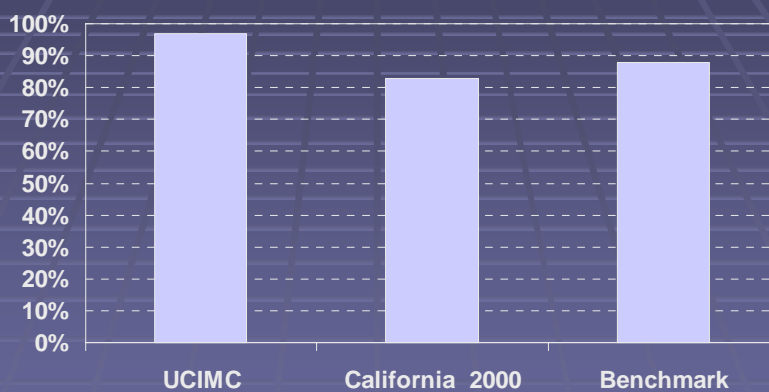


HealthCare Quality Improvement Report Online

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Adding to Quality
 Successful Hospitalists' Program at UC Irvine Medical Center Shows Promise for Improving Quality of Care

CMRI ACE Inhibitor Rate



In 2001, UCIMC participated in a Collaboration Project with CMRI evaluating two key quality indicators for CHF: ACE Inhibitors and LVEF Assessment. CMRI found that 97% of UCIMC Medicare patients in the study had received an ACE Inhibitor prior to discharge. UCIMC not only exceeded the California rate of 83% for the ACE Inhibitor indicator, but also exceeded the benchmark of 88%, which was based on best performing state.

In 2002, CMRI interviewed the committee to identify reasons for our exceptional ACE Inhibitor rates. The committee identified four reasons for the high rates:

- The ongoing work of the CHF Performance Improvement Team
- The use of Hospitalists
- Effective Physician Education
- Uniform standards of practice with feedback to physicians regarding compliance.

* Key members of the team were featured in an article published by CMRI.

Who Pays for Value?

Non-Billable Value

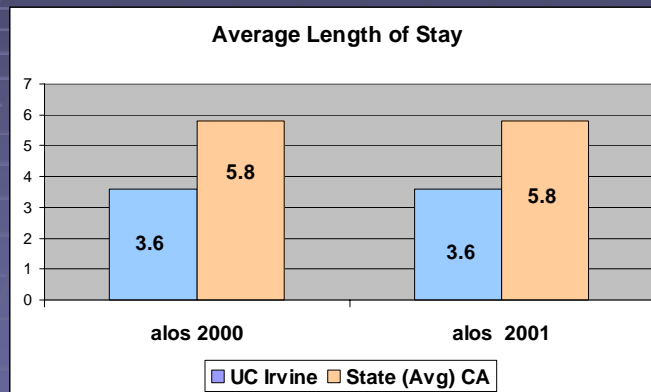
- Uncompensated Patient Care
- Availability
 - 24/7 staffing
 - ER consult
 - On-call for PCPs
 - Backup for procedures (radiology, cardiology)
- Management
 - ECF or outpatient clinic
 - Throughput (e.g. Patient Flow)

More Non-Billable Services

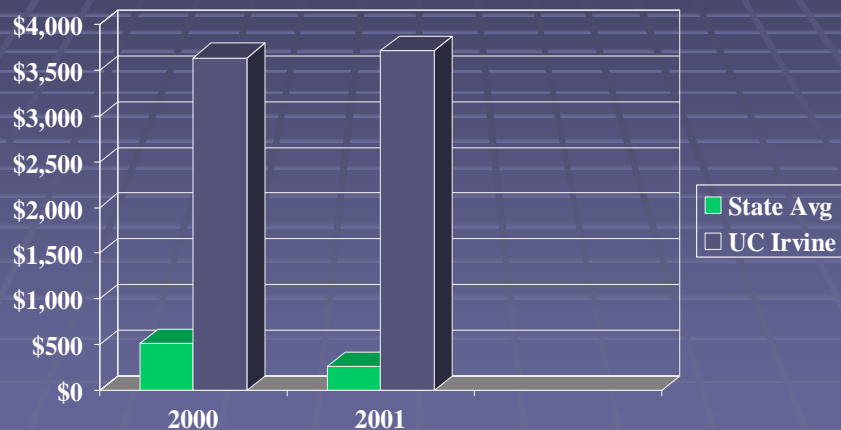
- Education
 - Teaching Residents/Medical Students
- PCP relations
 - Retention & Expansion
- Standards and Efficiencies
 - UR/QA
 - Use of Guidelines
 - LOS/Use of Resources/ Throughput
- Committee Service (P&T, Patient Safety, IS)

Community Acquired Pneumonia Clinical Algorithm

DRG - 89, Simple Pneumonia Length of Stay Data



DRG 89, Simple Pneumonia Average Profit/Loss per Patient



The Big Picture

- A non-procedural inpatient field specializing in coordination & value improvement will rarely pay for itself on pro-fee billing
 - Especially since success is completely dependent on recruiting/retaining best people
 - Get them to consider the costs of NOT supporting the program
- ROI is highly favorable for institution
- Teaching, quality, other advantages beyond \$s
- Data are key, but don't be afraid to make it personal!

Systems Approach: Data Driven

- Hospitalists will Work with the Rest of the Team to Document Best Patient Care
 - Hospitalist agree to be measured
 - Hospitalists do not expect to be perfect, but to be better in the future
 - Hospitalists work with nursing, pharmacy, administration to develop metrics of measurement
 - Hospitalists work with the Team to use data results to change processes of care

Systems Approach: True Teamwork

- Hospitalists, Intensivists, ER physicians, Pharmacy, Nursing, & Administration think through the care delivery tasks
- “Open Box” new thinking leads to greater efficiencies and effectiveness
 - Roles traditionally performed solely by physicians now can be the pharmacists’ responsibility
 - Patient Education, especially at Discharge
 - Partner in Maintaining Continuity of Care: Inpatient to Outpatient
 - Choice of therapeutics, dosing, monitoring
 - Examples: PTE, pneumonia