

TELE-HOSPITALIST PROGRAMS

PROVIDING REMOTE HOSPITALISTS IMPROVES CARE EFFICIENCY AND QUALITY, LOWERING COSTS OF CARE

THE CHALLENGE:

Hospitals face unique challenges in staffing and ensuring rapid access to inpatient hospitalist care. For example, there may be limitations in available staffing or funding to have adequate 24/7/365 hospitalist coverage in smaller hospitals with less than < 10 beds, medium-sized hospital staffed primarily by APPs, or larger hospitals with 24/7 hospitalist coverage but overflow needs during surge in volume. Additionally, many sites are expanding observation programs to assist in limiting full hospital admissions but do not have 24 hours of hospitalist coverage.



In each instance, access to an experienced hospitalist can be limited. This can limit timely treatment, order placement, and hospital flow, and also delay other important actions, such as consultation of specialists.

THE SOLUTION:

Tele-hospitalist programs, where an off-site hospitalist can be rapidly deployed to the bedside using on-site tele-health technology, can provide a rapid and sustainable solution to these staffing needs. USACS staffs many tele-hospitalist programs with teams of full time hospitalists with at least 5-10 years of experience to manage patients with all degrees of complexity in Pennsylvania, Ohio, Texas, Utah, and Maryland. Tele-hospitalists serve as around-the-clock consults and supervisors, allowing local hospital staff to care for patients and keep their patients admitted to hospitals that are geographically closer to home.

THE RESULT:

The integration of telemedicine into the hospital setting has improved patient experience as well as staffing experience. Patient experience scores at those sites are noted to be over 90%. Hospitalists who participate in tele-hospitalist programs have improved work-life balance and job satisfaction as the program improves scheduling and distribution of patient care responsibilities. It has also improved the efficiency of the practice with the access to 24/7 supervision. Importantly, it also allows for lower staffing costs for hospitals. This innovation also has allowed patients to stay in their local communities, mitigating the need for a transport to a large tertiary center.