Telehealth hospitalist service improves patient care, bottom line for rural hospital

The problem

It’s not easy to maintain 24/7 inpatient coverage in a rural hospital. Like many critical access hospitals, the facility had no on-site hospitalist to care for patients between 7 p.m. and 7 a.m. On average, it admitted fewer than one patient a night – not enough to justify the cost of a full-time hospitalist. Staffing a full-time nocturnist was not affordable, and so the facility sought to cover the overnight shift with help from on-call primary care providers. This, however, proved to be an inadequate solution. Commonly, patient care was delayed until morning, as emergency department staff practiced a standard “tuck and hold” approach.

This approach caused many issues, including:

- A struggle to maintain a standard of care
- Inadequate physician support for nursing staff
- Additional workload for the emergency department physicians due to the added responsibility of actively managing inpatient care as well as a busy emergency department
- Increased stress on and workload for the primary care physicians who were expected to be in clinic the following day
- Added work for the oncoming hospitalists, as they often were required to provide catch-up care in the morning
- Delay of morning discharges due to inefficient use of critical morning rounding time

CASE STUDY

FACILITY PROFILE:

Type: critical access hospital
Size: 25 beds
Services: primary and specialty care, birth center with family suites, general surgery, radiology, diagnostic imaging, pathology, emergency medicine
Average admissions per night: 0.8
Telehealth hospitalist program go-live: December 2014

Statistics reflect facility profile prior to implementing telehealth hospitalist service.
The solution

The facility turned to our telehealth hospitalist service, which brings to the patient’s bedside a team of trained and credentialed hospitalists using secure audio and video technology. With the assistance of the night nursing staff, who are specially trained to serve as telepresenters, and Bluetooth-enabled clinical devices such as stethoscopes, otoscopes, high-magnification dermatology cameras and high-definition exam cameras, the telehealth hospitalist is able to provide patient care on demand, initiating and implementing a full care plan at time of admission.

Our telehealth hospitalist service brought many benefits:

• High-quality nocturnal hospitalist coverage at a fraction of the cost of full-time coverage
• Improved patient care, with no delay in the care and diagnosis of nighttime patients, leading to shorter stays and better outcomes
• The ability to take care of sicker patients, resulting in fewer transfers and increased revenues
• Improved provider satisfaction, translating to improved recruiting and retention
• Improved patient and family satisfaction as patients get immediate care without leaving their community

Conclusion

Our telehealth hospitalist service has helped the facility balance costs with high-quality care, leading to better outcomes and an improved bottom line. Like all of our telehealth services, the hospitalist service is built around expert clinicians spanning the continuum of care: people who are trained to deliver care embedded within the hospital, and who understand local resources and capabilities.

Furthermore, in the occasional instance when a patient requires a level of care that cannot be supported by the community hospital, our hospitalist service allows them to tap into the clinical expertise and connected resources of our broader health system. For the facility, our hospitalist service has proven to be an effective way to provide consistent high-quality care while improving its financial picture.

“We had a patient who started to decline early into our shift. We brought one of the telehealth hospitalists to the bedside and he did an assessment of the patient. He ordered tests, procedures, prescribed medications, called the family and consulted the surgeon on call. He then did a family meeting with everyone, all from his remote office. Family members were able to make some very difficult decisions because they felt we were there as a team for them. They loved being able to have a physician see their mom and be able to speak to him face to face at midnight.”

– Nurse coordinator