Best Practices for Hospitalists in Rural Hospitals

Wednesday, May 2 (3:30 – 4:30)

STROUDWATER ASSOCIATES

Alabama Hospitalists Models

- Two administrators to present their model.

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Alabama Hospitalists Models

- Hospital location, primary and secondary service area population
- # of active physicians
- ED, IP and SB utilization
- What was the issue that made you look into using hospitalists
- Physician's support for such?
- Model and since when - (who, type of contract, hrs, how many different docs, expectations etc…..)
- What works well ?
- What is not where you want it to be yet?

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Outcome of Using Hospitalists

- PCP's level of acceptance/satisfaction
- Patient's level of acceptance/satisfaction
- Nursing's level of acceptance/satisfaction
- Any financial impact: increased utilization, increased, case mix, decreased overage in DRG days, decreased cost per stay, improved documentation = improved coding, improved UR (right level of care) etc…
- Lessons learned – anything you would do differently if you had to do it all over again?

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Hospitalist: Good/Bad/Indifferent

- Consultant's experience based on rural hospitals across the country
  - Different Models
    - 100% of the time
    - After hours and weekends
    - ED/Hospitalist
  - Pros & Cons of each for IP, Swing Bed, Observation
    - PCP, Nursing, Patient
    - Scheduling
    - LOS management
    - Communication
    - Transition of care
  - CEO Expectations
  - Contract

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