

New Staffing Model Cuts Costs, Length of Stay

ARTICLES BY MARY ELLEN SCHNEIDER

FROM THE ANNUAL MEETING OF THE SOCIETY OF HOSPITAL MEDICINE

GRAPEVINE, TEX. – July brings more restrictions on resident duty hours, but compliance with these requirements can result in reduced hospitalization costs and shorter lengths of stay, in a study by the University of California, San Francisco's Benioff Children's Hospital.

Researchers who analyzed an attempt to cut resident work hours by enlarging care teams and eliminating cross-coverage found that a new staffing model reduced hospitalization costs by 11% and length of stay by 18%.

Under new resident duty-hours requirements from the Accreditation Council for Graduate Medical Education now in effect, interns (PGY-1 residents) are limited to shifts of no more than 16 hours.

In September 2008, UCSF reorganized its pediatric inpatient hospitalist service, moving from a traditional call model to a shift-based staffing model. The hospital eliminated cross-coverage of different teams in favor of dedicated night teams that were subsets of their day teams. The goal was to increase "patient ownership" by reducing handoffs and to improve patient care by having a more consistent provider overnight, Dr. Glenn Rosenbluth, a pediatric hospitalist at the Benioff, said at the meeting.

"The idea was that a resident working a 30-hour shift at 2 in the morning might be more focused on just urgent issues, calls from the nurses, and potentially seeing the call room when they get some down time, whereas someone working a week of dedicated night shifts might be more awake and more interested in advancing care because they're a member of the primary team," he said.

Prior to September 2008, general pediatrics patients were covered by house-staff teams of two interns and one senior resident working shifts of up to 30 hours. The interns took call every sixth night and senior residents took call every fifth night. They provided cross-coverage of patients on multiple teams at night. This meant that one team was working each night and covering for all other teams, Dr. Rosenbluth said.

VITALS

Major Finding: An ACGME-compliant staffing model with 13-hour trainee shifts and increased night coverage reduced length of stay by 18% and reduced hospitalization costs by 11% in a pediatric inpatient unit.

Data Source: UCSF administrative billing data.

Disclosures: The authors reported no disclosures.

After the reorganization, they expanded the house-staff teams to four interns per team, with each intern working 3 weeks of day shift and 6 consecutive night shifts. The shifts were about 13 hours. The changes allowed them to eliminate cross-coverage and to have a dedicated night team. The attending coverage by hospitalists was unchanged.

To study the impact of the new staffing model, the researchers performed a retrospective, interrupted time series cohort study using concurrent controls. The target group was children who were admitted to the hospital's general pediatric service. The concurrent control group comprised surgical patients admitted to the same inpatient unit.

The researchers used the medical center's administrative billing data to analyze hospitalization costs and length of stay for children admitted to the pediatric medical-surgical unit from Sept. 15, 2007, through Sept. 15, 2009. They analyzed data on 280 patients before intervention and 274 patients after intervention, excluding patients who had spent time

in the pediatric ICU and those who were on specialty services not covered by a pediatric hospitalist or general surgeon. The researchers used multivariate models to adjust for age, sex, the season of year, the admitting diagnosis, and any clustering at the attending level.

They found that for general pediatric patients admitted to the medical-surgical unit there was an adjusted rate ratio of 0.82 for length of stay following the intervention. That was an 18% decrease in length of stay from before the intervention. Similarly, hospitalization costs had an adjusted rate ratio of 0.89, an 11% decrease from before the intervention. Among the surgery patients who acted as the control group, there was no statistically significant change in the length of stay and there was a small increase in the cost of hospitalization.

The study suggests that costs associated with staffing changes needed to comply with the new duty-hours requirements could be offset by improved care efficiency, Dr. Rosenbluth said. ■

New Era Requires New Strategies

VIEW ON THE NEWS

I think as we move into the new frontier of continued restriction on resident duty hours, new ways and strategies need to be explored to maintain continuity and ownership of the patients we provide care for. Both of these areas have been negatively impacted by the continued restrictions.

This study suggests a night float model is an effective strategy to combat the problem thus decreasing LOS and patient handoffs.

I suspect the authors are correct in their assessment, but I would like to see a prospective analysis to control for some confounding variables, plus I wonder what the attending staff model looked like over the same time period.



MICHELLE M. MARKS, D.O., is director of pediatric hospitalist medicine and director of medical operations at the Cleveland Clinic Children's Hospital.

HHS Promotes Medicare's Free Preventive Services

FROM A BRIEFING HELD BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES

More than 5.5 million Medicare beneficiaries have taken advantage of the free preventive services offered under the Affordable Care Act, but that number is far short of the 33 million who are eligible under the new law, Medicare officials reported.

Beneficiaries are eligible for preventive services such as mammograms and smoking cessation counseling with no copayments or deductibles under Medicare Part B. They are also eligible for an annual wellness visit at no cost. Between Jan. 1 and June 10, more than 780,000 people on Medicare had an annual wellness visit, according to the report from the Centers for Medicare and Medicaid Services. Mammograms, as well as bone density and prostate cancer screenings, were among the most popular preventives services so far this year.

On June 20, federal officials launched a public outreach campaign, "Share the News, Share the Health," to increase awareness of the new benefits. The campaign includes TV and radio advertisements, information on the Medicare.gov website, and a letter to physicians urging them to discuss the preventive services with their patients.

"People trust their doctors," CMS Administrator Donald Berwick said during the press briefing.

Dr. Berwick predicted that visits to physicians will increase substantially once more patients are aware that preventive services are available for free.

"These are very important benefits, and I expect we're going to see a lot of increasing interest, especially now that barriers have been lowered," he said.

This is part of an overall shift toward prevention within health care, Dr. Berwick noted. ■

Feds Establish National Prevention Strategy, Public Health Fund

FROM THE NATIONAL PREVENTION COUNCIL

The federal government plans to help Americans live healthier lives not only by improving access to health care services, but also by reducing pollution, keeping children from abusing drugs, and serving nutritious school lunches, according to the first-ever National Prevention Strategy.

The new strategy was mandated under the Affordable Care Act (ACA), and with it federal officials have created a blueprint for themselves, as well as states, businesses, and community leaders to follow in building healthier communities. The 122-page document lays out seven priority areas based on evidence-based recommendations for improving health and prolonging life: tobacco-free living, preventing drug abuse and excessive alcohol use, healthy eating, active living, injury- and violence-free living, reproductive and sexual health, and mental and emotional well-being.

The document sets a number of goals and 10-year targets for measuring progress. For example, the strategy calls on physicians to inform patients about the benefits of preventive services, adopt and use certified electronic

health records and personal health records, and adopt medical home or team-based care models. One 10-year target is to increase the proportion of medical practices that use electronic health records from 25% to 27.5%.

Health and Human Services Secretary Kathleen Sebelius said the strategy was part of a "new focus on prevention" started by President Obama. The National Prevention Strategy will build off earlier efforts, some of which were included in the ACA, to curb tobacco use and give Americans free or low-cost access to preventive services such as mammograms.

"We know that prevention helps people live long and productive lives and can help combat rising health care costs," Ms. Sebelius said.

The ACA created the National Prevention, Health Promotion, and Public Health Council (National Prevention Council), which developed the National Prevention Strategy, along with input from outside advisers. The council is made up of the heads of 17 federal agencies and is chaired by the U.S. Surgeon General. The council and the ACA authorized the Prevention and Public Health Fund, which provides nearly \$18 billion for public health programs. ■