



Case Study:

Innovation in Hospital Medicine - APC Nocturnist Call Center

Hospital Information
Central Kentucky-based regional health system

Results

- 12,000+ overnight calls processed
- 3,000+ incoming admissions processed
- Positive contributions to staff retention/turnover/engagement



As a TeamHealth leader and frontline clinician, I have managed patients via the APC Nocturnist Call Center for over seven years. I have found that this team of APCs demonstrates remarkable ownership in their program. They are constantly working to improve the quality of care and the value they bring our hospital clients as well as the physicians with whom they work.

Hunter Housman, MD
Regional Medical Director, Hospitalist Services, TeamHealth



You'd be amazed how many overnight calls can be generated by even just two or three patients. The APCs in our call center can handle the vast majority of those issues, which supports physician retention and quality of care during the night shift – a win for physicians, the hospital and patients.

Robert Morton
Regional Director of Advanced Practice Providers, TeamHealth

For more information call **800.818.1498**, email business_development@teamhealth.com, or visit teamhealth.com.



Challenge

For some hospitals, especially smaller facilities or those located in rural communities, covering overnight call responsibilities can be a challenge. Hiring a dedicated nocturnist may be cost prohibitive, yet requiring overnight call can lead to recruitment and retention challenges on the hospital medicine team. When daytime physicians are also on-call overnight they may be awakened multiple times to address medical issues large and small – even if there are only a small number of patients on the unit. Over time, this can lead to chronic fatigue, a disruption to the work/life balance, lower engagement and higher job dissatisfaction.

Solution

In partnership with a multi-hospital regional health system, TeamHealth developed an innovative APC Nocturnist Call Center staffed by experienced APCs who handle night-time call responsibilities. The call center routes routine overnight calls to highly-trained advanced practice clinicians who have remote access to electronic medical records, reducing the overnight burden on daytime physicians.

On duty during overnight hours, these clinicians answer calls from nursing units, the emergency department and house supervisors, addressing a wide range of medical issues. In most instances, when the ED requests an admission, the call center will be notified by the ED provider and given the report. The APC will then input the admission order. After each shift, a detailed list of all the calls received is sent to the HM providers and to hospital nursing leadership. The daytime provider is only called in the case of a decompensating patient (the ED physician would stabilize the individual and then ask the daytime HM physician to assume care).

Results

Through one central APC Call Center, TeamHealth provides overnight call coverage for a group of five hospitals. Over the course of one year, the call center received nearly 6,000 calls, about 1,700 of which were for admissions.

In addition to impressive performance metrics, other benefits to the regional health system include:

- Reduced “noise” for daytime HM physicians, improving job satisfaction, retention and work-life balance
- Easier recruitment of daytime physicians who no longer have to worry about overnight call responsibilities
- Cost advantages compared to hiring a full-time nocturnist
- Ability to cover several facilities with one APC, further enhancing cost efficiencies

Sample overnight call log

Time	Attending	Type of Call	Pt Name	Diagnosis	Solution
03:30	Physician Name	Admit (OBS)	Alpha	Alcoholic Hepatitis	44 y/o with known ongoing alcoholism, drinks daily, last drink 6pm. AST/ALT slightly elevated, Bili 1 month ago was 1.2, now 5.5, K 2.8, Mag 1.1. ED physician called multiple facilities who all declined due to lack of beds or no hepatology available. Vitals are stable, HH stable, Pt feels much better after Ativan in ED. Will continue prn, replace electrolytes and recheck labs. ED physician to scan abdomen before sending to floor.
04:00	Physician Name	RN	Beta	Pneumonia	Pt with cough. Robitussin DM ordered prn.