



Case Study:

Staffing Model Improves Hospital Medicine Performance

Hospital Information

Memorial Medical Center

Las Cruces, New Mexico

TeamHealth Services

Hospital Medicine (HM)

Emergency Medicine (EM)

Results

- 42% increase in average daily encounters
- 1.5-day reduction in average LOS
- 92% improvement in discharges by 12pm
- 3x increase in accepted patient transfers



After establishing a productive relationship in 2016, the management teams of TeamHealth and Memorial Medical Center of Las Cruces combined efforts in 2017 to creatively transition our HM service from a physician-heavy operation to a more cost-effective and productive blend of physicians and advanced practice clinicians. Throughout this process, TeamHealth demonstrated the creativity, flexibility and desire to evaluate, organize and implement a more progressive way of offering this vitally important patient care service. This transition enabled the HM program at MMC to be more cost-effective, achieve significantly better results in ALOS, more timely discharges, reduced readmissions, average daily patient encounters and overall quality of care. I believe this model effectively meets the fiscal and qualitative challenges of present and future acute patient care.

John Harris

Chief Executive Officer, Memorial Medical Center

TEAMHealth

Challenge

In late 2016, Memorial Medical Center in Las Cruces, New Mexico, called on TeamHealth to assume staffing and management of its busy inpatient unit. As TeamHealth's hospital medicine team began integrating into the facility it quickly became clear TeamHealth needed to establish a more appropriate staffing model to help the hospital improve the quality and efficiency of care delivered. At the time, the unit's performance was lagging behind the typical hospital medicine program with average inpatient length of stay greater than five days, only about 39% of discharge orders written before 12pm and relatively few patient transfers being accepted.

Solution

TeamHealth presented three possible staffing models to the hospital's leadership team with administrators ultimately deciding to create a program based on 50% physician staffing and 50% staffing by advanced practice clinicians (nurse practitioners). APCs are recognized as independent practitioners in the state of New Mexico and the hospital recognized them as independent practitioners in their bylaws so TeamHealth could quickly get to work identifying qualified APCs to fulfill the hospital's needs.

TeamHealth chose highly skilled APCs, all of whom have backgrounds in critical care settings (some even experienced in responding to codes and performing procedures). As it became clear the APCs were high performing, TeamHealth began staffing 100% of its overnight shifts with APCs, ensuring appropriate medical coverage during a shift that can otherwise be challenging to staff.

Results

The hospital is extremely pleased with the staffing model and the work of TeamHealth's physicians and APCs in improving the quality and efficiency of care for inpatients. Under TeamHealth and the new staffing model, the hospital medicine team achieved significant improvements across multiple key metrics. Through the first quarter of 2019, the team shows continued improvement.

	Program Start	Typical HM Program	MD/APC Model	Current
	11/1/2016	2017	2018	YTD 2019
Average Daily Encounters (ADE)	49.02	54.18	63.06	69.60
Average Length of Stay (ALOS)	5.10	4.47	3.93	3.54
Observation Length of Stay (OBS LOS)	1.88	1.63	1.36	1.22
Discharges Written by 12PM	38.75%	47.52%	74.66%	74.36%
30-day All-Cause Readmission Rate	9.50%	9.24%	8.50%	8.47%
Sepsis (Core Measure) Compliance Rate	25.00%	46.77%	68.29%	75.00%
Hospital Transfers Accepted & Arrived	42	64	81	124

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