



Beacon Adult Hospitalist Care

2021 Annual Report





Beacon Adult Hospitalist Care Co-Management Members

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A message from the Adult Hospitalist Care Co-Management Program

Hospitalists from Memorial and Elkhart General Hospitals and administrative leadership formed a joint council in 2020 to improve clinical quality, efficiency and patient satisfaction. This council went through leadership coaching and adopted a charter based on alignment, accountability, teamwork and trust. It also led to the creation of subcommittees addressing: Clinical Documentation, Physician and Patient Experience, and formal membership to the COPD and Heart Failure Committees.

The Hospitalist Co-Management Council had an outstanding year with regard to its established goals. This annual report highlights initiatives and achievements of the program in its first year.

The 2021-2022 performance year was one of learning and understanding. The group focused on standardizing care, improving efficiency and establishing a process to report on outcomes as a method to improve clinical performance.

Members on the COPD and Heart Failure Committees improved use of standard order sets and increased use of evidence-based medication prescriptions for heart failure patients at discharge. An initiative to improve patient satisfaction focused efforts on the physician communication domain for the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. This patient survey tool measures patient perspectives of hospital care. The Clinical Documentation Committee had an outstanding performance in (inpatient) acuity documentation improvement for both Memorial and Elkhart General Hospitals.

The plan is to continue the journey toward standardized care and improved patient satisfaction. 2022-2023 initiatives focus on reducing length of stay and readmission rates, addressing physician well-being post-COVID pandemic, and improving HCAHPS scores and documentation.



Omar Jahangir, MD, and Mathew Kallookulangara, MD
2021 Chairs of the Adult Hospitalist Care Co-Management Program



I am delighted and impressed with the hospitalists' engagement and efforts to improve many important goals. There have been significant and tangible gains in patient experience and appropriate documentation of the patients' clinical acuity. This will accrue commensurate benefits to the health system. Many of these gains were achieved during a pandemic surge, making them even more substantial.



Sam El-Dalati, MD
Chief Clinical Officer,
Beacon Health System

2021 Hospitalist Scorecard

The vision in 2021 was to focus on clinical quality, including effectiveness, safety and patient experience; focusing on standardizing care and practicing data- and protocol-driven medicine.

87% adherence

in **standardized orders** for patients admitted with primary diagnosis of **COPD**

89% adherence

in **standardized orders** for patients admitted with primary diagnosis of **heart failure**

96% adherence

in **use of evidence-based medication prescriptions** for patients with reduced left ventricle ejection fraction at discharge

97% adherence

maintained in **ACE/ARB/ARNi prescription plans** for patients with reduced ejection fraction at discharge

2021
Program
Highlights



19,000
Patient encounters



\$225.9M
Net revenue



Mathew Kalloorkulangara, MD
Co-Chair of the Adult Hospitalist
Care Co-Management Program

How hospitalists became the standard of care in hospital medicine

The hospitalist program emerged as a new specialty in hospital medicine in the 1990s. Physicians trained in internal medicine or family medicine began to devote their service only to inpatient care.

Today, hospital medicine is the fastest growing medical specialty in the U.S. More than 20,000 hospitalists manage care of hospitalized patients 24 hours a day, every day of the year.

The rapid growth of hospital medicine evolved primarily from increasing pressure on primary care physicians to provide outstanding care in both inpatient and outpatient medicine. High demands and expectations from patients and families led to the separation of primary care medicine to either outpatient or inpatient care only.

Beacon Health System understood the importance of a hospitalist physician network and established a hospitalist program at its South Bend campus in 2001. Memorial Hospital of South Bend is one of the oldest and most stable hospitalist programs in the region. Elkhart General Hospital has had equal success with its hospitalist program established in 2012.



Clinical coordination key to complex cases

Hospital medicine crosses over multiple service lines to address complex needs of hospitalized patients. Hospitalists coordinate with primary care and other specialty services to provide continuity of care. The hospitalist also bridges gaps in treatment to improve quality and safety outcomes and increase patient satisfaction.



Justin Chow, MD

Perspective: Inpatient care during the pandemic

Hospitalists were at the forefront of the response to a rapid increase of inpatients with COVID-19, beginning early in 2020. They adapted quickly to respond to the surge in patient care, meeting swift changes in clinical guidelines and addressing the needs of the health system and the community.

A group of providers volunteered to identify a standard approach to triage and manage inpatient challenges at Memorial Hospital of South Bend. The team quickly pivoted to control the chaotic environment in an organized way.

“The teamwork was phenomenal. We worked together like a family – in a way we have done never before. We had to anticipate what was going to happen and deal with difficult cases.”

– Dr. Chow

As the reality of the pandemic became apparent, Dr. Justin Chow, Hospitalist at Memorial Hospital, contacted a counterpart in China to learn about clinical responses to the disease. The insights paved the way for the hospitalists to build a collaborative approach

with physicians and frontline care providers, including nurses, technicians and therapists.

Challenges turned into opportunities to expand skill sets, improve communications and build resilience. With visitation restrictions in place, the care team devoted time to contact family members every day with updates about their loved ones. Bilingual nurses voluntarily served as interpreters to overcome language barriers and keep family members informed.

Accurate recordkeeping gave doctors early insight into patient responsiveness to clinical protocols. By sharing technical information, hospitalists advanced each other's knowledge base and adapted as national guidelines rapidly evolved.

Point-of-care ultrasound (POCUS), or bedside ultrasound, became an essential tool to evaluate and diagnose complex cases, particularly those involving pre-existing

cardiovascular disease. The small, portable unit improved the speed and accuracy of diagnostic testing and reduced the delay between onset of symptoms and initiation of definitive therapy. By capturing ultrasound video with POCUS, hospitalists were able to consult virtually with cardiologists and other specialists to manage complex cases.

“In terms of technology and knowledge, I've never seen things change so fast.”

– Dr. Chow

Despite the difficulties of caring for patients during the pandemic, the hospitalist team continued to carry out the **Beacon mission of delivering outstanding care, inspiring health, and connecting with heart.** The group is moving forward with a mindset to support each other and treat each other as family.

COVID-19 Patient Admissions

	2020	2021	2020-2021 Totals
Elkhart General Hospital	2,699	3,795	6,494
Memorial Hospital South Bend	2,320	5,195	7,515
Totals	5,019	8,990	14,009



Impact of COVID-19 on hospital medicine

Coronavirus pandemic has led to major changes in health care in the U.S., as it has significantly impacted and burdened both outpatient and inpatient care. The challenges include increased demand for medical care and allocation of human resources, medical tools and supplies, and increased need for specialty care. We also need to continuously educate our communities regarding COVID as we learn more about it.

Hospitals were affected the most with this pandemic when it started in 2019. Inpatient hospital care has become even more challenging since then, due to an added layer of complexity of patients who already have multiple medical problems. As is true for most pandemics, lack of sufficient data, evolving protocols, and rapid changes in diagnostic guidelines and treatment protocols for COVID have added an uncertainty for both physicians and patients. It has brought a major change in how hospitalists approach medical care to accommodate care of these medically complex patients in hospitals.

In 2022, we hope we have gone through the worst. After more than two years, we are starting to see a way to restore health, economies and societies, despite the new strains. We feel a need to improvise, adapt and overcome.



Nabil Khan, MD
Elkhart General Hospital

The “new normal” is still emerging and reshaping every day. This includes staying up-to-date and adapting to changes in guidelines with different diagnostic and treatment options. We continue to face the challenge of acquiring newer tests and medications. Our hospitalists are following isolation protocols with protective equipment and dealing with the challenge of prolonged hospitalization due to illness severity. We are also working closely with the health care team, addressing the challenges of safely discharging patients.

A look forward

Our hospitalists plan to continue the journey toward standardization of care and improving patient satisfaction in 2022. We also intend to focus on methods to prevent physician burnout. Our efforts align with Beacon Health System goals to improve physician well-being after a pandemic that placed unprecedented demands on all of us.

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2022 Initiatives

- Standardize order sets specific to inpatient populations
- Reduce 30-day readmission rates for COPD patients
- Address physician well-being to prevent burnout
- Reduce length of stay in acute care setting
- Improve HCAHPS patient satisfaction scores
- Provide education materials on documentation opportunities

