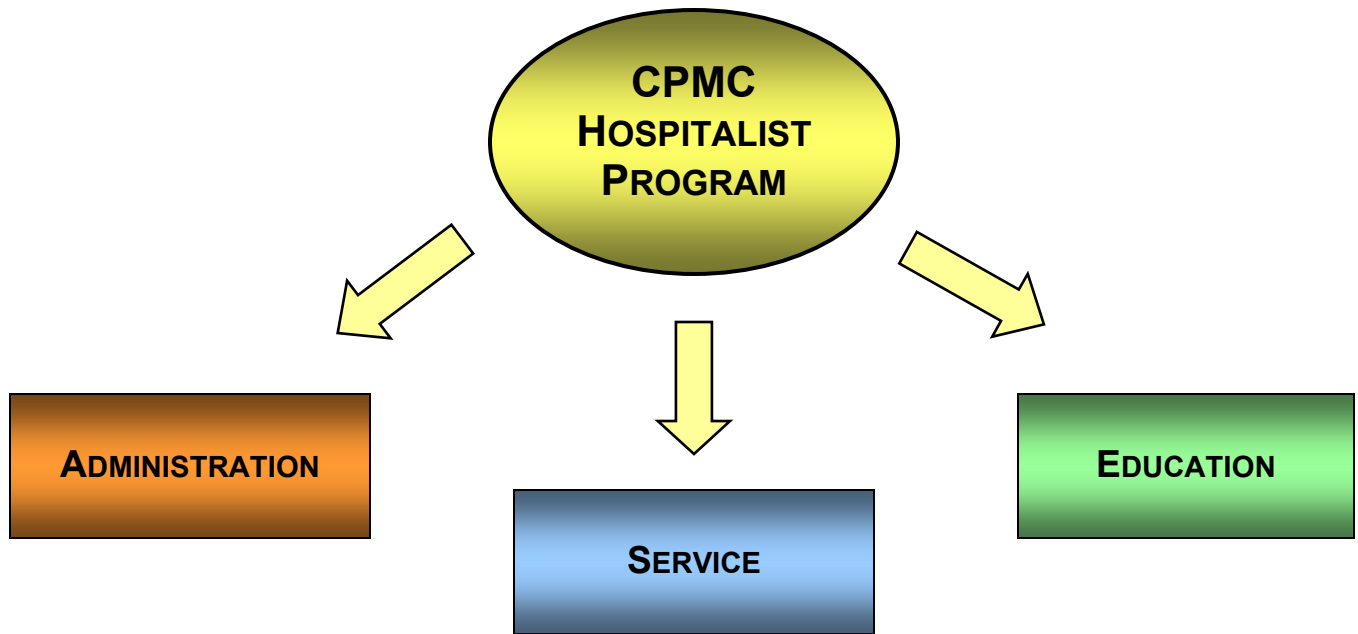


CPMC Hospitalist Program

2004-2005



CPMC Hospitalist Program

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CPMC Hospitalist Program

Background

Established in 1994 by Dr. Masa Yukimoto (prior CPMC chief resident)
Growth into comprehensive three campus based hospitalist system

Current Physician Staffing and Profile

- Current Staffing by Campus
 - Pacific Campus - 12.5 FTEs
 - California Campus - 4 FTEs
 - Davies Campus - 5.5 FTEs
- Recruitment of high level graduates from UCSF, Johns Hopkins and CPMC residency programs with varied backgrounds and different levels of experience
- Languages spoken:
 - Spanish, Japanese, French, Romanian, Mandarin, German, Taiwanese, Cantonese
- Unique Hospitalist program culture
 - Emphasis on quality and cost effective care
 - High level of teamwork and camaraderie
 - Active member involvement in ongoing program improvement
 - Sense of ownership of hospitalist program amongst members

Hospitalist Retention

- Long term hospitalist retention
- Minimal staff turnover since program's inception
- Increased efficiency after two years experience (as supported by medical literature)
- Excellent morale and team work
- High level of job satisfaction
- Outstanding role models for resident trainees

Mission Statement

Our mission is to provide high quality, compassionate and comprehensive care to our patients and outstanding, accessible service to our referring physicians. Our practice pattern is centered on cost effective, highly efficient, evidence based medicine practiced in a collegiate and stimulating environment. By focusing on quality, service, cost effectiveness, and education, we are well aligned with the overall vision of California Pacific Medical Center.

Quality Improvement

- Emphasis on Evidence Based Practice
 - Appropriate use of tests and services
 - Active End of Life Care and Advanced Directives management
 - Pain Management emphasis
- Timely 24/7 patient care services
 - 24 hour beeper coverage by Attending Hospitalist for all inpatients
 - 24 hour in-house Attending Hospitalist coverage for all inpatients on Acute care service
 - 24 hour Attending Hospitalist backup for residents
- Medical Consultative Services
 - 24 hour medical consultation to subspecialty services
 - Proactive management of medical issues to improve surgical outcomes
- Hospitalist Liaison Role
 - Hospitalist serves as liaison amongst consultative services
 - Ensures effective and improved communication
- Efficient and timely nursing and case management interactions
- Effective documentation
 - Goal is to meet or exceed JCAHO requirements and improve hospital case reimbursements by providing excellent level of chart documentation
 - Minimizes hospital liability by proper documentation
- Evaluation of end user satisfaction via surveys
- Active involvement in high tier hospital committees
- Internal evaluation process within Hospitalist group
 - Ensures high standard of care
 - Quarterly hospitalist data analysis
 - Active peer review process
 - Active feedback mechanism from PCPs, residency program, ancillary personnel regarding physician performance and areas for improvement

Cost Efficiency and Throughput

- Active, timely management of flow and admissions in Emergency Department
 - Appropriate patient triage to proper level of care
- Seamless three campus coverage
 - Facilitates transfers while ensuring continuity
- Maximized efficiency from daily experience and knowledge of hospital based systems
- Team based care management
 - Coordination of multidisciplinary teams (physical therapy, occupational therapy, speech therapy, social services, case management)
- Effective use of Discharge Services
 - Proactive use of Case Resource Management
 - Facilitates prompt discharges, social services, and placement
 - Active, targeted use of VNH and home social services
 - Ensures maximized patient outcomes after discharge
 - Helps reduce readmission rates
 - Hospitalist serves as head of VNH to improve discharge arena

Primary Care Physician (PCP) Services

- Yearly growth of PCP referral base to Hospitalist service
 - Current base of over 260 PCPs
 - Changing PCP pattern of use from managed care to all patients
- Positive impact on PCP recruitment and retention within CPMC network
 - High quality, trusted hospitalist service maintains and expands PCP and specialist referral base to CPMC network
 - Three campus hospitalist service offers comprehensive, worry free service

Residency and Education Services

- Devoted Hospitalist teaching service
 - Two residents mentored by one Hospitalist on all inpatients
 - Team performs similarly to academic based model
- Three to four hospitalists per month on Teaching Attending service
- One Hospitalist per month on Medical Consultation service for residents
- Active involvement in resident recruitment, education and evaluation
- Ongoing noon conference and CPC participation
- Active participation in individual resident mentoring program
- 2004 Hospitalist Performance Metrics
 - 100% Residency match
 - Passing Board rate for 2004 graduates – 93.3%
 - Medicine Education Assessment Survey score for Hospitalists – 4.6 (Scale 1-5)

Committee and Hospital Administrative Services

- Active involvement in hospital-based committees
 - See Appendix A
- Proactive participation in improving hospital Best Practices

Research and Academic Interests

- Survey work for quality improvement
 - Ongoing surveys on PCP, nursing, resident, and patient satisfaction
- Residency mentoring for research projects

Net Benefits to Hospital

Maximize hospital profits and outcomes via

- Improved patient care efficiency
- Focus on appropriate cost containment
- Focus on reduction of medical errors
- Careful documentation for improved reimbursement and risk management
- Appropriate, targeted use of ancillary and discharge services
- Up to date, evidence-based, high quality medicine
- Increased hospital throughput and flow
- Attractive and trusted referral base for primary care physicians, surgeons, and sub-specialists
- Proactive involvement in promoting hospital best practices
- Full commitment to ongoing quality improvement
- Dedicated resident teaching and education

Cost/Benefit Analysis

- Quantitative Analysis
 - Summary of Savings Report – Appendix B
 - Length of Stay Data – Appendix C
 - Cost per Case Data – Appendix C
 - Contribution Margin Analysis – Appendix D
 - Profit and Loss Analysis – Appendix E
- Qualitative Analysis – Goals for 2005
 - Satisfaction Surveys
 - Patient
 - PCP
 - Nursing
 - Residents
 - Readmission Rates
 - Mortality Risk data (future report if data becomes available)
- For the Future: Balanced Scorecard
 - Future metric once data analysis allows

Appendix A – Hospitalist Committees January 2005

Ad Hoc QIC Committee - NPSG Medication Monitoring

Antibiotics

BTMG Utilization Management

Bylaws

Care of the ICU Patient

Care of the Adult Medical Patient

Care of the Surgical Patient (as needed basis)

CHF Task Force

Clinical Competency

Code Blue

Credentials

Curriculum Review

Davies Council

Dept of Medicine Executive

Discharge and Transfer Team

Drug Formulary

Drug Utilization – Chair

EPIC Documentation Team-EHR Initiative Clinical Design Group

Ethics

Executive Committee/Division Chiefs

Faculty Mentor Program

Graduate Medical Education

Interdisciplinary Practice

Medical Records (eMRC)

Medical Staff Hearing

Medication Error Reduction

Nutrition

Patient Care

Patient Discharge Team –Cardinal Health

Patient Support Team – Cardinal Health

PCIS Drug Interaction Task Force

Pharmacy and Therapeutics

Physician Satisfaction

Physician Wellness

Post Acute Care

Patient Care Delivery Team

Quality Assurance

Quality Improvement

Reappointment Committee - Radiation Oncology

Reappointment Committee - Radiology

Risk Management

Senior Services Steering Committee

SNF Taskforce

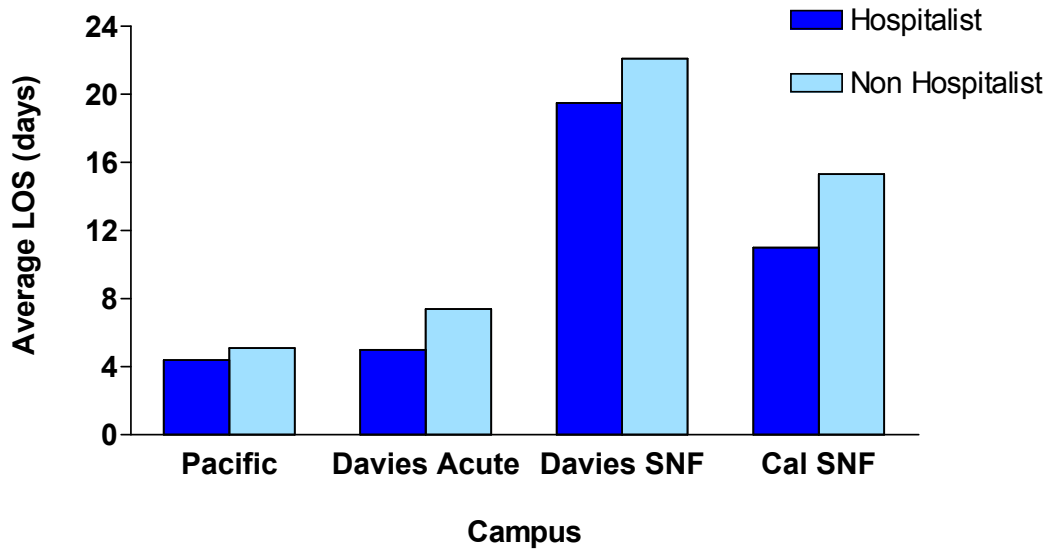
Utilization Review

Appendix B - Summary of Savings Report

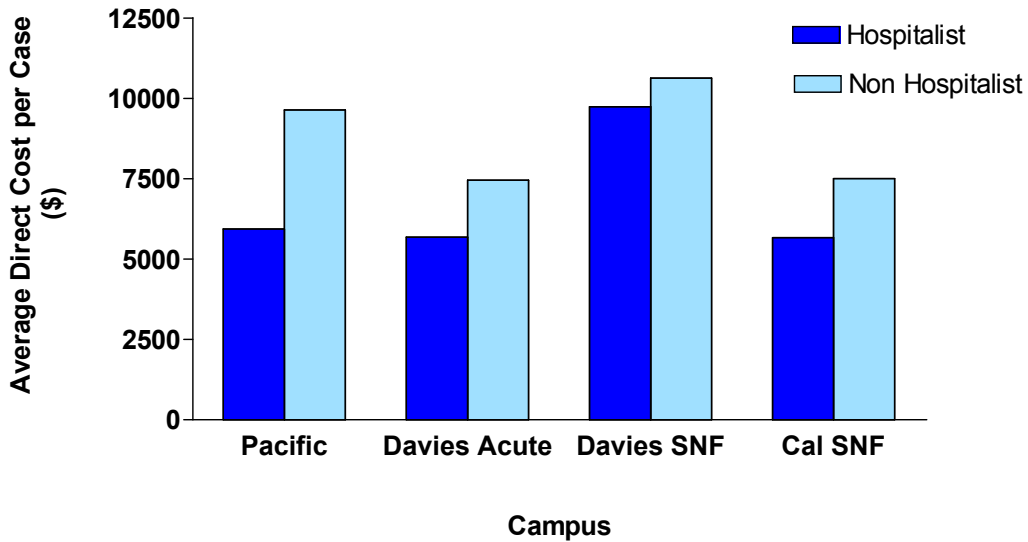
Summary - Quarters 1-3, 2004	
Total Pacific Savings	\$9,085,294
Total Davies Acute Savings	\$1,266,172
Total Davies SNF Savings	\$188,064
Total Cal SNF Savings	\$909,912
Total Savings	\$11,449,443
Total Medicare days saved	4,407
Total BTMG Sr days saved	2,117
Total BTMG Comm days saved	398
Total days saved	6,922

Appendix C - Length of Stay and Cost per Case Analysis

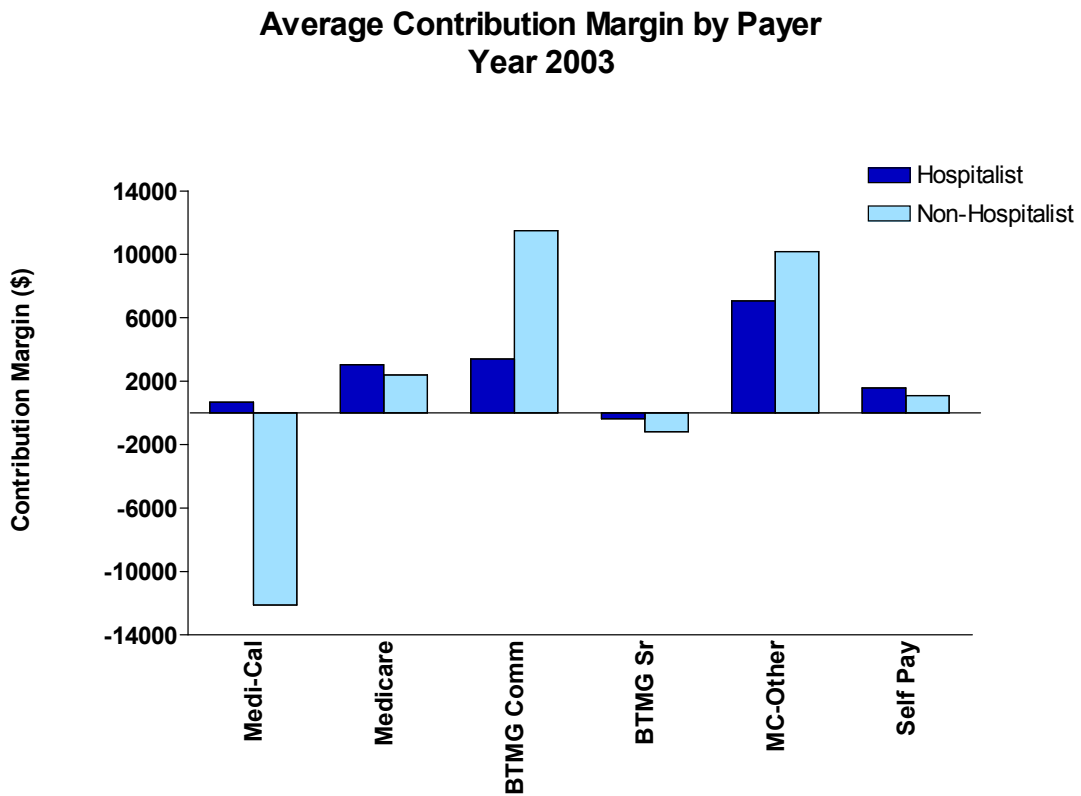
Average LOS by Campus July - Sept 2004



Direct Cost per Case by Campus July - Sept 2004



Appendix D - Contribution Margin Analysis



Note: DRGs included in Contribution Margin analysis:

- 14 Hemorrhagic CVA
- 15 Nonspecific CVA
- 79 Respiratory Infection
- 88 COPD
- 89 Pneumonia
- 127 Congestive Heart Failure/Shock
- 243 Medical Back Problems
- 296 Nutrition/Metabolic

Appendix E - Profit and Loss Analysis

Profit and Loss Summary Year 2003

