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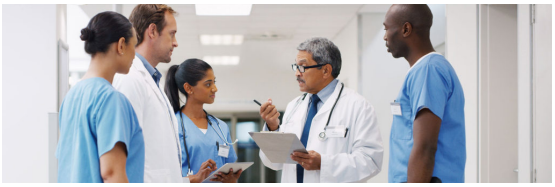
September 27, 2021

HOMERuN Hospital Medicine ReEngineering Network

HOMERuN COVID-19 Collaborative: Surge Workforce Planning Focus Group Discussions

The Hospital Medicine Reengineering Network (HOMERuN) is a national network of Hospital Medicine investigators at 12 academic medical centers (AMCs) and 50 affiliated sites. During the COVID-19 pandemic, HOMERuN leadership formed the "COVID-19 Collaborative" as a mechanism to share information and practices regarding pandemic responses across participating institutions.



Organizers and Facilitators: Shradha A. Kulkarni, MD, Angela Keniston, MSPH, Kirsten Kangelaris, MD/MAS, Anne Linker, MD, Gopi Astik, MD/MS, Matthew Sakumoto, MD, Luci Leykum, MD/MBA/MSc, Marisha Burden, MD

Background: As we reflect on experiences from the pandemic, in multiple focus groups on July 2, 2021, we asked hospital medicine physicians, researchers, and leaders to delineate the most pressing issues facing the field of hospital medicine workforce in the coming years.

Key workforce issues in the field of hospital medicine

Scope of work: how do we define our clinical skillset, how and to what extent should we expand our clinical skillset, have expectations regarding our roles changed?

- Hospitalists have been relied upon to solve systems-based problems and clinical scope continues to expand both in volume and type of work
- Clinical expansion, growth in census, more direct-care hospitalist teams
- Examples of expansion in the type of work:
    - Oncology hospitalists
    - Co-management with surgical subspecialties (neurosurgery, orthopedic surgery)

- Triage roles (hospital flow, ED, admissions, inter/intrahospital transfers)
- Telemedicine
- Hospitalist-at-home models

Clinical growth and impact on hospitalists: how do we ensure that hospitalist models support high-quality outcomes for patients, providers, and systems?

- Need to reimagine financial models and impact of delayed/insufficient staffing
- Clinical growth outpacing growth of clinical faculty available to staff
- Unpredictable surges complicate staffing models
- Jeopardy systems and moonlighting have financial and emotional toll — need to build more sustainable models

Academic missions: how do we maintain clinical productivity and focus on our educational and scholarly missions?

- Hospital medicine work has shifted from an academic focus to clinical focus in some programs, hospitals, areas
- Limited number of faculty whose full time equivalent (FTE) is primarily research
- Inadequate funding for research projects — traditional entities do not have funds allocated for the field of hospital medicine (e.g., NIH)
- Promotion is often based on academic work. Is this defined by number of publications, grants, projects? Is this reflective of our work, and should this change?

Burnout and work-life balance: how do we identify burnout and better provide support?

- Identify and acknowledge systems factors (rather than personal factors) leading to burnout
- Identify causative factors, such as increased clinical demands and census
- Sense of reactionary culture (rather than proactive/anticipatory)
- Acknowledge workforce burnout and provide adequate resources
- Evaluate and address post-COVID moral fatigue
- Create a sense of purpose within the workplace

Retention: how do we maintain the current workforce?

- Balance expectations related to documentation and metrics (LOS, discharge timing)
- Maintain a sense of community in the setting of remote work
- Keep women in the workforce
- Assess retention rates in academic vs. community setting; if different, identify causative factors
- Optimize weekend and jeopardy scheduling

Bridge the gap between hospitalists and hospitals

- Assess discrepancies between fee-for-service and value-based models
- Ensure hospital functionality 24/7 (e.g., availability of TTE and US on weekends)
- Define the scope of the workforce (APPs, PICC nurses, and other staff)
- Improve data mining/information sharing between hospital systems
- Restore trust in hospital leadership

Pipeline: how do we develop the next generation?

- Evaluate how trainees perceived hospital medicine during the pandemic
- Monitor whether changes in compensation lead to changes in the applicant pool
- Recruit and hire hospitalists interested in scholarly work
- Leadership development to prepare for senior role

Studies Looking for Partners

The Reduce REVISITS Study: Reducing Respiratory Emergency Visits Using Implementation Science Interventions Tailored To Settings.

Valerie Press, MD, MPH, of the University of Chicago is recruiting sites for the Reduce REVISITS Study (**SUBMIT HERE**). We will collaborate with the Society of Hospital Medicine to harness their expertise with the Mentored Implementation Model (MIM) via their Mentor University to support sites to implement **bundled transition of care interventions to reduce COPD revisits** (ED visits and readmissions) after hospitalization for COPD exacerbations. All sites will participate in at least one virtual site visit followed by monthly mentoring meetings for one year. Half of sites will also receive expert co-design input. Participating sites will need to identify two site leads, obtain institutional support (letter of support), participate in data collection for planning and evaluation, and plan for sustained program implementation. Please submit if you are interested in participating by **October 15, 2021**. We will then follow-up with you with more information. Please contact Dr. Valerie Press with any questions (vpress@bsd.uchicago.edu).

REVISITS
THE REDUCING REVISITS STUDY
(RESPIRATORY EMERGENCY VISITS USING IMPLEMENTATION SCIENCE INTERVENTIONS TAILORED TO SETTINGS)

The SIP Study: Simultaneously Implementing Pathways for Improving Asthma, Pneumonia, and Bronchiolitis Care for Hospitalized Children.

The Society of Hospital Medicine and Sunitha Kaiser, MD, of UCSF are recruiting hospitals for the SIP Study. Learn more about the study and **APPLY HERE** to join hospitals nationwide in improving care for pediatric patients! SIP participating hospitals will receive evidence-based tools and resources (seminars, clinical pathways, electronic order set templates), pediatric QI mentorship/facilitation, a platform for collecting/tracking/comparing performance data, and CME/MOC credits. Participating hospital sites will be asked to secure institutional support from administrative leaders to implement the study/QI interventions, attend regular meetings for QI planning (roughly monthly), collect the requisite data to monitor the impact of the program and interventions over time, and support sustained practice once the program is formally over. **The application deadline is October 1, 2021.** We will notify all applicants by November 1, 2021, if they have been selected to participate in the program. Please note that free-standing children's hospitals are not eligible (community and nested children's hospitals, please apply!). Please contact Dr. Suni Kaiser with any questions (Sunitha.Kaiser@ucsf.edu).

SIP STUDY

Key Takeaways

1. Define the scope of hospital medicine
2. Advocate for support for scholarly and non-clinical work
3. Identify, acknowledge, and create solutions for burnout
4. Ensure hospitalists and hospitals/health systems' goals are aligned

5. Aim for retention, develop the pipeline

Our next meeting will be on October 8, 2021. We will hold focus group discussions with the Provider Wellness Working Group.

Check out the **HOMERuN COVID-19 Knowledge Base** for more details.
If you would like to join the HOMERuN Collaborative calls, please reach out to Tiffany.Lee@ucsf.edu.