

# Innovation: Rethinking Care Delivery



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# Mobile Integrated Healthcare

Monadnock Community Hospital

A Presentation to NHHA October 2024

# Mission, Vision, Values & Behaviors

## OUR MISSION

We are committed to improving the health and well-being of our community

## OUR VISION

We will elevate the health of our community by providing accessible, high-quality and value-based care.

## VALUES & BEHAVIORS

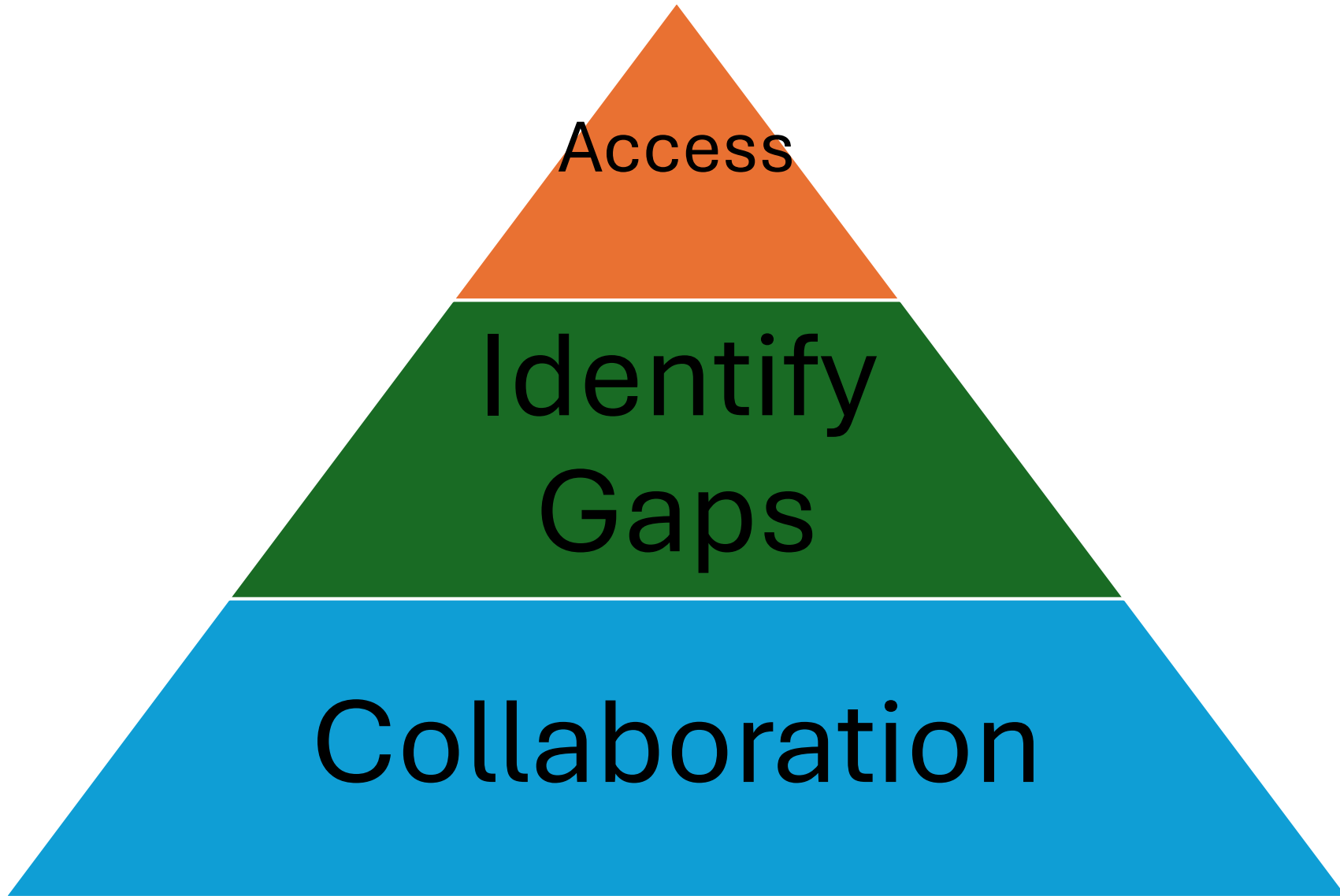
Care through  
Compassion | Collaboration | Honesty |  
Respect



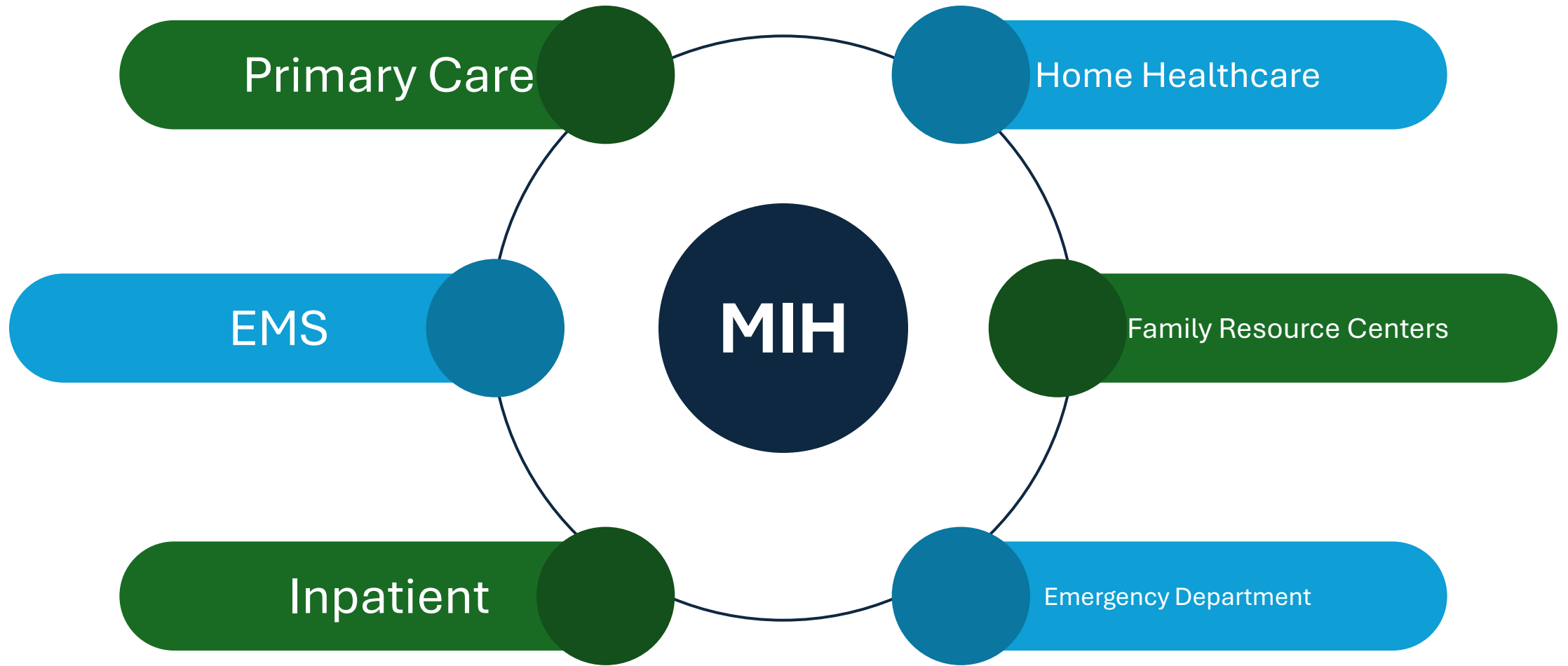
**Monadnock**

MOBILE INTEGRATED HEALTHCARE

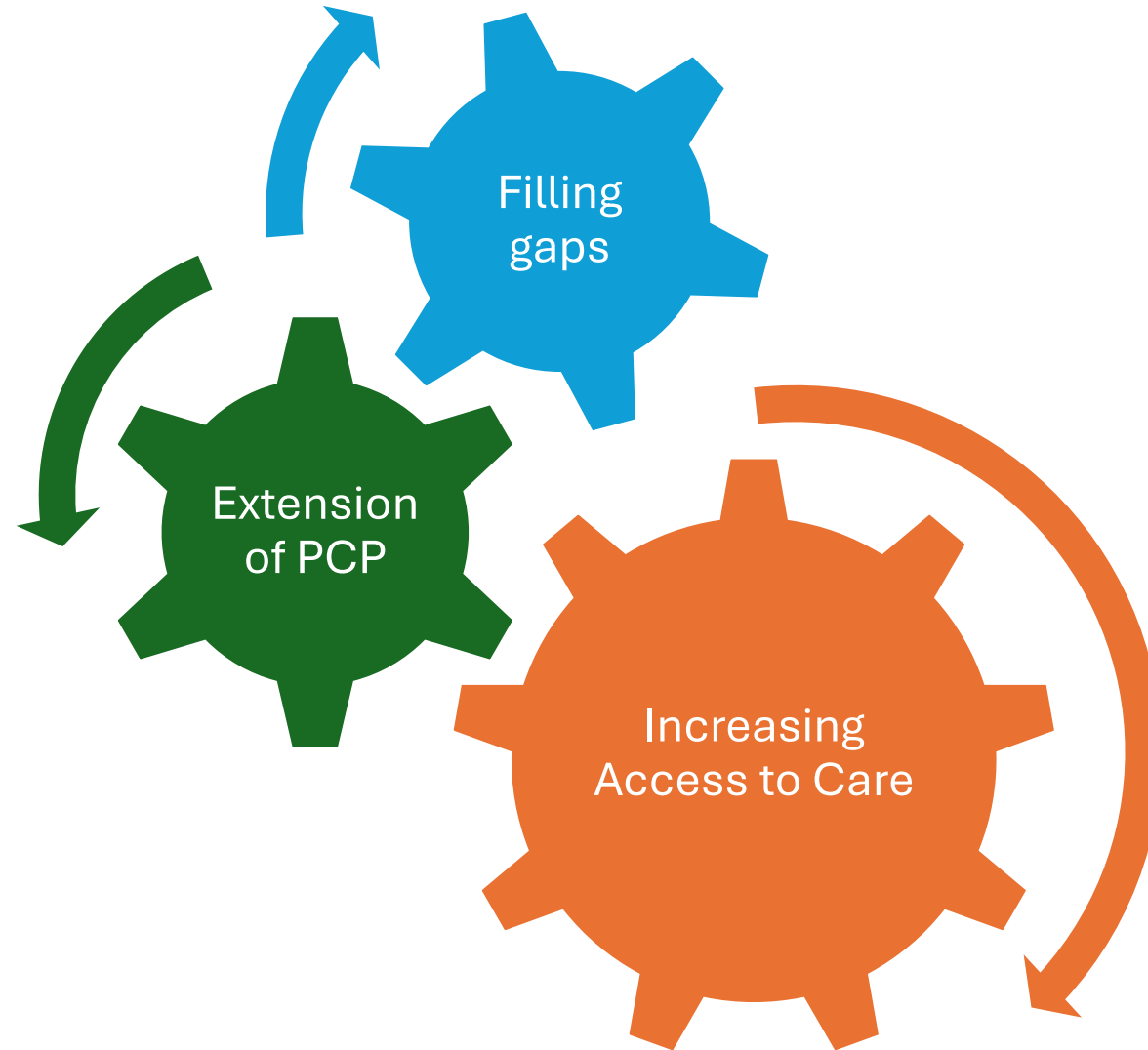
# Core Values of MIH



# Collaboration



# Access to Care



# Some Services Offered

## TCM

High readmission risk patients get MIH home visit within 48 business hours of discharge.

## Acute Illness/Injury

If a patient can't get an appointment with their PCP, MIH can evaluate the patient and collaborate with the PCP to provide care.

## Chronic Disease Management

Providing patients with the in-home education and resources to better manage their chronic condition.

## SDOH

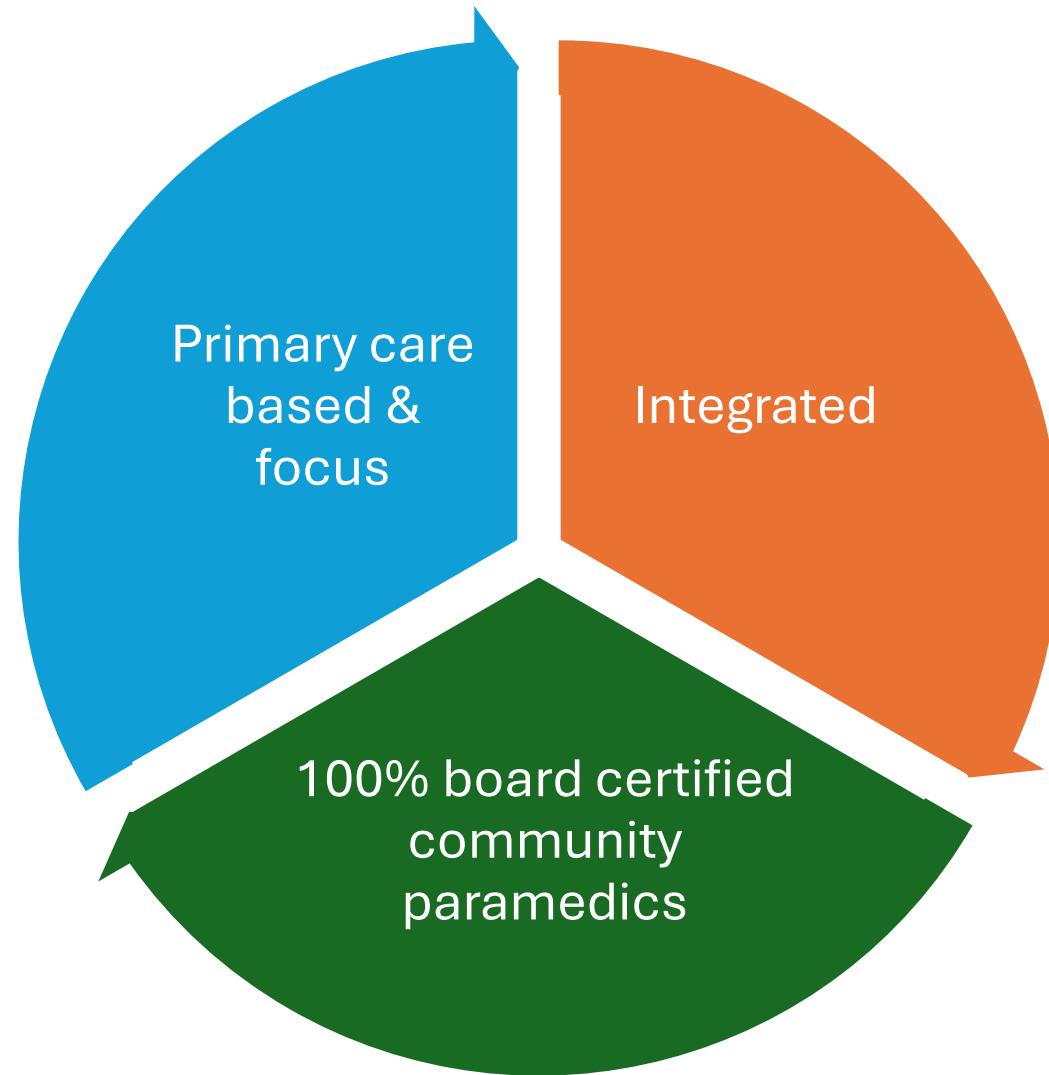
MIH identifies SDOH challenges and works with community partners to provide resources.

## Special Projects

Tobacco screening and resource referrals, antepartum and postpartum home visits, asthma education, diabetic education...



# MCH-MIH is unique





# Patient Survey

## MIH Program



## Patient Quotes

*"We would not be able to access the necessary labs and other assessments needed for my care without MIH."*

*"The paramedics always communicate clearly and respectfully and are patient with the MS [health] concerns."*

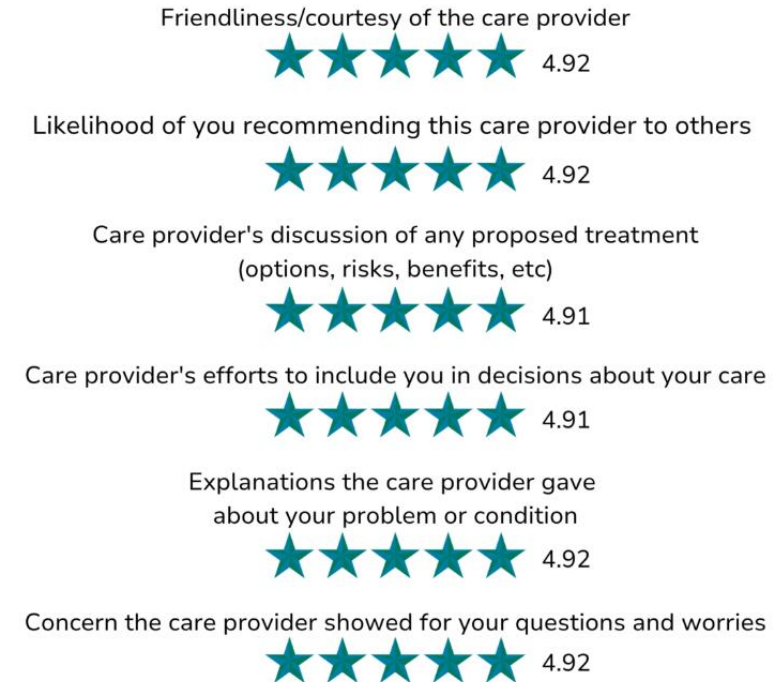
*"This program has really been a game changer - if the help didn't come to me some tests and observations would not have been done."*

*"I have a hard time both with transportation at times and sometimes agoraphobia."*

*"I have been sick this past year - bad fall - transfusions due to low blood - bronchitis. He [paramedic] was patient and caring with me."*

*"It was great. I needed to be seen by a doctor and have labs drawn but I couldn't go to the lab or doctor's office because I was too weak. I was so thankful Josh [paramedic] could come to me."*

## MIH Provider



## Clinician Survey

# 100% of our clinicians agree or strongly agree that...

- The MIH program has provided an additional option for my patients to receive care.
- 'They are' more confident that a patient will be successful when MIH is involved in their transition of care.
- If the MIH program did not exist, there would be patients of mine who would not get care, or would have an extremely difficult time getting care.
- The MIH program helps fill the gap between a patient being discharged (from inpatient or emergency department) and seeing their primary care provider.
- The patients MIH is involved with are generally more complex with more social and medical needs than the typical patient.
- I trust the clinical knowledge and judgements of the MIH community paramedics in making clinical decisions for my patients.



**Thank You**



**[MIH.monadnockhospital.org](http://MIH.monadnockhospital.org)**



Foundation *for*  
Healthy Communities

*Partnering to Improve Health for All*

# **Huggins Hospital's Virtual Nocturnist Program**

Barry Gendron, DO MBA

CMO, Huggins Hospital Wolfeboro, NH

# Disclosures

- I have no financial interests or relationships to disclose



# The Innovation Opportunity

- Expand Telemedicine services to further improve care quality and provider access
- Prior to 9/30/2023, Huggins Hospital's nighttime Hospitalist (Nocturnist) program:
  - In-person (one provider 7 PM – 7 AM)
  - Staffed by Team Health; many Nocturnists were locum tenens
  - Many Nocturnists worked abutting day shifts
  - Opportunities to improve patient care and safety:
    - Patients waiting in ED to be admitted by Nocturnist for longer than necessary
    - Staff “batching” Nocturnist inquiries to avoid disturbing them
    - Variable Nocturnist responses to patient and staff inquiries and needs
- Began to explore the option of discontinuing in person Nocturnists for Telenoctrnists

# Huggins Internal Due Diligence

- 1.5/evening = average # of Huggins inpatient hospital admissions 7 PM – 7 AM
- 12 – 18 = average daily inpatient census (with great fluctuation)
- 10 = average evening/night ED volume from 7 PM – 7 AM
- 5=average number of Code Blues 7 PM- 7 AM
- Top 2 in the state = Expectation for high levels of Physician communication with patients at Huggins. HCAHPS Scores October 2022-September 2023 rated Huggins in the top 2 hospitals in NH for inpatient physician communication. (Little impetus to change from an in-person physician model in which in person physicians maintained very high levels of patient/family communication)



# Telenocturnist Proposal

- Eagle Telemedicine, a Team Health affiliate, provides 450 telemedicine programs in the US-30% are Telehospitalists
- 10 Internal Medicine Telenocturnists assigned to Huggins Hospital (all US Residency-Trained)
- TeleNocturnist available within minutes of receiving a secure text, immediately for stroke alerts, rapid responses, codes
- TeleNocturnists cover 2 – 3 hospitals, depending on hospital volumes, with back up TeleNocturnists on call if needed.
- Assessed video carts, chose Amwell- interactive stethoscope, otoscope and ophthalmoscope
- TeleNocturnists documents in hospital's EHR.
- TeleNocturnists run codes, facilitate transfers, clear patients for surgery

# Telenocturnist Vetting

Evaluated and interviewed other organizations with TeleNocturnist or similar programs:

- CAH with 8-patient average daily census (Northern Lights Blue Hill, Blue Hill, ME)
  - Daytime in-person Hospitalist and no on-site night coverage – TeleNocturnist phone call coverage only
- CAH with 15-patient average daily census (Northern Lights Sebecook Hospital, Pittsfield, ME)
  - Daytime in-person Hospitalist and evening TeleNocturnist coverage
- 37-bed community hospital with 31-patient average daily census (Northern Lights Inland Hospital, Waterville, ME)
  - Daytime in-person Hospitalist and evening TeleNocturnist coverage
- Cape Fear Valley Health System (had both a CAH and a 41-bed community hospital, North Carolina)
  - Both with daytime in-person Hospitalist and evening TeleNocturnist coverage



All sites reported no significant issues clinically, administratively or with patient experience. No patient care or safety issues were identified at any of the sites. Sites reported staff and patient positivity and engagement. No discrete patient satisfaction data was shared.

# Amwell Carts with stethoscopes, otoscopes, ophthalmoscopes



# Implementation

## Identified need for comprehensive communication, education and skills sessions:

- Multiple zoom and phone calls to other providers and staff who used Eagle telenoctrnists
- Traveled to Amwell in Boston to review carts and cart options
- Hands-on educational practice sessions for night staff to familiarize themselves with how to use Amwell cart interactive stethoscope, ophthalmoscope or hand held camera for close up views of the skin
- Developed materials for our staff/patients about the program and provider bios
- Developed materials for the TeleNocturnists about our scope of services, communities
- Developed written diagrams/workflows/order sets/binders
- CMO/CNO met with nursing, providers, Board of Trustees prior to program kick-off
- All staff communication in Employee Newsletter
- Mock events after hours to ensure staff were comfortable, including mock codes both prior to and after kick-off (with debriefings after each actual and mock event)
- CMO/CNO attend inpatient leadership rounds daily at 6:45 AM to understand overnight care/opportunities
- Post implementation meetings to discuss program

# Program Feedback

- Pre-implementation and post-implementation patient interviews showed more positive feedback for TeleNocturnist (due to faster admission time and more time spent with patient in telenocturnist model) than previous in-person process.
- Initial feedback from daytime Hospitalist showed some redundancy in documentation was adding work to daytime Hospitalist.
- ED Nursing Staff voiced feeling the evening admission process was more efficient and timely.
- Med/Surg and ICU staff less likely to “batch” or “hold” questions for Telenocturnist as their access to TeleNocturnist felt more “real time”.
- Access to Hospitalists from different regions – with Hospitalist specialty – offers different expertise/views/pathways for improvements to clinical protocols at Huggins.
- No significant quality or risk issues to-date.
- HCAHPS scores October 2023-present similar to prior year
- Net cost savings of conversion from In-Person to Telenocturnist approximately \$500,000/year

# Nurse/Physician Survey 10/2024-End of Year 1

- 92% rated Telenoctrurnist program as “Very Good” or “Good”
- 8% rated program at “Fair”. No respondents rated as “Poor”
- 100% stated that patients were admitted from the ED more quickly
- 46% stated that they were more likely to contact the telenoctrurnist with questions versus the in-person nocturnists
- No negative patient comments submitted

# Next Steps

- Following the successes of the Eagle Telenocturnist program that began 9/2023, Huggins added inpatient 24/7 Eagle Telepsychiatry program 1/2024



*Questions?*







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October 21, 2024

# Virtual Emergency Department

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Dr Kevin Desrosiers



# Problem to Solve...

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- Wait times for acute unscheduled care can be very long
- Unscheduled acute care depends on the patient selecting the most appropriate site of service
- Patients do not readily understand the spectrum of offerings or what level of service they need for their complaint
- Wait times in the ED are based on triage. Low-acuity conditions are subjected to very long waits as more acute patients continue to arrive
- Many patients would reduce or eliminate their wait times if they selected the most appropriate care setting for their complaint

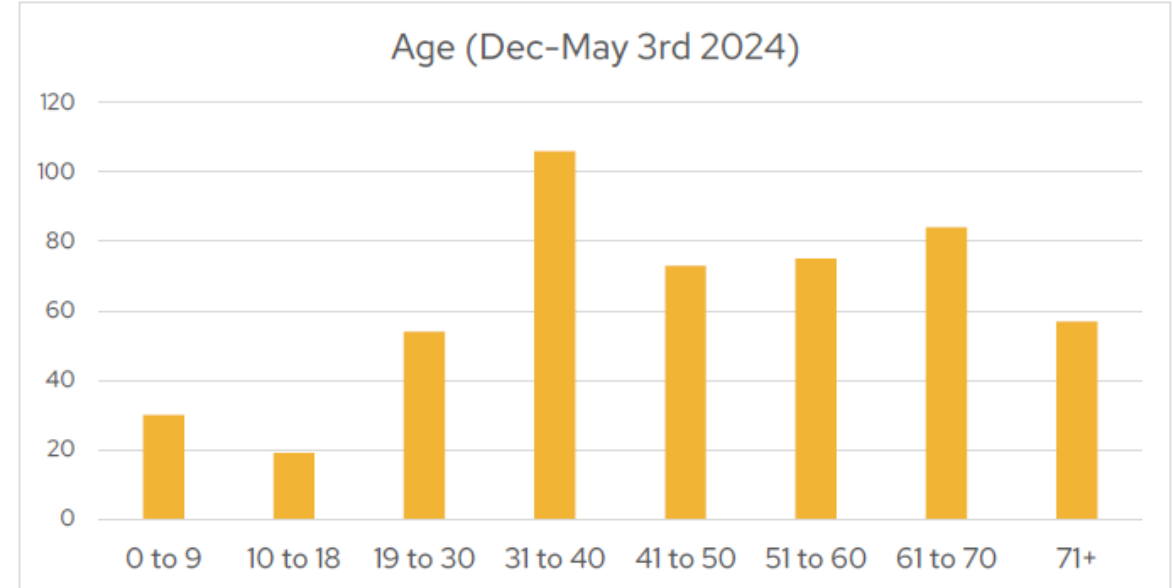
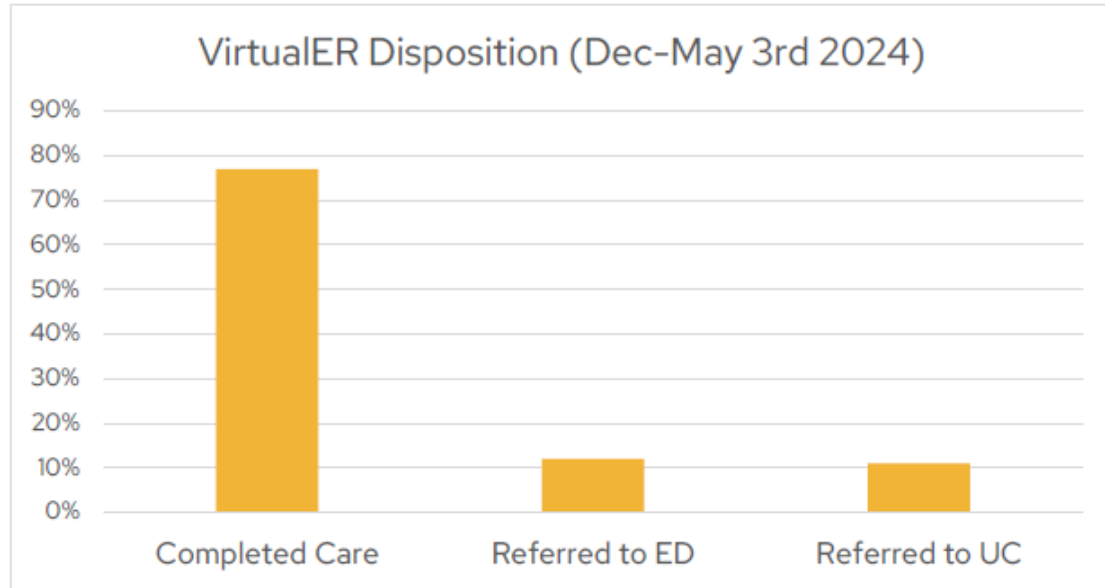
# Virtual ER – A Versatile Tool

- When a patient accesses the Virtual ED they are connected to an Elliot Emergency Room Physician who can:
  - Evaluate and Treat conditions amenable to Virtual Care
  - Schedule an appointment for Elliot Urgent Care and choose the location with the shortest wait time
  - Refer the patient to the ED, while placing orders for a facilitated work-up upon arrival

# Virtual ER – A Versatile Tool

- Conditions amenable to Virtual Care include:
  - Visits where the entire interaction is virtual
  - Visits that require laboratory studies (asynchronous)
  - Visits that require imaging (asynchronous)
  - Follow up for patients who left without being seen
- Asynchronous visits leverage the EMR and the patient portal to connect with patients to follow up on labs and imaging directing the next stage of care which can include:
  - Specialty visit
  - Pharmacy visit
  - PCP follow up

# Patient Impact



\*Approximately 50% of patients require asynchronous care that historically required an inpatient visit



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October 21, 2024

# Supporting our Newer Nurses

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Martha Dodge, MS, RN, CPPS

Senior VP and Chief Nursing Officer



# Problem to Solve...with a new way of thinking

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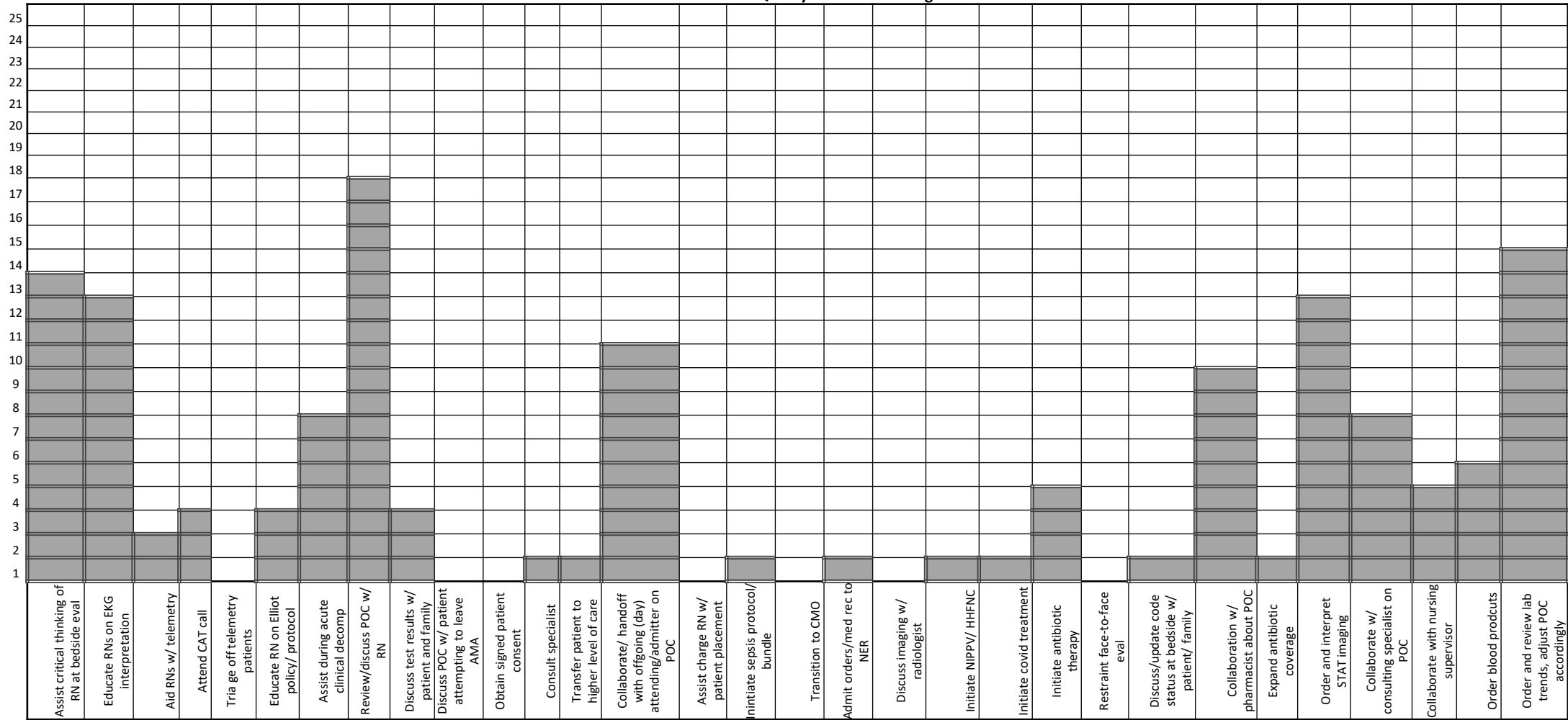
- Nursing leaders who support 24X7 operations struggle with staffing and skill mix every day
- General nursing workforce shortages
- Burnout → increased turnover → constant onboarding & orientation → Increased burnout & expenses
- Work from Home (WFH)
- New Grads “overwhelmed”, “no one told me it would be like this”, “too stressful”
- Most new staff start out working night shift
- Bedside nurse want more autonomy & respect
- Elevating nursing practice
- Supporting professional growth while retain our best and brightest at the bedside
- Nocturnists field an average 1 call per 2 minute all night long



# APRN on the night shift...

- We sought to provide a credentialed clinician who can manage the plan of care for patients while providing at-the-elbow support to newer nurses
- APRN provider role within the nursing structure, while collaborating with the Hospitalists, they can, in real time:
  - Establish the plan of care
  - Provide education
  - Talk through critical thinking and clinical judgement
  - Assess and enhance the newer nurse's physical assessment skills
  - Support the nurses as they continue to learn.
  - Meet the patient and family needs during night shift

Role of Nocturnist APRN Quality Indicators----August 2024



# Success

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- Improving Patient Outcomes
  - Code response time
- Enhancing access to care
  - No closed beds
  - New nurse (2 years or less) turnover significantly decreased
- Optimizing resources
  - HIRE FOR FIT!!!
  - Collaborate- Hospitalists interviews, orientation, team meetings
  - Work on units & attend huddles

NEW HAMPSHIRE HOSPITAL ASSOCIATION  
FOUNDATION FOR HEALTHY COMMUNITIES

# ANNUAL MEETING

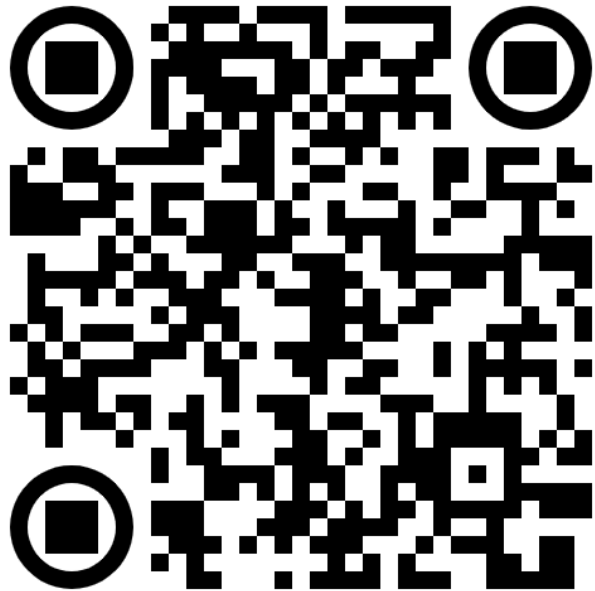
Oct. 20-22, 2024 | OMNI Mt. Washington Hotel



**Always  
There,  
Ready  
to Care.**

Enhancing Lives,  
Strengthening Communities

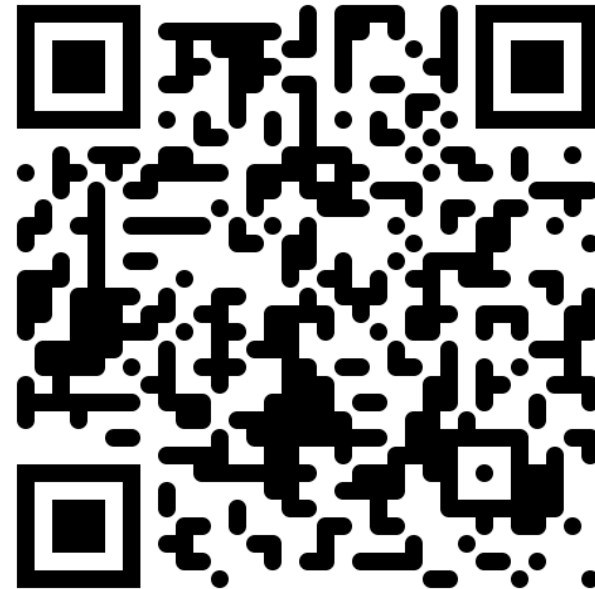
## Overall Annual Meeting Evaluation



@nhhospitals

@healthynh

## Individual Sessions Evaluation



#alwaystherereadytocare