

# Hospitalists managing surgical patients leads to an Increase in Patient Satisfaction and Efficiency on the Surgery wards

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## Background:

The highly demanding nature of surgical residency, including long periods of time in the operating room could limit the time spent by residents progressing care on the wards for surgical patients. This lack of availability can negatively impact patient communication, length of stay and hospital acquired conditions. Thus in order to improve access to physicians we created a surgery hospitalist program where hospitalists work alongside the surgical residents and attendings on selected services such as general surgery, surgical oncology, vascular surgery and bariatric surgery. The hospitalists with their expertise progress the medical care independently and the surgical care in collaboration with the surgical team. This allows timely discharge and creates optimum care for patients on the surgery service.



## Objective:

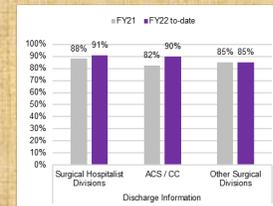
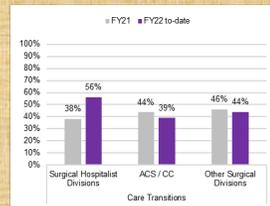
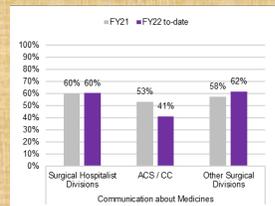
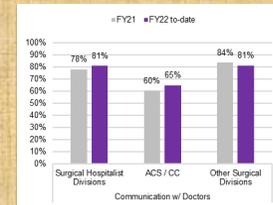
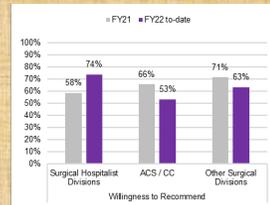
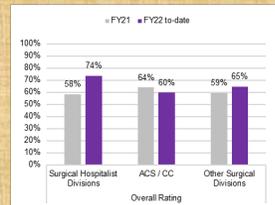
To study the effects of a surgical hospitalist model on outcomes such as patient satisfaction, efficiency, and hospital acquired conditions.

## Methods:

We looked at a comparison between surgical services with hospitalists, and those without, between fiscal year 2021, and the fiscal year 2022 to date (during which time the surgical hospitalist service had been well established). We compared patient satisfaction, based on surveys given to patients after discharge. We also compared average length of stay, discharge by noon, median discharge time and post-operative outcomes of mortality per case. The data for throughput was pulled from EPIC and HCAPHS for patient experience.

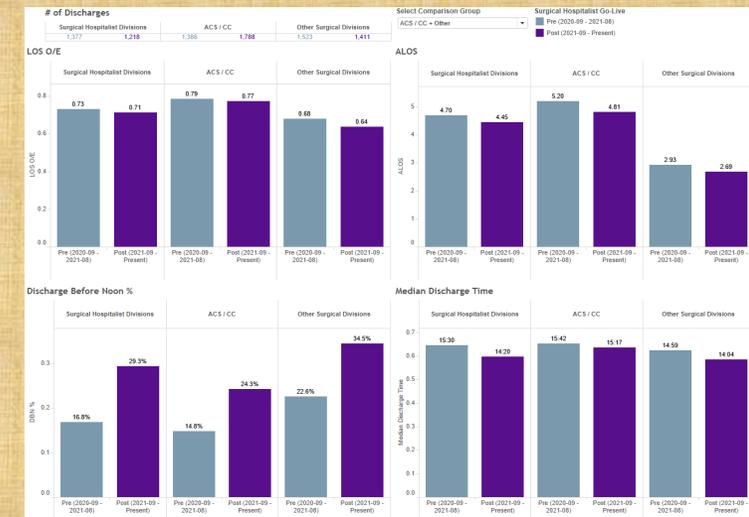
## Results:

For patient experience, overall rating improved for the surgical hospitalists' services by 26%, Care transitions improved by 47% while non-surgical hospitalists' services had a decreased overall rating by 7% and a decrease in Care transitions by 11%. While there was minimal difference in length of stay, discharges prior to noon and median discharge time improved more on surgical hospitalists' services in comparison to non-hospitalist services (74% vs 64% and 70 vs 25 minutes respectively). For both services there was a significant decrease in mortality per case (16-17%).



## Conclusions:

The addition of surgical hospitalists to the resident run surgical services at NYU Langone Brooklyn has led to a significant improvement in patient experience and hospital throughput metrics.



## Clinical Implications:

By incorporating hospitalists into the resident run surgical teams at NYU Langone Brooklyn, we have been able to increase the availability of physicians to meet patients' needs. This has improved communication with patients, as well as the timeliness of care, and organization of patient disposition and discharge. It has also aided in reducing the burden of work on our surgical residents, aiding them in improving non-hospitalist services as well. All of this improves hospital efficiency and patient care quality and safety, while also greatly improving the patient experience.