

Sharon Klein MD¹, Cameron Zenger MD¹, Kevin Eaton¹, Melissa Latorre MD MS²

1. Department of Medicine, New York University School of Medicine

2. Department of Medicine, Division of Gastroenterology, New York University School of Medicine

BACKGROUND

- Implementation of a hospitalist care model has shown an improvement in hospital outcomes (length-of-stay and readmissions), quality metrics (in-hospital mortality) and cost savings
- A GI hospitalist is a physician who spends most of their clinical time overseeing the care of hospitalized patients with gastrointestinal disorders
- Limited data exists on the impact of a GI hospitalist on inpatient care

OBJECTIVES

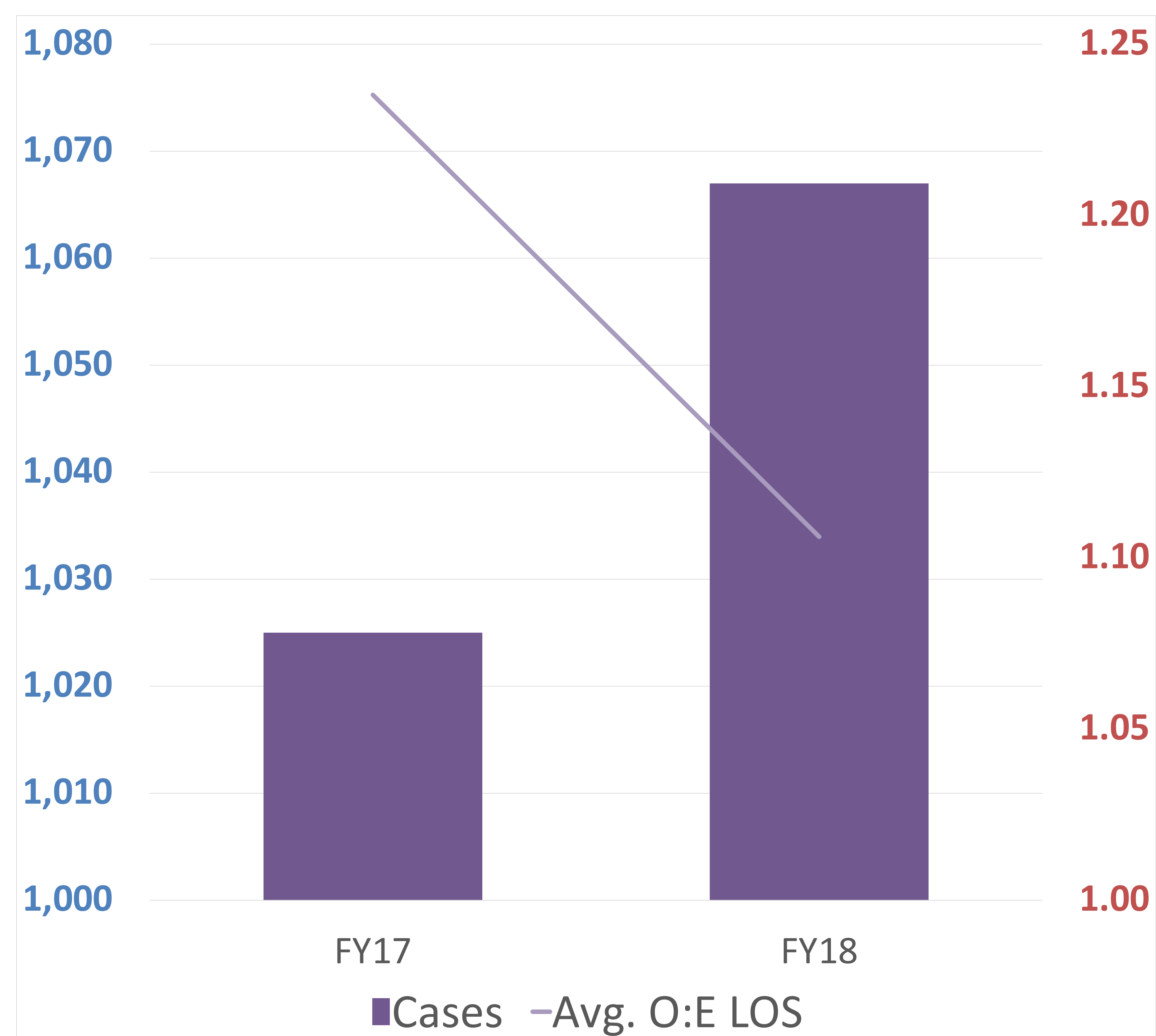
- 1) Determine the impact of hiring a GI hospitalist on procedural case volume
- 2) Evaluate the impact of hiring a GI hospitalist on key hospital metrics

METHODS

- Retrospective single center study of patients who received inpatient endoscopic general GI procedures (endoscopy, colonoscopy, flexible sigmoidoscopy, standard and balloon-assisted enteroscopy) in the fiscal year before and after hiring a GI hospitalist
- Compared procedural case volume before and after hiring of a GI hospitalist
- Compared patient and hospital outcomes of interest: mean observed-to-expected length of stay (O:E LOS), discharge before noon (DBN), in-hospital mortality and 30-day unplanned readmission

RESULTS

	Before a GI Hospitalist (FY17: Sept 2016-Aug 2017)	After a GI Hospitalist (FY18: Sept 2017-Aug 2018)	p-value
Inpatient General GI Procedures	1025	1067	-
Average O:E LOS	1.21	1.11	p<0.05
DBN	31%	37%	p<0.05
In-Hospital Mortality	2%	1%	NS
Unplanned Readmission	174	164	NS



DISCUSSION

- We observed a 4% increase in case volume after the hiring of a GI hospitalist
- We found a significant decrease in the average O:E LOS from 1.21 to 1.11 (p<0.05) suggesting more efficient endoscopic and periprocedural care
- We found a significant increase in the number of patients discharged before noon with a GI hospitalist onsite
- We observed a trend towards reduced in-hospital mortality and unplanned readmissions after hiring a GI hospitalist

CONCLUSION

- Having a GI hospitalist onsite was associated with an increase in general GI procedure volumes and improved hospital outcomes in patients undergoing inpatient general GI procedures
- Our data offers nascent evidence to support the utility in embracing this model into more hospitals nationwide.