

FAQ: TeleHospitalist Program



Telemedicine is here to stay. Programs that started or grew in popularity because of the COVID-19 pandemic continue to gather steam, and patients and providers are getting used to the virtual health care world.

The use of virtual telehospitalists to support in-person clinicians is on the rise, thanks to the successful implementation in hospitals during the pandemic.

Still a relatively new concept, there are several questions and concerns that regularly come up in discussions about this supportive coverage model.

Q: What is the quality of the virtual doctor taking care of hospital patients?

A: Although practicing virtually, all telehospitalists have the same education and training as their in-person counterparts. We require at least two years of recent hospitalist experience.

Q: Are the telehospitalists consistent?

A: Yes. Typically, the same 3-4 doctors will cover the same hospitals in turn, giving the in-person clinicians and nurses the chance to build relationships and rapport with their virtual counterparts. Thanks to the alleviated burden from teleHospitalist programs, both in-person and telephysicians tend to have high retention rates.

Q: Do daytime physicians have a say in the type of care their patients receive?

A: Absolutely. Just as nocturnists get to know the daytime doctors and listen to their reports at sign out, telehospitalists take notes when they come on shift regarding patients needing to be seen, overnight labs to follow up on, and any patients that are deteriorating.

As the physicians get to know one another, they learn each other's styles and preferences, just as they would in person, and know which daytime docs want to put their own echo results in the next morning, and which ones don't mind if the night shift does it for them.

Q: How is the program implemented?

A: After the staff is introduced to the program, the facility goes through at least three days of drills, practicing rounding, learning how to operate the carts, going through calls, and what to do. After the first few nights, support staff is still available, and they are very responsive to any technical or practical issues that arise.



Q: What does virtual rounding look like?

A: Telehospitalists do their rounds with the aid of a rounding cart, simply a cart with a computer, camera, keyboard, and stethoscope attached. An assigned in-person nurse wheels the cart around to the patients that need to be seen.

The telehospitalist has controls to zoom in and out, as well as look around the room, allowing them to see patients, monitors, and family members. They can toggle back and forth between overhead and cart cameras, the stethoscope, and audio options. There is also a conferencing capability where doctors can invite family members who are not present to phone in to discuss patient progress and care.

Q: How does virtual rounding affect the nursing staff?

A: Most often, there is one nurse assigned to the rounding cart so as not to interfere with other duties and patient care. When possible, the patient's nurse will facilitate the rounding and function like a multidisciplinary round.

Q: What is the effect of the telehospitalist program on nocturnal physician response rate?

A: Having the telehospitalists available at all times ensures the night nursing staff can always reach a physician and get a response in a timely manner. Calls to the telehospitalists are prioritized so that patients deteriorating will be taken care of before admissions or ER cases.

Secure messaging to the telehospitalist is available for when a call is not necessary, decreasing the time needed and ensuring a quick response. Because telehospitalists put all orders and documentation directly into the facility's EMR, the need for verbal orders at night is alleviated.

Q: Are the coverage models flexible?

A: Yes. Hospitals using the virtual hospitalist program are able to adjust coverage to match their needs, including nocturnist and daytime shifts, supplementary staff during shortages, specialty admissions, extended time off periods, physician supervision, and medical consultations.

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Q: How do telehospitalists impact quality of care and satisfaction rates?

A: Telehospitalists make a positive impact on both quality of care metrics and satisfaction rates. By enhancing continuity of care virtual hospitalist programs see significant reductions in length of stay and transfer rates.

Additionally, organizations experience improved productivity and revenue, demonstrated by noticeable increases in both total volume and total billable RVUs. A decrease in verbal orders improves efficiency and an increase in physician documentation tells a patient story more accurately.

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