

# NAVIGATING CHANGE – ADOPTING A PSYCHIATRIC HOSPITALIST STAFFING MODEL


John Kuzma, MD

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## SUMMARY

- The Starting Point
- The Problem
- The Process
- The End Point
- Lessons Learned
- Questions

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## REGIONS HOSPITAL MH SERVICE ~2012

- 3 MH – Crisis Stabilization/ ED Coverage (16 beds)
- 4 MH – Psychosis/Mania (20 beds)
- 5 MH – Depression (20 beds)
- 6 MH – Geriatric Psychiatry (20 beds)
- 7 MH – High acuity (20 beds)
- Consult Service 1-2+ physicians M-F

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## REGIONS HOSPITAL MH SERVICE ~2012

- Two physicians per unit.
- 3 MH had hospitalist (7-on/7-off) staffing - other units were M-F
- Units were coed except for 7 MH which was all male
- Weekend call covered by two call physicians (from HPMG inpatient and outpatient services) who would see inpatient admissions and emergent follow-ups as well as covering consult service


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## PROBLEMS

- Workload mismatch – too much for one 1.0 FTE, too little for 2.0 FTE.
- Unhappiness with weekend call
- 3MH ED consult system inadequate


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## THE SOLUTION (TLDR)

- Transition to hospitalist staffing model on inpatient units on consult service
- Utilize team model with Psychiatrist partnered with APP most of whom were trained at 1-year fellowship at the hospital
- Overnight call managed by house officer either resident, APP fellow or moonlighter overnight with attendings available for phone coverage for the rare emergent issue


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## THE PROCESS

- Change was incorporated into overall review of model of care coinciding with move to new MH building
- Transition occurred by unit with frequent use of staffing and procedural pilots and review of financial and clinical metrics to assess sustainability and fiscal viability
- "the Rapid Fail Model"

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## REGIONS HOSPITAL MH SERVICE - 2020

- 11-bed pod in the ED with a psychiatrist working with assigned APP.
- NE 4 – Psychiatric ICU (now coed)
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- NE 8 – Low Acuity unit
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## LESSONS LEARNED

- Utilize Existing Models when you can
- Take advantage of (or create) watershed events
- Identify and recruit informal leaders among your team
- Be comfortable adjusting the model – ‘Semper Gumby’

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## LESSONS LEARNED

- Remain patient focused while also working to balance sustainability and fiscal viability
- It is better to create the model you want and staff for that than trying to jury rig a model around your current staff
- Recognize and embrace the reality that the process will never end (nor should you want it to)

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## QUESTIONS?

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