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New Internal Medicine Residency Program at a Community Hospital Improves Mortality Without Increasing the Cost or Length of Stay: A Two-Year Follow Up.

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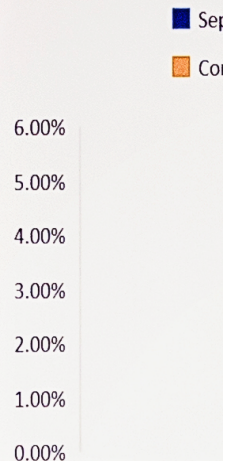
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New Internal Medicine Residency Improves Mortality With (A Tv

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Riverside Community Hospital

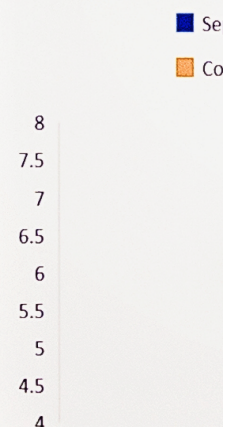
Introduction

Opening new residency programs in community hospitals is one strategy to address physician shortage. Previous reports have shown better mortality outcomes in university based hospitals. However, less is known about teaching community hospitals. Disrupting well-established workflows in community hospitals is feared to cause an increased cost and possibly a slide in quality of care. Our aim was to assess the impact of starting a new Internal Medicine residency program in a Graduate Medical Education (GME) naïve community hospital.



Method

In a retrospective longitudinal study, we compared quality and efficiency of care parameters for the same hospitalist service for the academic year before (July 2015- June 2016) and two years after (July 2016- June 2018) implementation of an Internal Medicine residency program at Riverside Community Hospital(RCH).The quality measures included mortality rate, 30-day readmission rate, complications of care, average cost per case, length of stay, and case mixed index.



Residency Program at a Community Hospital without Increasing the Cost or Length of Stay (Two-year Follow up)

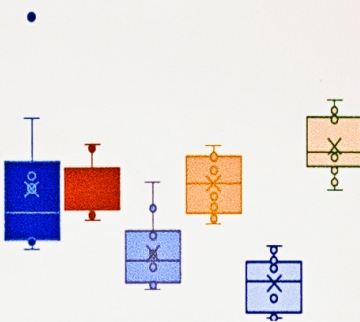


Dr. Rajesh Gulati MD., Napatkamon Ayutyanont, Alina Popa MD.
Hospital/University of California Riverside residency program

Results

Mortality Rate

Comparison 1: Jul 15-Jun 16
Comparison 2: Jul 16-Jun 17
Comparison 3: Jul 17-Jun 18
Comparison 4: Jul 18-Jun 19



The aggregated data from 1295, 2532, and 2532 patients in academic year 2015, 2016, and 2017 respectively were included in the study.

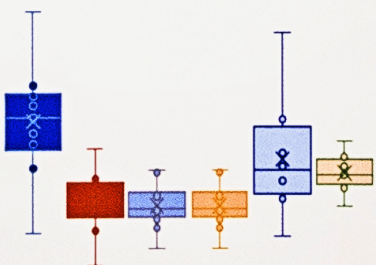
Compared to pre-GME mortality rate of 2.4% (year 2015), mortality rate decreased to 1.2% in the first year and further decreased to 0.63% for the second year after the start of the residency program. Mortality rate among non-teaching hospital patients remained comparable throughout the study. Other measures did not show remarkable change.

Conclusion

Starting a new residency program at a community hospital is not associated with a decline in the quality of care. In fact, it significantly decreases the overall mortality rate among the teaching service patient population. We hypothesize that further decrease in the mortality rate during the second year after starting the residency program is explained by the significant involvement of attending and senior residents in the supervision of interns. Also having a structured transition of care might have led to a decrease in adverse mortality.

Length Of Stay

Comparison 1: Jul 15-Jun 16
Comparison 2: Jul 16-Jun 17
Comparison 3: Jul 17-Jun 18
Comparison 4: Jul 18-Jun 19



School of Medicine

3061 patients
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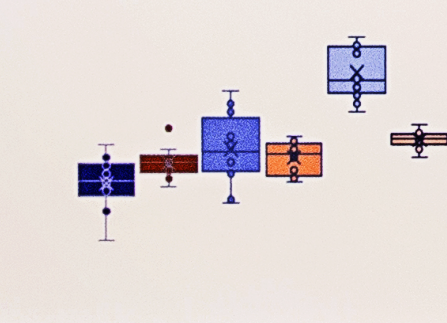
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Severity Level

■ Sep 15-Jun 16 ■ Comparison 1 ■ Jul 16-Jun 17
■ Comparison 2 ■ Jul 17-Jun 18 ■ Comparison 3

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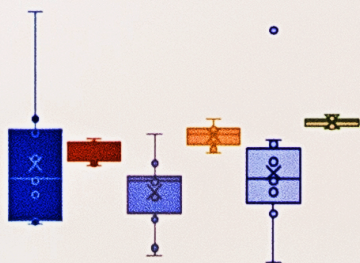


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Readmission Rate

Sep 15-Jun 16 Comparison 1 Jul 16-Jun 17
 Comparison 2 Jul 17-Jun 18 Comparison 3



Case Mix Index

Sep 15-Jun 16 Comparison 1 Jul 16 - Jun 17
 Comparison 2 Jul 17-Jun 18 comparison 3

