

Twilighter Role to Support Primary Team Patient Care, Workflow Efficiency, and Physician Wellbeing

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The Problem:

When called upon to care for surging cases of COVID-19, hospitalists found themselves treating a novel disease while immersed in an unfamiliar process, geographically scattered, and stretched thin to meet the ever-rising demands.

Consequently, delivering consistently high-quality patient care required an augmented intensity of continuous education, communication, adaptation, and rapid-cycle process improvement.

We quickly discovered that the mental and physical energy required to perform at such a high level under extreme and unrelenting “crisis mode” circumstances would lead to burnout and exhaustion.

In light of the above, we realized that if we failed to create a sustainable staffing model to outlast the crisis, we may risk compromising patient care through clinical errors, delayed discharges, rushed admissions, and incomplete daily assessment/treatment plans, while physician wellbeing itself gradually became a regrettable afterthought.

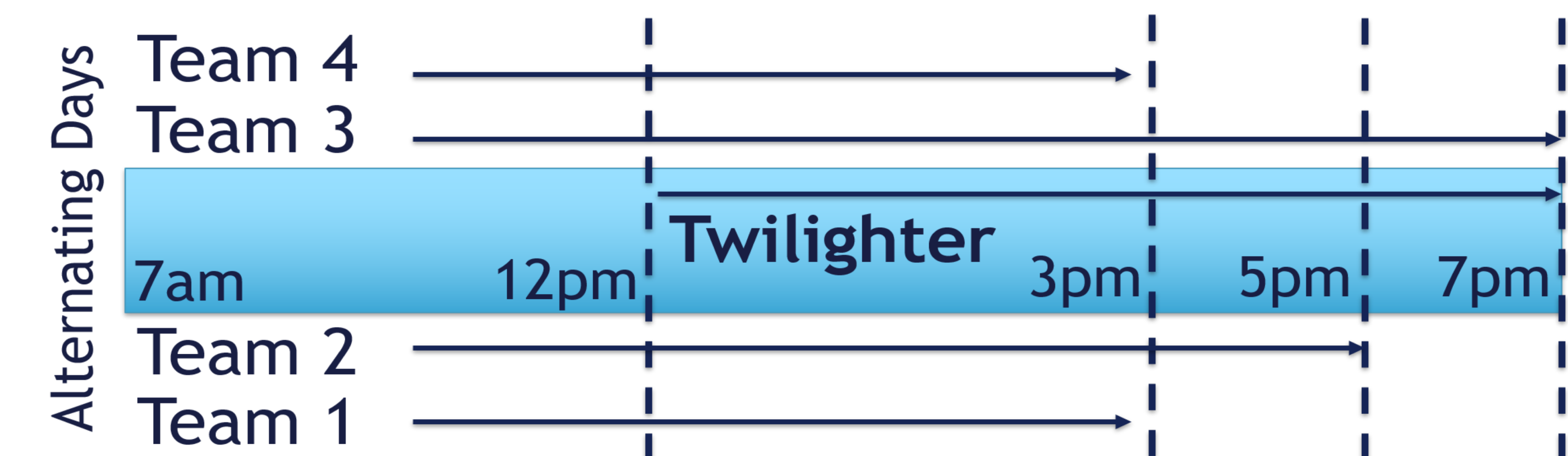
Root Cause Analysis:

The factors contributing to this problem were the following:

1. Unfamiliar disease process requiring daily education and review of a growing body of knowledge
2. Daily evolution of expectations, processes, and guidelines
3. Loss of team-based geography, leading to disjointed communication, increased time spent traveling between units/facilities, and overall decreased efficiency of multidisciplinary team efforts
4. Increased time spent donning/doffing PPE
5. New admissions arriving at the same time complex discharges needed to be completed
6. Physician fatigue and emotional exhaustion

Objective: enhance patient care, process efficiency, and physician wellbeing by decompressing primary team workload and reducing the multitasking demands during critical hours of the daily workflow

Innovation: we created a new twilighter role to support four daytime teams with daily tasks



Twilighter hours: 1200 - 1900 daily

Duties:

- New admissions and medicine consults
- STAT evaluation of decompensating patients
- Cross-coverage of teams on a rotating daily basis

Benefit to Primary Team Providers and Patients:

- Thorough and timely discharges, even when receiving new admissions
- Reduced sense of “time urgency” when rounding on patients
- Immediate evaluation of sick patients without detracting from others
- Prompt completion of all consultation requests
- Decreased provider exhaustion and stress

Outcomes and Discussion:

1. The new role was uniformly judged as successful by both twilighters and teams engaged in the care of COVID-19 patients.
2. Admissions and consults were performed in timely fashion, while primary team providers devoted their undivided attention to existing patients’ needs, including individualized care plans, multidisciplinary team collaboration, family meetings, and the discharge process.
3. The success of this role hinged entirely on a collaborative team spirit and a twilighter physician prepared to serve any need for any colleague and any patient.
5. Communication between providers began with “how can I help?” This camaraderie and supportive staffing model increased provider satisfaction, decreased burnout, and potentiated provider self-care, even during the pandemic response.