

# Study: Involving hospitalists in inpatient cancer care reduces patient stays, oncologist stress

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Involving hospitalists in the co-management of care for patients with cancer is associated with decreased length of hospital stay for patients, increased inpatient hospital capacity, and reduced stress among oncologists—all while maintaining high-quality inpatient care, according

to a new study from Yale Cancer Center and Smilow Cancer Hospital. The study was published March 9 in the *Journal of Hospital Medicine*.

"In this paper, we discussed decreasing inpatient length of stay, but our ultimate goal was increasing the time patients can spend at home," said Dr. Jensa Morris, an internal medicine specialist at Yale School of Medicine and director of Smilow Hospitalist Service at Smilow Cancer Hospital, and the paper's first author.

Hospitalists specialize in inpatient treatment, caring for patients admitted to the hospital. And while there has been growth in oncology [hospitalist](#) programs at major cancer hospitals, there is a dearth of data documenting the role of hospitalists and the effects they have on a patient's length of time in the hospital.

In this new study, the research team aimed to fill that knowledge gap, but also determine how co-management of cancer care impacted physician stress and burnout.

To assess the impact of hospitalist co-management, researchers compared real-time outcomes from both the co-management model and the traditional, oncologist-led inpatient services. They tracked patient volume, length of stay, early discharges, discharge time, and the rate of readmission within 30 days of discharge over a six-month span at Smilow Cancer Hospital in New Haven, Conn.

Yale Cancer Center is a collaboration between scientists and physicians at Yale School of Medicine and Smilow Cancer Hospital that is exploring the best approaches for the prevention, detection, diagnosis, and treatment for cancer.

During the period evaluated by the research team, the hospitalist-led program cared for an increased volume of patients than the traditional-

oncologist service. While considering each patient's background and medical comorbidities, the average length of stay for patients in the hospital was shorter on the hospitalist co-managed program (4.71 days) than on the traditional-oncologist service (5.47 days). When comparing the two approaches to inpatient [cancer care](#), there was no difference in the number of patients readmitted to the [hospital](#).

"The other interesting finding is that with shorter length of stay, we were able to accommodate many more patients," says Dr. Morris, "caring for 113 more patients with [cancer](#) in the first six months of the program."

Researchers also surveyed oncologists to determine whether having a hospitalist involved in care management affected their stress levels, and the answer was "yes." Oncologists reported that working with the hospitalist service was less stressful and time consuming, making managing other clinical and research responsibilities easier.

Results of this study showed no difference in illness severity for patients cared for by either care model. All [patients](#) were cared for on the same nursing units by the same staff.

**More information:** Jensa C. Morris et al, Outcomes on an inpatient oncology service after the introduction of hospitalist comanagement, *Journal of Hospital Medicine* (2023). [DOI: 10.1002/jhm.13071](https://doi.org/10.1002/jhm.13071)

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