PARTNER CASE STUDY | TELEINFECTIOUS DISEASE

More Inpatient Support. More Outpatient Capacity.

Reducing average length of stay by two days while protecting local specialist capacity

Access TeleCare®

Key Outcomes

- Two-day reduction in average length of stay
- Consistent weekday inpatient infectious disease access
- Increased local outpatient specialist capacity
- More sustainable coverage and reduced burnout pressure

The Case

A 205-bed hospital in Idaho depended on one local infectious disease physician to cover both inpatient and outpatient care needs. In addition to caring for patients in the clinic and hospital, the physician was regularly on call during weekdays and weekends and fielded questions from clinicians throughout the local area. The demands left little time for professional development or time away, creating a serious risk of burnout. Hospital leaders valued the physician and needed a sustainable way to protect this essential local resource without reducing access to specialty care.

The Care Plan

The hospital partnered with Access TeleCare to implement teleInfectious Disease inpatient consult coverage Monday through Friday from 7 a.m. to 5 p.m.

Access TeleCare infectious disease specialists evaluate new patients, monitor hospitalized patients daily, review laboratory results, prescribe and manage antibiotic and other therapies, and adjust treatment and discharge recommendations as new clinical information becomes available. The telemedicine team communicates directly with on-site hospitalists, surgeons, critical care clinicians, and other local teams through secure messaging, creating the responsiveness of an embedded specialist service.

When a patient needs continued infectious disease care after discharge, a defined handoff workflow transfers care to the local infectious disease specialist. The process gives the outpatient specialist the diagnosis, treatment history, and follow-up plan needed to continue care without gaps or duplication.

The Result

More than 18 months after implementation, the hospital is seeing more infectious disease patients because weekday inpatient coverage is consistent and no longer pauses when the local physician is in clinic. Hospital teams receive timely follow-up on laboratory results and antibiotic therapy, along with rapid diagnostic and treatment recommendations that support earlier discharge. The hospital has reduced average length of stay for infectious disease patients by two days. At the same time, the local physician can focus on outpatient care, where clinic volume has increased, and has regained the flexibility to participate in professional education. The model has strengthened inpatient support, expanded outpatient capacity, and created a more sustainable role for a physician the community depends on.

"The teleInfectious Disease program gives the hospital reliable inpatient infectious disease coverage while supporting its local specialist in focusing on outpatient care. Patients are seen quickly, care teams receive timely recommendations, and the hospital has reduced average length of stay by two days."

WATCH THE VIDEO
Scan the code to hear the full story from Dr. Le

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