Society of Hospital Medicine

NON-HOSPITALIST PROVIDER ON-BOARDING: Gap Analysis

Knowing the needs and capabilities of your hospital, your group, and your incoming providers will help you identify what is needed and provide an efficient and rapid onboarding process. This is the most critical step in successfully training incoming providers as this will tell you what information and skills are actually needed.

Provider sources

Think broadly about where you might be able to recruit volunteers. Creating a large pool early will be critical for adapting to shifting patient volumes and provider schedules.

Potential options:

1. Internal medicine and family medicine primary care physicians from your health system.
2. Internal medicine sub-specialists from your health system.
3. Advanced practice providers from your health system.
4. Internal medicine and family medicine trained primary care physician from your local community.
5. Recent graduates from your internal medicine residency and sub-specialty training programs.
6. Current fellows and residents available for moonlighting.

NOTE: there are many other potential sources depending the size of your hospital system and local community, however it is important to prioritize those who have experience in your hospital to decrease the training needs.

Consider creating a survey to capture the above information.

Here is a sample collection tool:

Volunteer Name	Current Position	Inpatient Experience (Y/N)	Familiar with EHR (Y/N)	Familiar with inpatient EHR (Y/N)	Can work on teaching teams? (Y/N)	Can work independently? (Y/N)	Can work in ICU?	Can work with COVID+ (Y/N)?	Needs Internal Medicine clinical training? (Y/N)	Badge Access (Y/N)	Credentialed (Y/N)	Tier
Josefina Jones	GIM PCP	N	Y	N	Y	N	N	N	N	N	Y	2

Provider characteristics

Once you have identified potential volunteers, understanding and cataloging their experience and interests will help align with your needs.

Consider sending a survey to providers to gather the following information:

1. Current position/work-type
2. Where have they worked in the inpatient setting and when: include ED, ICU, and wards
3. Are they familiar with your EHR?
4. Are they familiar with your inpatient EHR?
5. What type of work/services are they willing/able to work?
    a. Teaching teams
    b. Working with APPs
    c. Independent practice
    d. Days/nights
    e. Admitting, rounding, or both

f. Shift durations (number of days on service)
g. Procedures
h. COVID patients

NOTE: consider asking if they have restrictions for working with COVID patients

i. ICU

Inpatient Service Needs and Structures

Similar to understanding the needs and interests of the incoming providers, explicitly identifying your service needs and outlining their structures will help alignment.

Potential Services:

1. Direct-cate Wards
    a. COVID
    b. Non-COVID
2. Ward Teams
    a. Teaching services
    b. APP services
3. ICU
    a. COVID
    b. Non-COVID
4. Night shifts
    a. Admitting
    b. Cross-cover

Potential Inpatient Team Structures:

1. Direct care
2. Working with APPs familiar with the inpatient environment
3. Supervising housestaff
4. Co-management vs. consultation model with sub-specialties – particularly important for ICU teams

Institution Specific Characteristics and Guidelines

Having a strong sense of how your institution guides care is critical to helping your incoming providers to work effectively and efficiently. In other words, what tools, people, and processes are in place in your institution that guide how care is provided? Further, what local resources does your institution provide for practicing medicine and operating in the inpatient setting?

Potential examples may include:

1. Diagnosis-specific care pathways
2. EHR order-sets
3. COVID/PPE specific processes
4. Access to point-of care references (e.g. UpToDate, pharmacopedia, DynaMed)
5. Structured interdisciplinary huddles

NOTE: institution specific training program guides such as intern pocket guidebooks can be a wealth of resources.

Logistical Needs

Before ever setting foot in the hospital, it's imperative that the administrative requirements are met. This includes credentialing, badge access, and license verification. These are barriers that often take the longest and most coordination to overcome but can be implemented in parallel to the on-boarding process for providers.

1. Credentialing
2. License verification
3. Payment model determination (hourly, shift-pay, RVU)
4. Billing expectations and capability
5. EHR access
6. Badge access
7. Parking

NOTE: this process often takes weeks to months under normal circumstances. Evaluate your current procedures to see what can be fast-tracked. For example, if possible – establishing an emergency/rapid credentialing process and remove requirements for mandatory EHR training.

NOTE: some states are changing these processes in light of the current state of emergency.

Resources/methods for dissemination of information

What resources do you have for disseminating information and connecting your incoming providers with information? Knowing your capabilities will determine what you are able to share and how. For example, a centralized drive is a more effective way to store documents than sharing by email.

Possible methods:

1. Virtual group meetings: Skype, Zoom, Microsoft Teams
2. Digital document storage (local intranet site, shared drive, DropBox, Microsoft Teams)
3. Email with attachments (minimize as possible as these are difficult to reference later)
4. Locally stored paper guide(s)

NOTE: if your hospital has a firewall, avoid storing onboarding and reference documents on blocked storage sites.

NOTE: be sure to check with your EHR vendor to see if you are able to post materials to public facing sites. For example, Epic Systems Corporation does not allow any screen shots to be posted for public access.