



TELEHOSPITALIST PROGRAMS CAN HELP

- ✓ **Increase admissions**
- ✓ **Improve patient satisfaction**
- ✓ **Raise HCAHPS Scores**
- ✓ **Economy of Scale = Hospital Savings**

Why Use Hospitalist Telemedicine Services?

Hospitals often have difficulty recruiting and retaining hospitalists, especially at night. Even if you do have a full-time hospitalist, there is an increased risk of burnout if the daytime provider is on-call at night. Some patients require overnight monitoring, which may be impossible for the local hospitalist or primary care providers.

Telemedicine makes sense. It provides experienced hospitalist coverage “as needed” – either on a regular schedule and/or specific occasions when the local hospitalist isn’t available. With Eagle’s TeleHospitalist coverage, your patients are guaranteed to receive expert care.

Eagle’s TeleHospitalist program provides hospitals with a long-term, sustainable solution. Hospitals can gain stability and a bright future with telemedicine.

The Challenge

Across the country, physician shortages are impacting hospitals and patients but for rural hospitals, staffing is even more difficult. These hospitals depend on local general practitioners to fill the gaps in hospital coverage.

This method has become unsustainable for small hospitals, as the demand for hospitalists continues to outpace the supply. There is also higher turnover among hospitalists, which leaves hospitals and patients vulnerable. Hospitalist salaries continue to rise. Many hospitals are simply out-priced by competing hospitals. To stay competitive, hospitals must offer hospitalists higher salaries and schedules that are more flexible. Overall hospitalist compensation has more than doubled in the last 15 years.

Yet, hospitals still need nighttime coverage. The fewest patient admissions occur between 12AM and 7AM. Low nighttime admission rates mean fewer billable hours. Consequently, hospitals pay more for nighttime coverage. With telemedicine, your hospital can share costs with other hospitals.



The Solution

Eagle provides a seamless solution to physician shortages – solving day and night staffing challenges for hospitals of all sizes. Whether you're a small rural hospital, mid-sized facility, or large metropolitan hospital, our TeleHospitalist and TeleNocturnist teams can cover staffing gaps and provide invaluable support for your clinical teams.

Day or night, telemedicine provides balance, easing the load for existing staff and ensuring a high standard of care around the clock.

Four Models of Success



TeleNocturnist

Patients receive real-time diagnoses and treatment at night from physicians who are “beamed in” to the hospital via videoconferencing technology. You no longer have to struggle to find nocturnists to work on-site or burden daytime doctors with night calls.



TeleCross-Coverage™

In larger hospitals, nocturnists often must be in two places at once – handling admissions and rounding on patients. Remove the burden of floor calls from your nocturnist team, and when cross-coverage demands are light, Eagle TeleHospitalists can also help admit patients in the ED.



Surge Protection™

We are here to help when your hospitalists are overloaded and ED bottlenecks occur. With Surge Protection™, your hospital can access remote physicians whenever you need assistance with patient care or admissions.



Collaborative Care

We support your advanced practitioners with access to remote physicians who can guide and advise in providing comprehensive, local care. Eagle providers participate in daily rounds, and are available 24/7 as a part of your clinical team.

BENEFITS TO THE PATIENT & HOSPITAL



- ✓ **FAST RESPONSE:** Eagle's providers have an average response time of less than 3 minutes.
- ✓ **NURSING SUPPORT:** Nurses can text TeleNocturnists and get the answers they need without waking up the dayshift provider.
- ✓ **DEDICATED TEAM:** On-site teams become well-acquainted with their “pod” of providers on a first name basis.
- ✓ **FEWER TRANSFERS:** With TeleHospitalist support day and night, high acuity patients can be treated locally.