

# **Provincial Hospitalist Strategy II: FTE Quantification and 3-Year Growth Projection at 17 Facilities in Alberta**

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## **Background:**

The Government of Alberta has requested Alberta Health Services develop a Provincial Hospitalist Strategy. By utilizing a common framework for defining hospitalist clinical service components and a common FTE definition, it is possible to determine the current FTE utilization and growth of hospitalist programs.

## **Methods:**

17 target programs were consulted and assessed for the volume of each service component in terms of either daily scheduled patient care or total hours of clinical service. FTE was defined as: 1 FTE = 4579 episodes of patient care = 1928 hours of clinical service and was used to derive the total FTE required to provide clinical services to the defined patient population. To facilitate program comparisons of resource intensity, a new metric, ADC/FTE, was developed. To determine growth, 29 ICD-9 codes, representing the top 9 CMGs of a large urban hospitalist program were used to query Alberta Health's data bases for the years 2007-2013. Linear regression analysis was used to project the rate of CMG growth for 2014-2016. This projected rate of growth was applied to the "current state FTE" to determine projected FTE requirements for 2014-2016.

## **Results:**

The derived FTE requirement for the 17 target facilities in 2013 was 202.36, this is projected to increase to 254.66 by 2016. The ADC/FTE demonstrates a linear relationship with program size. Programs with approximately 50 beds have an ADC/FTE of approximately 6, whereas programs with 250 beds have an ADC/FTE approaching 10.

## **Conclusions:**

By utilizing a common terminology and frame of reference, it is possible to quantify and compare the clinical workforce requirements of various hospitalist programs. This allows the prediction of future growth of these programs within the context of clearly defined variables.