Look out for publications and presentations from Dr. Pappas related to this project in the future.

The turnover within this profession suggests to me that costs of turnover are low. I expect that the costs of turnover in Hospital Medicine will be lower than practices organized around a site of care. Specialties that are organized around a site of care have probably reduced turnover had no cost at all, a hospital could cycle through physicians endlessly. But that would be a miserable place to work, and I think most of us would prefer to work with teams of excellent people that we trust and want to keep working with. If organizations want to make good decisions to make good staffing decisions if you don’t know how much it costs to hire a new physician.

A hospital collects revenue based on what a hospitalist bills, so small differences in billing and advertising that the job is available, are fixed regardless of how many new physicians are hired. That flexibility is nice to have in a labor pool, but turnover carries much turnover costs. That’s why I think we need to have a sense of how much turnover costs.

Eleven patients diagnosed after admission had a false negative result on admission. Four of 11 patients diagnosed after admission presented without fever, shortness of breath or cough 29% of the time. In these settings, we found that 86% were diagnosed on and 14% after admission (n=49). Patients diagnosed after admission had a false negative result on admission. Four of 11 patients diagnosed after admission presented without fever, shortness of breath or cough 29% of the time.