

Four hospitals. One scalable Hospital Medicine model.

Temp labor down 87%. Length of stay shortened 21%.
Subsidy spend per patient reduced by 22%.

A large nonprofit health system with a multi-hospital footprint was already deeply committed to high-quality, patient-centered care. As patient volume and care needs grew across four hospitals, they saw an opportunity to build a more effective, sustainable Hospital Medicine staffing model. Partnering with Sound, the health system aligned leaders, teams, and workflows around a scalable Hospital Medicine approach.

The result:

- Temp labor fell from 25% to 3%
- Length of stay declined by over 20%
- Subsidy spend per patient reduced by 22%

By the numbers[†]

87%
improvement in temp labor
over four years

19%
decline in monthly
subsidy spend
over four years

21%
decline in admit length of stay
over three years

22%
decline in annual subsidy
spend per patient
over four years

[†]Sound internal data on file for four hospitals during the duration of Sound's contract, 2022–2026. Individual results will vary. Overall subsidy savings potential is dependent on contract type.

THE PLAN

1. DESIGN A SCALABLE HOSPITAL MEDICINE OPERATING MODEL

The health system and Sound brought hospital and system leaders together to create alignment around shared priorities while delivering clear, practical value at each individual facility. Regular leadership check-ins, cross-hospital reviews, and shared dashboards gave executives and medical directors clear visibility into care quality, throughput, and financial performance, keeping teams focused on the same goals.

Proven practices were turned into standard workflows and reinforced through daily multidisciplinary rounds and routine performance reviews. Transparent data helped leaders identify what was working at high-performing hospitals and bring those practices to other teams. Local medical directors stayed accountable to system-wide goals while retaining flexibility to adapt workflows to each hospital's needs.

That balance allowed the health system to scale improvement across facilities without sacrificing local ownership, creating a closed-loop learning model that accelerated performance across the system.

2. MATCH STAFFING TO PATIENT DEMAND

The health system already had a solid team, and they were ready to build a Hospital Medicine staffing model to match growing patient volume and care needs. Together with Sound, local physician leaders set clearer expectations, coached teams consistently, and created a more stable practice environment.

The model gave clinicians well-defined roles and stronger day-to-day structure, helping the system reduce reliance on temporary labor while improving recruitment and retention.

Over four years, temp labor fell from a high of 25% to 3%—an 87% improvement that helped stabilize coverage across four hospitals.



3. REDUCE DELAYS AND IMPROVE THROUGHPUT

The health system and Sound co-owned a four-phase approach to reduce length of stay:

Assess: Identify barriers through length-of-stay analysis, workflow review, and patient-status assessment.

Evaluate: Review performance through team coaching, physician education, and workflow updates.

Redesign: Improve daily care coordination through multidisciplinary rounds, geographic rounding, bedside discharge planning, and consult management.

Enable: Use technology to track delays, support documentation, identify readmission risk, and improve observation workflows.

Over three years, average length of stay declined by approximately 21%, helping patients move through the hospitals more efficiently.

4. CONNECT CLINICAL DECISIONS TO FINANCIAL PERFORMANCE

We worked alongside the health system to improve clinical documentation through physician education, standardized templates, and real-time collaboration with clinical documentation specialists.

Teams also built smarter resource use into daily workflows, reducing unnecessary labs, clarifying when patients were ready for discharge, and supporting appropriate use of consults and imaging.

Since 2022, these efforts helped reduce monthly subsidy spend by 19% and annual subsidy spend per patient by 22%.

Stable teams. Smoother patient flow. Powerful performance.

