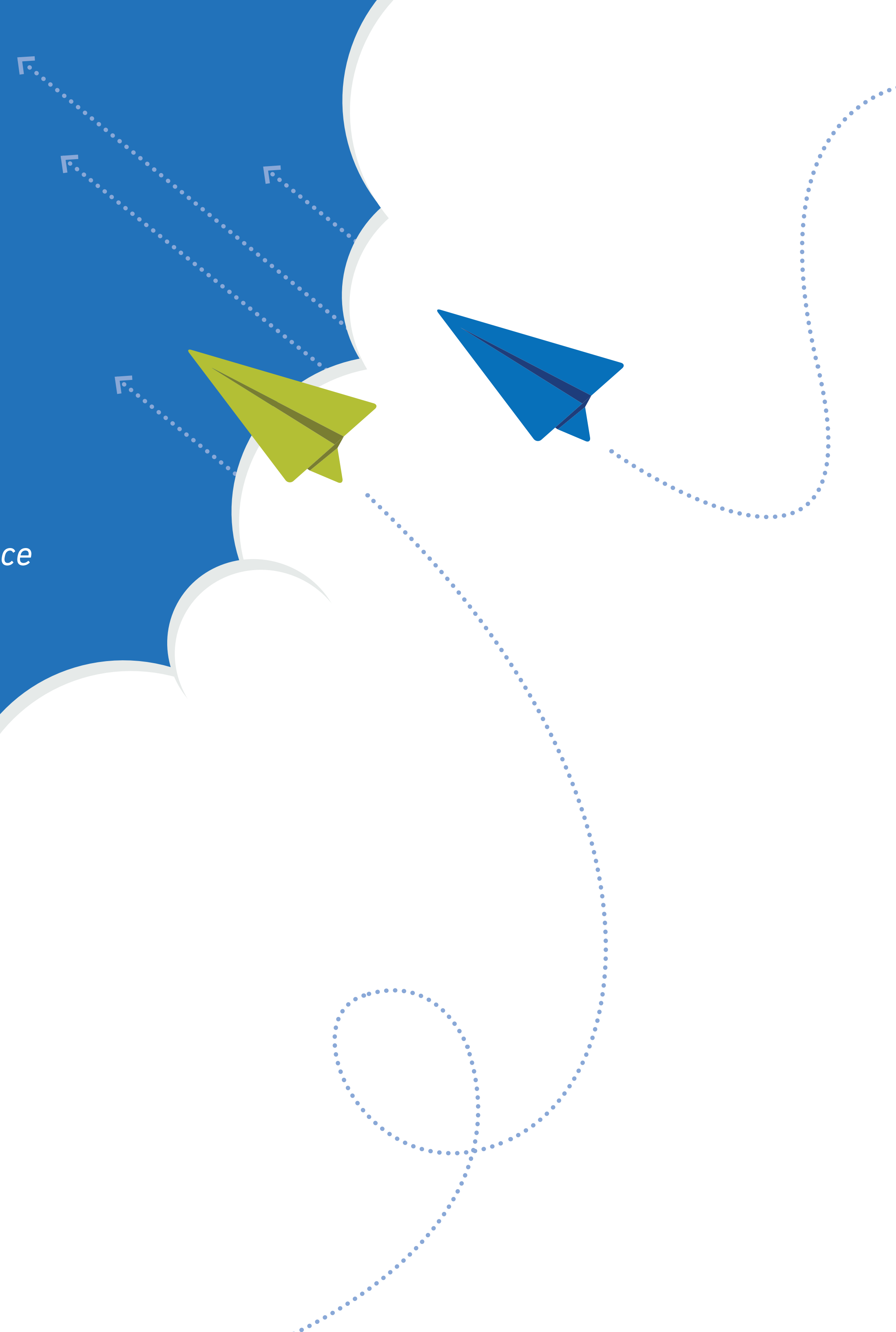
Essential Strategies to Align your Emergency and Hospital Medicine Teams

A guide to establishing joint accountability to improve patient care and hospital performance



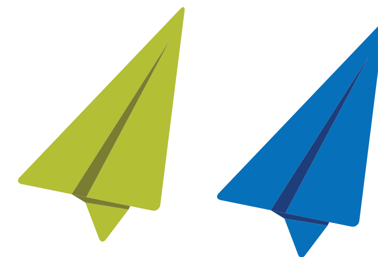
SCP HEALTH

TOGETHER, WE HEAL

PARADIGM SHIFT: FROM DISPARATE OPPOSITES TO COOPERATIVE PARTNERS

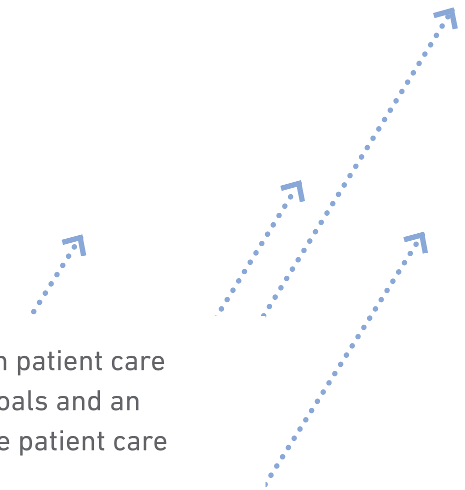
The interface between emergency and hospital medicine is a critical pivot point that impacts quality outcomes, consistency of care, cost efficiency, and patient experience. When the two programs are at odds, your hospital, your clinicians, your staff, and your patients, suffer.

EM physicians are trained to focus on the most emergent patient need and disposition as expeditiously as possible. They want interactions with hospitalists to be efficient and functional. In many cases, they're dealing with a crowded ED and seeking collegial help (i.e. help me out, do the obvious, and please make it quick). Hospitalists are trained to identify definitive diagnoses at a measured pace. Often when a hospitalist's phone rings and it's the ED, it's viewed as a pesky, inconvenient strain on already-strapped resources. Inevitably, conflict arises from these disparate vantage points and competing priorities.



In this white paper, we outline proven strategies healthcare leaders can apply to improve interdepartmental communication, establish mutual process standards, align goals, increase accountability, and establish objective data measures to foster optimal outcomes for all stakeholders—EM physicians, hospitalists, patients, and your hospital or health system.

FOUNDATIONS FOR THE NEW PARADIGM: CREATING A MUTUAL VISION FOR PATIENT CARE



It's a strategic failure for EM and HM programs to focus on separate functions, rather than a shared effect on patient care and hospital operations. To improve performance, stakeholders from both services must establish mutual goals and an aligned vision. Then, they must meet regularly and use proven strategies and effective disciplines to improve patient care and operational efficiency.

Improve situational awareness

Without situational awareness, EM and HM physicians may not realize how their day-to-day operations impact patient care, hospital operations, or their colleagues on the other service. Situational awareness goes a long way to diffuse preconceived notions and illuminate the ways EM and HM services help one another. To improve situational awareness, leaders must promote a culture of mutuality, where providers from both services are cognizant of the other's challenges and how they might lessen the burden on one another. For example, simply being aware that the EM program is struggling with staffing issues and volume surges provides the HM physician the context to offer a mutually beneficial patient-centered solution—even if it's not the usual procedure.

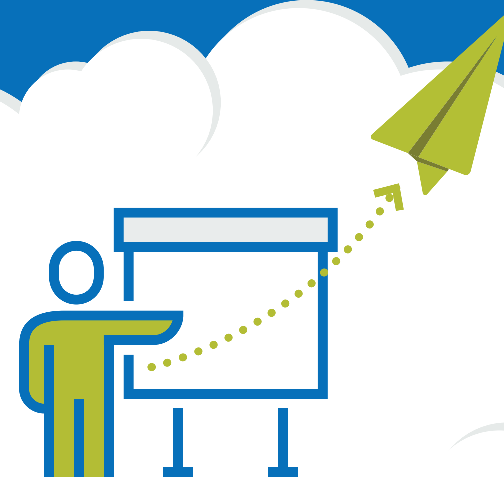
Turn blame into constructive collaboration

When an EM physician or hospitalist is questioned about something that is impacted by the other service, it's easy for blaming to occur. When this happens, the go-to answer provides no value. Shifting blame rather than taking responsibility quickly erodes trust and support. For example, if you ask a hospitalist why observation cases are increasing, they may respond by saying, "We've been getting a ton of inappropriate admissions from the ED recently. They hired a new grad that just admits everyone, so I have to respond accordingly." Instead, EM and HM leaders should be encouraged to acknowledge process and performance challenges and meet regularly to proactively and collaboratively determine solutions, and clearly define avenues that promote mutual, patient-centered success.

Build professional and personal bonds

At work and in life, people compromise and collaborate with people they trust. A foundation of trust and respect is paramount to any stable, sustainable relationship. It is helpful to encourage team members from both departments to not only meet regularly, but also to spend social time together to build professional and personal bonds, and agree on mutual priorities. Arranging a lunch, group outing, or other social function, in addition to a regular discipline of formal meetings, gives hospitalists and EM physicians the right venues to build trust and create solutions.

SHARE METRICS



A good foundation for joint accountability is defining the metrics both departments impact, creating shared goals tied to those metrics, and checking in regularly to discuss progress. To determine which metrics to utilize, it's important to embrace the fact that EM and HM clinician's day-to-day habits affect one another. For example, a hospitalist's response time to a page, call or text can impact ED throughput and door-to-doc metrics. Similarly, the quality of an EM physician's patient evaluation and hand-off communication can impact HM length of stay and readmission rates. Recognizing this, and creating goals both services are responsible for achieving, motivates all to collaborate. Keep in mind, key metrics to measure will vary at every facility depending on influencing factors such as volume and case mix index.

Meet regularly

Education, communication, and goal setting are important, but true progress is unlikely without genuine accountability and a well-documented strategy. Maintaining momentum toward achieving shared goals requires a formal, regular meeting schedule. There are three levels of meetings we recommend:

- **Joint EM-HM Stakeholder Meetings (Joint Operations Committee)**

  When aligning goals, measuring progress, and strategizing to improve, all key stakeholders should be present. We recommend instituting a multidisciplinary monthly meeting with the EM and HM Medical Directors, members of hospital administration, nursing directors, case managers, and any other stakeholders that interface with the EM and HM services. These meetings should focus on the patient experience from beginning to end. The standard agenda for every meeting should include physician-led priorities that reflect frontline challenges and objective data to measure progress toward your facility's goals. Objective data is essential to ensure the effort is worthwhile. Every perceived problem needs to be validated by data. Likewise, every data point, goal, and action item needs to be assigned to an accountable party with a timeline and deadline for completion.

- **Director Meetings**

  In addition to a Joint Operations Committee, team directors should communicate frequently and meet formally once a month. Medical Director engagement is vital to the success of EM and HM programs. By communicating regularly, directors can proactively and constructively communicate, appear united at larger joint meetings, and relay a consistent message to their individual teams.

- **Team Meetings**

  Engaged team members know their voice is heard, their feedback will be considered, and that they'll be consulted on changes that impact their workflow. As such, it's important to create an open venue for team members to share their feedback. We recommend Medical Directors meet with their teams monthly and hold mandatory meetings with the combined EM and HM teams on a quarterly basis to exchange feedback, address issues, and share updates from the director and Joint Operations Committee meetings.

PERFORMANCE IMPACT OF AN ALIGNED EM-HM PROGRAM

Facilities that institute a new process that formalizes a Joint Operations Committee (JOC) and make a concerted effort to align their EM-HM programs typically see performance improvements within 90-120 days. Example improvements seen within the first year (from actual experience using established methods) include:

IMPROVEMENTS SEEN WITHIN FIRST YEAR OF EM/HM TEAMS PILOTING APPROACH	% IMPROVEMENTS
EM Left Without Treatment (LWOT):	30-60%
EM Door-to-Provider Time:	12-24%
ED Length of Stay for Admissions:	3-17%
HM Length of Stay:	10-13% (0.4-0.6 day reduction)
Value-based and Readmission Penalty/Bonus:	75%
Sepsis Compliance:	25% improvement resulting in 70% relative improvement in mortality rates

SETTING STANDARDS TO BRIDGE THE COMMUNICATION CHASM

Even the best laid plans will not execute unless the teams carrying them out buy into the message. That is why seeking feedback from team members, documenting processes, and educating all involved on the "why" behind the processes is vitally important. During joint EM-HM leadership meetings, we recommend establishing a shared set of EM-HM hand-off standards.

To establish joint standards, stakeholders from the EM and HM service should work together to review the questions below and agree upon joint protocols. Though flexible in extenuating circumstances, a mutual code of conduct will diffuse disagreements as they arise and set the tone for a culture focused on achieving the most efficient, cost effective, and optimal solution for the patient.

KEY QUESTIONS EM AND HM SERVICES SHOULD WORK TOGETHER TO ANSWER TO ESTABLISH A STANDARD PROCESS:

Defining the EM service's commitment to the HM service:

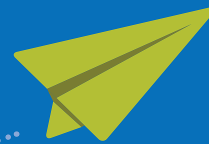
- What are appropriate criteria for hospitalization?
- What is the standard procedure for determining the correct level of care for a patient?
- What conditions warrant patient transfers?
- What reasonably excludes a patient from being transferred?
- What conditions or situations warrant a consult request being initiated in the ED?
- What workups will be completed in the ED before calling HM?
- What specific conditions require a standard procedure before handoff to HM?

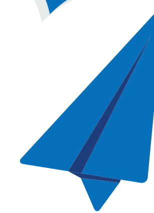
Defining the HM service's commitment to the EM service:

- What time frame is acceptable to return ED pages/calls/texts?
- What time frame is acceptable to complete a consult?
- What is standard procedure for a consult? (What should be done if there is a disagreement?)
- What is a reasonable time span between page/call received and admit order time?
- What should happen if there is disagreement about the disposition of a patient?
- When is it reasonable for the hospitalist to see a new admission in the ED?
- Who is responsible for the care of admitted patients being held in the ED (due to facility at capacity)?

CONCLUSION

EM-HM alignment cannot be ignored. It is a critical interface that impacts hospital quality outcomes, care consistency, cost efficiency—and most importantly—patient experience. If you don't solve it, your competitors may, and patients will notice. The keys to achieving this evolved approach are open lines of communication, agreed upon EM-HM process standards, mutual goals, clear accountability, and objective data measures to ensure your efforts to align teams move the needle.





This white paper, and the strategies and solutions contained herein, come courtesy of SCP Health, one of the largest providers of physician staffing and management services to healthcare facilities in the United States.

To learn more about SCP Health
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