A HOSPITAL'S GUIDE:

How to Establish an Emergency Medicine – Hospital Medicine Joint Operations Committee

An actionable JOC plan, including meeting agenda items, a joint standards checklist, and examples from the field.

scp-health.com

Formalizing Shared Goals + Achieving Performance Improvements

Hospitals charge emergency medicine physicians and hospitalists with the same goal: to provide the best care possible for their patients at all times. However, these two groups can find themselves working in opposition to one another due to conflicting priorities.

Compromised cost efficiency, patient experience, patient safety, physician satisfaction, and care consistency are all consequences of emergency medicine (EM) and hospital medicine (HM) programs that find themselves at loggerheads with one another. Conversely, when the two programs are aligned, care quality and efficiency improve.

In this guide, you'll find detailed strategies for setting up a joint operations committee (JOC), expectations for performance improvements, and examples from the field from a hospital program case study.

What is a JOC?

A JOC is a collaborative multi-disciplinary meeting to facilitate communication and teamwork among emergency medicine, hospital medicine, nursing, quality, case management, and other key stakeholders that interface with EM and HM services.

Its primary purpose is to optimize patient care by identifying opportunities for improvement, implementing patient care protocols, and facilitating rapid-cycle changes through an iterative approach.

Bringing this combined group of clinical leaders together helps develop solutions that fulfill each team member's needs. Think of it as an "all for one, one for all" approach where everyone involved benefits.

Why have a JOC?

At many hospital facilities, no formal forum exists for sharing ideas and formulating processes. **A JOC provides a structured model for teamwork that fosters collaborative EM/HM communication and multi-disciplinary perspectives** on challenges faced by clinicians and patients alike.

What Benefits should an Organization Expect from Instituting a JOC?

At least three benefits accrue from the formation of a JOC:

- ***Performance Improves***
  Facilities that set up a JOC and make a concerted effort to synergize their EM and HM programs typically see improvements in financial and patient experience performance within 90–120 days.
- ***Accountability Increases***
  The JOC opens communication lines, standardizes processes and procedures, and increases accountability. This results in improved metrics, such as LWOTs, Door-to-Provider times, Admission LOS, HM LOS, and sepsis compliance—not to mention improving value-based bonuses and reducing readmission penalties.
- ***Care Becomes Standardized***
  JOC meetings can help establish standardization of care while still providing more personalized care for patients—critical factors that contribute to high-value service delivery, cost reduction, and patient experience satisfaction.

Performance Impact of an Aligned EM/HM Program

Facilities that institute a new process to formalize a 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 Joint Approach

Performance Metrics	% Improvements
Left Without Treatment (LWOT)	**30 - 60%**
Door-to-Provider Times	**12 – 24%**
Admissions Length of Stay	**3 – 17%**
HM Length of Stay	**10 – 13%**
Value-Based Bonus / Readmission Penalty	**75%**
Sepsis Compliance	**25% improvement resulting in 70% relative improvement in mortality rates**

How Often Should the JOC Meet?

The typical protocol is to hold JOC meetings monthly. This meeting should be in addition to regular communication, a monthly meeting specifically between EM and HM medical directors, and quarterly meetings including the joint EM/HM clinical teams.

What Should be on the JOC Agenda?

A JOC meeting should follow a standardized agenda. Otherwise, accountability can wane, and momentum can grind to a halt. We recommend including the following as part of every JOC agenda:

1. ***Review the status of action items from the previous meeting.***
   Every meeting should begin and end with progress updates. All action items should be assigned to an accountable party, with a deadline and an expectation to report on status at the next meeting.

2. ***Review shared metrics and goals.***
   Review status on a standard set of measurements your JOC identifies as integrated EM/HM metrics. Discuss trends and high and low points.

3. ***Share successes and challenges.***
   Talk about what's working and what's not. Discuss strategies to improve processes and shared metrics. If new issues arise, substantiate them with objective data.

4. ***Define and assign action items for the next month's meeting.***
   Document follow-up steps and tie them to an accountable person, measure, and deadline.

Setting Standards to Bridge the Communication Chasm

Even the best laid plans will not be executed 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 handoff standards.

To establish joint standards, stakeholders from the EM and HM service should work together to review the following questions and agree upon joint protocols. Though flexible in extenuating circumstances, a mutual code of conduct will defuse 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 Answer Together to Establish a Standard Process

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

- 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 (if facility is at capacity)?

JOC Success: A Real-Life Example

Identifying Problems and Crafting a Plan

The JOC at a 209-bed acute care hospital reviewed EM/HM issues, obstacles, and proposed solutions. The committee's recommendations comprised a combination of tactics, processes, data, and management.

JOC observations:

- ***The group elected to use existing criteria and standards to identify and treat patients with sepsis.***
- ***With upwards of two dozen physicians and nearly 50 nurses and ancillary staff, getting the entire group aligned in training, education, and engagement was a considerable challenge.***
- ***Few internal systems (EMR, dashboards, provider feedback) identified the standard elements required for success. Even when they did, they were buried in other information and not readily identifiable.***
- ***Data was delayed by up to two months, reducing providers' ability to connect actual results with decisions at the point of care.***

To address the issues, the JOC mapped a pathway to identify gaps and optimize existing systems—most of which involved the interface with providers (point-of-care decision-making and prompt feedback with actionable data).

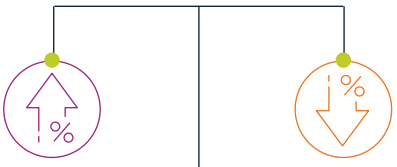
In addition to using standard criteria, the process of care needed to be standardized to ensure that the patient receives the same care the same way regardless of location (emergency department or inpatient units) or which physician is performing the treatment.

Performance Results

The JOC was instrumental in creating a new process and fostered teamwork and cooperation between EM, HM, nursing, finance, and hospital executives. The implementation of the new sepsis process produced excellent results.

Standardization efforts improved compliance from 50% during the initial quarter to 75% during the second quarter.

In the first year overall:



Increased compliance rates from **50% to 90%**

Decreased mortality rates from **37% to 13%**

Key Success Factors

The JOC platform facilitated open communication between ED providers, hospitalists, and nursing leaders. Presenting the challenging situations as case reviews that were constructive and considerate of the needs of all team members was especially helpful in refining processes.

A reliable, experienced clinical partner at the table with broad capabilities in best practices, data, systems, and a mechanism for prompt provider feedback was critical in implementing and sustaining change.

Based on the decline in sepsis mortality rate, the JOC has established itself as the "go-to" forum for problem-solving and standardization of care efforts at the hospital, and the hospital has invested in the data, feedback, systems, and clinical partnerships required for long-term sustainability.

The JOC proved to be an excellent test case for how emergency medicine and hospital medicine can work together to improve patient care—and use data to engage providers, resulting in lifesaving measures for their patients. The team also saw an improved level of communication and partnership between the ED, hospital medicine services, quality, case management, and nursing teams, which resulted in improved EM/HM collaboration between patient care departments and provided a pathway for more standardization efforts in other areas.

Conclusion

The JOC: A Remedy for Disjointed Care

It's a strategic failure for HM and EM programs to focus entirely on separate functions rather than their collective impact on the patient.

To improve patient experience, stakeholders from both services must meet regularly and agree on a shared vision and joint goals to measure quality outcomes, care consistency, service experience, and overall cost efficiency impacted by both departments.

Organize a Joint Operations Committee in your facility and commit to monthly meetings with improved patient care as the goal.

We hope you find these approaches helpful in boosting EM/HM performance and setting the tone for a culture focused on achieving the most efficient, cost-effective, and optimal solutions for the patient and for your hospital. To learn how SCP Health can help your team find greater alignment, contact our team at **business_development@scp-health.com**, call **800.893.9698**, or visit **www.scp-health.com.**

SCP HEALTH