



Emergency Department-Hospitalist Program Integration

The transition of care from the Emergency Department to an inpatient bed is a complex process requiring multiple steps. Communication needs to occur between several departments and often multiple physicians, including the emergency physician, hospitalist, specialists and consultants. Lack of timely and effective communication between caregivers not only creates redundancy and patient dissatisfaction, but increases length of stay, decreases patient safety and lowers overall quality of care.

Benefits

The integration of our emergency medicine practice, **Emergency Medical Associates (EMA)**, and our hospitalist practice, Inpatient Medical Associates (IMA), creates a team-based culture with experienced, centralized leadership dedicated to creating a cohesive, patient-centered practice model. Our team of emergency physicians and hospitalists collaborate to promote effective and appropriate communication and shared decision-making, resulting in:

- Decreased length of stay (LOS)
- Improved patient safety
- Improved disposition accuracy
- Improved patient satisfaction
- Improved PCP satisfaction
- Improved value-based purchasing (VBP) metrics

Newton Medical Center: A Case Study

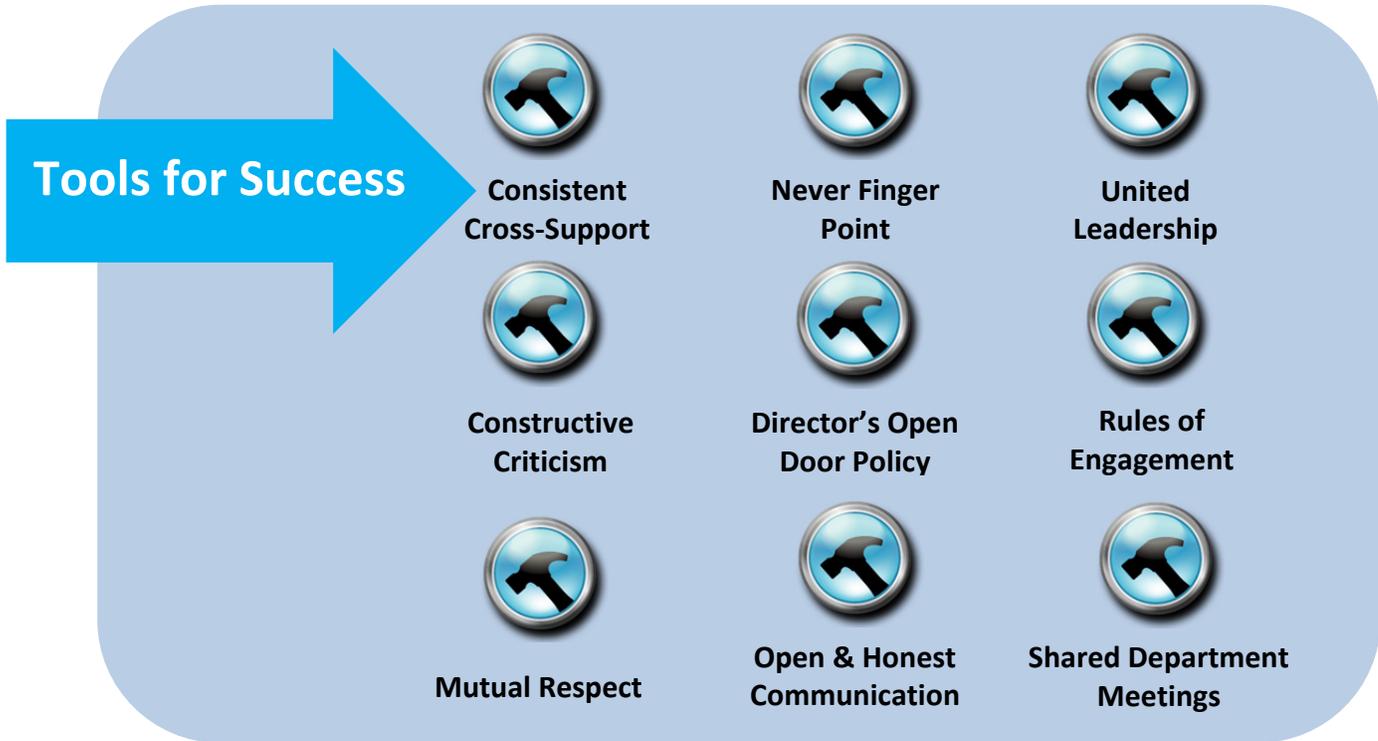
In 2012, Newton (N.J.) Medical Center, a 146-bed acute care hospital with an annual ED volume of 30,000 visits, chose EMA to staff and manage its emergency department. Soon after the partnership began, hospital administration saw positive trends in key performance metrics in the ED, including improved quality, wait times, communication and patient experience. The hospital wanted to extend those successes to its hospitalist program.

Timeline

2003	Newton Medical Center identified a need for a hospitalist program. It began using an outsourced model, starting with pediatrics and expanding to adult coverage within a year. The vendor it had selected overcommitted and the program failed to meet the hospital's expectations.
2006	Newton Medical Center decided to convert the hospitalist program to an employed model but faced serious recruiting, staffing and retention issues, resulting in costly locum tenens and low patient satisfaction.
2012	Newton Medical Center selected EMA to staff and manage its Emergency Department and immediately noted positive trends in throughput, satisfaction and quality. Newton contacted EMA for help, and the companies partner to develop a sustainable solution for the hospitalist program.

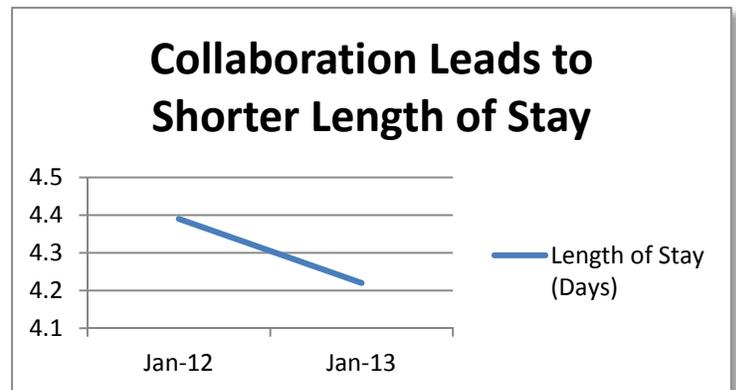
The Tools to Improve Communication

EMA, IMA and the hospital worked to develop a communication strategy that took into consideration each type of clinician's perspective of time and their competing priorities. They developed core protocols focused on building a cohesive unit between the two teams. The tenets of the communication initiative include:



Results

- ✓ Improved physician morale resulting in open communication and a team-based culture.
- ✓ Improved communication between hospitalists and ED physicians reduces redundant questions.
- ✓ Improved patient satisfaction when patients feel that all doctors are communicating among each other.
- ✓ Improved PCP satisfaction due to communication across the patient care continuum.
- ✓ Collaborative decision-making on readmissions and disposition, resulting in a shortened length of stay (LOS).
- ✓ Decision to admit to orders written time decreased from an average of 2 hours to an average of 20 minutes, resulting in shorter ED throughput time and decreased LOS.



To request a proposal or receive additional information about Emergency Medical Associates' services, call (877) 692-4665 or email info@ema.net.