

## Want to Learn More?

### Studer Group Institute Improves Emergency Department Results

Studer Group offers an intensive two-day learning institute titled “Excellence in the Emergency Department: Hardwiring Flow and Patient Experience.”

Attendees will learn how to implement a comprehensive ED pain management policy that reduces unnecessary visits for ED “super users” and ensures better care for these patients. The institute offers dozens of tactics that have been time-tested in Studer Group’s national learning lab of more than 1,000 Emergency Departments. Attendees will learn how to:

- improve ED perception of care to get higher HCAHPS results in all ten composites,
- set measurable goals and hardwire practices to achieve them,
- improve patient flow and reduce arrival-to-physician-exam time,
- implement tactics such as Hourly Rounding to improve pain management,
- identify pitfalls and apply safeguards when you must prescribe to a patient you suspect of drug-seeking,
- appropriately identify and track ED super users,
- work with primary care physicians and other resources to set limits and redirect care to appropriate patient care settings.

Visit [www.studergroup.com/institutes](http://www.studergroup.com/institutes) to learn more about this and other institutes, including upcoming dates and registration information.

### Additional Tools and Resources:

*Excellence in the Emergency Department: How to Get Results*, a book by Stephanie Baker, is a tactical ED resource filled with proven, easy-to-implement, step-by-step instructions that will help move the ED forward and improve results.

Visit [www.firestarterpublishing.com](http://www.firestarterpublishing.com) to read a free excerpt or to order a copy today.

For other books, toolkits, and DVD training modules, visit [www.firestarterpublishing.com](http://www.firestarterpublishing.com).

To download free ED whitepapers or to learn how you can move your Emergency Department from good to great, visit [www.studergroup.com/edexcellence](http://www.studergroup.com/edexcellence).

### About Studer Group®

Studer Group works with nearly 800 healthcare organizations in the U.S. and beyond, teaching them how to achieve, sustain, and accelerate exceptional clinical, operational, and financial outcomes.

With the rapid changes occurring in the healthcare industry—and especially with the Patient Protection and Affordable Care Act ushering in the pay-for-performance era—the ability to execute quickly has never been more critical.

Studer Group helps its partners install an execution framework called Evidence-Based Leadership<sup>SM</sup> (EBL) that aligns their goals, actions, and processes. This framework—combined with the best practices we harvest and refine inside our partner organizations—creates the foundation that allows them to get progressively better at providing top-quality care with fewer dollars.



## Best Practices for Patient Safety: How to Drive Collaboration between Emergency Department Physicians and Hospitalists for Strong Organizational Performance

Studer Group® works with nearly 800 healthcare organizations in the U.S. and beyond, teaching them how to achieve, sustain, and accelerate exceptional clinical, operational, and financial outcomes.

Here, three of Studer Group’s emergency department coach experts—Stephanie Baker, RN, CEN, MBA; Wolf Schynoll, MD, FACEP; and Faye Sullivan, RN—share best practices related to a key patient safety issue: how to drive effective collaboration between ED physicians and hospitalists. The result? Improved clinical outcomes, more efficient throughput for admitted patients, and higher organizational performance.

### Q: How can the ED and hospitalists best align and share goals to drive collaboration and performance?

**A: Faye Sullivan:** In working with organizations nationwide, Studer Group finds that it’s most effective when stakeholders begin with a common purpose in mind: highest quality care for their patients. By asking, “What is the best thing for our patient?,” they can then define and develop a single set of goals that are shared by the ED physician and ED manager as well as the hospitalist and in-patient manager. An example: Disposition to Admitted Time: median 138 minutes. Then tactics for each goal flow from that. (See chart.)

**A: Wolf Schynoll:** The reality is we are all dependent upon each other to realize quality clinical outcomes and ensure patient safety. Just as ED physicians need hospitalists to respond in a timely way to their pages, hospitalists want ED physicians to call them at the appropriate time so they can determine the type of bed to which the patient should be admitted.

It’s important that all the stakeholders define and adhere to an agreed upon standard in their organization and track results. For instance, when is the best time for the ED physician to call the hospitalist?

While one hospitalist might prefer that all labs are back before the ED calls, another might prefer early admissions planning. But when all stakeholders define organization wide guidelines together—to supercede individual preferences—we raise the standard of care for all patients. To be successful, the group’s aligned patient care practice policies must translate to improved patient safety and promote collaboration between ED and hospitalist physicians. A tip: In our experience, this is best achieved through transparent data, ideally at the individual provider level.

### Alignment to Achieve Outcomes

**Sample Hospital Goals:** Improve Throughput for Admitted Patients  
Improve HCAHPS Results- 9s/10s

ED Physician Goal	Hospitalist Goal	ED Manager Goal	In Patient Manager Goal
Disposition to Admitted time: median 138 mins*	Disposition to Admitted time: median 138 mins	Disposition to Admitted time: median 138 mins	Disposition to Admitted time: median 138 mins
<b>Tactics:</b>			
<ul style="list-style-type: none"> <li>▪ Page hospitalist at the agreed upon stage of patient work-up.</li> <li>▪ Write timely transition orders.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Respond to ED page within 20 minutes.</li> <li>▪ Adhere to guidelines on coming to ED to see patients.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ensure transporters are available within 10 minutes of notification.</li> <li>▪ Call timely patient reports to floor.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Accept patient within 15 minutes of notification of bed available and patient accepted by hospitalist.</li> <li>▪ Accept ED nursing report in timely manner.</li> </ul>

\*Disposition to admitted time of 138 minutes is the national median as noted in Premier’s 2006 report “Emergency Department and Best Practices: A Report of the Premier ED Survey Findings.”

*The best way to drive collaboration between the emergency department and hospitalists is to begin by aligning and cascading organizational goals with those of key stakeholders and defining specific tactics to meet those goals.*

**Q: Which processes are most effective in driving a collaborative relationship between stakeholders?**

**A: Stephanie Baker:** Monthly stakeholder meetings! The goal of stakeholder meetings are to first set agreed upon operational metrics and then to review performance to those goals among all stakeholders for effective ED-hospitalist collaboration. The meeting is structured with a formal agenda that is focused on outcomes. You'll discuss wins, trends, gaps, and opportunities for process improvement and eliminate silos. As a group, you'll be asking: "What is keeping us from hitting our goals? Is it people, process, or variance?" The group will work together to eliminate barriers.

**A: Faye Sullivan:** It's key that physician leaders attend the meetings, but the group will also benefit from more robust dialogue on what's working well or not working when front-line physicians attend. Nobody wants extra meetings so be creative about how you hardwire these monthly stakeholder meetings. Some organizations, for instance, will rotate forums, having one or two hospitalists with their leader attend a regularly scheduled ED meeting on an every other month basis and then have ED physicians attend a scheduled hospitalist meeting during the other months.

**A: Wolf Schynoll:** It's an important mechanism for feedback from all stakeholders. Some organizations have used it to define clinical pathways. Perhaps the hospitalist prefers that a TSH is ordered by the ED physician for every cardiac probable chest pain patient who is admitted, recognizing that ED physicians don't typically order this test. The meeting offers an opportunity to promote a common pathway for higher clinical quality.

Studer Group recommends that stakeholders come up with a shared dashboard that includes metrics for which all stakeholders are accountable. These metrics are then tracked and reported in a dashboard format at the regularly scheduled stakeholder meeting.

Disposition to admitted time (e.g., "ED admit time to head in the bed") is a great metric to include because you can quickly determine where the bottlenecks are in the admissions process. It facilitates a discussion about the quickest way of getting patients admitted to improve safety, and ensures that the expectations you've agreed upon are met.

**Q: What about discussing cases that show variances to the agreed upon standards? Should those be included at the stakeholder meetings?**

**A: Stephanie Baker:** Yes. They also drive collaboration and process improvement. Studer Group recommends that organizations establish key criteria for cases that trigger a review because they are mutually inclusive of the ED and hospital stakeholders. The goal is to enhance—not duplicate—reviews by a quality review officer. That officer should be included in the review of such cases.

By beginning with a review of the metrics established on the dashboard, it's a natural segway into identifying trends for improvement in individual cases. Some examples of potential triggers for review: Delay in the hospitalist seeing the patient of greater than four hours after admission; patient discharges from the inpatient unit within 12 to 24 hours; cases where the patient was transferred to a higher level of care within 12 hours; and 30-day readmit.

**A: Wolf Schynoll:** The group can examine cases when unnecessary delays put the patient at risk; cases where the work-up of the patient in the ED led to unanticipated clinical issues; and cases where something unanticipated happened due to miscommunications between the ED physician and hospitalist.

**Q: What are your thoughts about establishing admit/holding/bridge orders to expedite admissions out of the emergency department to the inpatient floor?**

**A: Wolf Schynoll:** We find that increasingly, many organizations across the country have implemented transition orders for ED admitted patients because they offer a safe and effective means of transnational care from the ED to the floors. We support the American College of Emergency Physicians' position that bridge orders should be a short-term solution for safely caring for patients. It's a practical solution to the issue of likely time delays between when the patient arrives to the floor and the actual time until the attending physician arrives to see the patient.

*An important tip: For best outcomes, we recommend that you include senior leaders on at least a quarterly basis.*

However, there should be a clear expectation between the ED and admitting physician about the appropriate length of time that it takes to transition care from one physician to the next. Bridge orders are time-bound, and should state an expiration time. In fact, expiration of transition orders should be tracked as a key element on your dashboard as such cases indicate an opportunity for process improvement. Individual provider data on this metric is essential.

**Q: Which tools and tactics are most efficient in promoting the quality of the hand-off and improving patient perception of care?**

**A: Faye Sullivan:** We find that physicians are very receptive to tools that improve clinical quality, efficiency, opportunity for input and appreciation. There are three tools that we find particularly effective here:

First, the stakeholder meeting achieves all the drivers of physician engagement I just mentioned because it offers a hardwired opportunity for both the ED and the hospitalist to recognize that they are, in fact, each other's customers. When you understand the other physician as your customer, you ask, "What can I do for you? How can we be more efficient?" Both groups can provide input and celebrate the wins.

Second, use of Studer Group's Five Fundamentals of Service or "AIDET<sup>SM</sup>" (Acknowledge—Introduce—Duration—Explanation—Thank You) is a very effective way to promote positive hand-offs and manage up the receiving physician. When you assure patients that you are handing them off to a well-qualified physician, you reduce patient anxiety and improve patient perception of care. You build the patient's trust and confidence.

And third, we recommend physician leader rounding on both physicians and patients. This is the accountability piece. It is a simple way for leaders to validate that our actions are achieving the desired result. As the ED-hospitalist team rolls out process improvements, physician leaders actively track how well things are working for both physicians and patients by asking what's going well, harvesting wins, and identifying further opportunities for process improvements. The best practice is to hardwire it by using the appropriate rounding logs. (Download three samples at [www.studergroup.com](http://www.studergroup.com). Search on "physician rounding logs.")



**Stephanie Baker, RN, CEN, MBA**

As leader for Studer Group's Emergency Department service line and account leader, Stephanie serves as national keynote speaker for Studer Group's two-day "Excellence in the Emergency Department Institute" and is also the author of best-selling *Excellence in the Emergency Department: How to Get Results*. In 2010, readers of *Journal of Emergency Nursing* voted her article on bedside shift report one of the "Top 25 hottest articles" of the year.



**Wolf Schynoll, MD, FACEP**

In addition to leading his ED to the 99th percentile in patient satisfaction, Dr. Schynoll is a practicing ED physician and serves as a Studer Group coach and speaker. He has worked with many physician groups throughout the country to improve patient, physician, and staff satisfaction results. His focused physician presentation topics include AIDET<sup>SM</sup> communication training and validation, patient satisfaction, physician leader development and accountability, and the journey towards physician service and operational excellence, among others.



**Faye Sullivan, RN**

As a registered nurse with 30 plus years in healthcare, Faye is well-versed in a broad spectrum of care settings ranging from outpatient clinics and EDs to ICUs. She also brings special expertise in driving financial and operational results in the ED. As winner of Studer Group's FLAME award in recognition of her overall service to partners and colleagues, Faye is dedicated to helping leaders reconnect to their passion to make a difference in the lives of patients.