5 Collaborative Solutions to Prevent ED Physician and Hospitalist Conflict

Hospitals charge emergency medicine physicians and hospitalists with the same goal: to provide the best care possible for their patients at all times.

The fundamental answer to EM/HM conflict is seeing things from the other's perspective. Because such empathy is more easily counseled than practiced, it must be systemized. Anticipate where and when conflicts are likely to occur, and then create and communicate policies that avert contention before it has a chance to surface.

These five steps will enable EM and HM physicians to work collaboratively to resolve conflict and improve patient care.

1. JOINTLY DEVELOP GUIDELINES FOR SPECIFIC AREAS OF CONCERN

Establishing criteria for when to admit patients to the hospital versus when to send them to the surgeon helps eliminate the stress in high-stakes, high-stress times.

Making the call about who to admit to the hospital or specialist services should not be done at 10 p.m. on a Saturday night, with 20 patients waiting.

Instead, EM, HM, and specialists services leaders must come together – outside of the clinical space – to determine criteria they will follow.

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2. MAKE SYSTEMS CHANGES ABOUT X-RAY AND LAB TEST PRIORITIZING

Grasping pressures – the time crunch of multiple admissions on the hospitalist side and the intense pressure to move or discharge patients on the ED side – is the first step to avoiding impasse.

While X-rays and lab tests can be a source of frustration for both EM and HM providers, the EM physician is equipped to meet halfway: "Will you accept the patient and, prior to sending up, we'll get that X-ray if we can?"

3. CONDUCT MONTHLY CASE REVIEWS ABOUT OUTLIERS

Mandated monthly case reviews help provide context to specific cases. EM and HM providers can put the anomalous anecdote in perspective, showing it to be what it truly is: an outlier and one that does not happen as often as perceived.

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4. DEVELOP SHARED PERFORMANCE METRICS

Shared performance metrics are some of the most powerful tools for influencing cooperation and professional behavior.

It's recommended the two groups adopt the following measures:

- The time between the decision to admit and when the patient reaches the medical floor.
- The quality of sepsis prevention and care.
- Readmission rates.

5. BUILD POLITICAL CAPITAL ACROSS SPECIALTIES

The medical directors of both teams can build "political capital" with each other through regularly scheduled meetings, and then arrange meetings between the entire EM and HM groups, to cultivate social relationships and establish professional rapport.

The more capital built up between leaders over time, the easier it is for one to go to the other director and say, "I need help." The more collegial the relationship, the less contentious exchanges will be during times of stress.

Learn more on how SCP's approach to ongoing **collaboration between EM and HM providers** helped mitigate current conflicts but also serve to address new issues that arise. None of these changes can be made in a vacuum, however; they require the willingness and engagement of the hospital administration, EM, and HM staff to resolve them.

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