

# COLLABORATION AND COVERAGE MODELS: HOW ONE FACILITY'S ER BECAME THE MODEL IN ITS HEALTH SYSTEM

## PARTNERSHIP BACKGROUND

This 154-bed facility is part of a 11-hospital health system that had a long-term partnership with SCP Health (SCP). The health system CEO had charged each facility leader with improving overall program metrics; however, there was also a culture of employee and executive resistance to change. The CEO and Medical Director of Emergency Medicine at one particular facility within the health system looked to SCP's expertise in guiding significant shifts in their ED.

## GOALS

- ▶ Decrease door-to-provider time
- ▶ Decrease LWOT rates
- ▶ Decrease door-to-discharge and door-to-admit times

## STRATEGY

SCP worked in tandem with the fully supportive facility leadership team to build relationships with the medical team, understand the biggest pain points of the ED, and make meaningful changes. The SCP team:

- ▶ Regularly met in-person with ED providers and nurses. These transparent conversations created a space to establish mutual trust; address apprehension, questions, and issues; and discuss new ideas.
- ▶ Conducted a comprehensive, multi-day operations assessment to understand needs and areas for improvement. Additionally, SCP collaborated with the facility's Director of Quality by gathering weekly metrics from emergency medicine (EM) teams and using that data to drive efficiency and improve patient flow.
- ▶ Implemented three important changes:
  - **New coverage model:** Added several NPs and PAs to the EM provider rotation, alleviating the burden on physicians.
  - **New reimbursement model:** Switched the ED to an RVU model, gaining provider buy-in by demonstrating the financial benefit to providers.
  - **New triage model:** Introduced a provider-in-triage model, including nurses to carry out orders while the patient was still in triage. Applied a pull-until-full strategy to free up triage staff and decrease door-to-provider time.

## RESULTS

This facility now serves as a model of collaboration and consistency for all other facilities in the health system. The ED saw enhancement in metrics almost immediately after implementation of the new models—and have been able to sustain success over time. From Year 0 to Year 2, the facility has tracked the following improvements:

- ▶ Door-to-provider average time: Decreased from 59 to 18 minutes
- ▶ Door-to-discharge average time: Decreased from 236 to 177 minutes
- ▶ Percent of patients admitted from ED <4 hours after presentation: Increased from 13.8% to 33.8%
- ▶ LWOT average: Decreased from 4.44% (with a record monthly high of 6.38%) to 0.96% (with a record monthly low of .76%)



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