

# Key Metrics: Impact of Integrated Care Model

## Overview

The results shared here are based on our partnership with a hospital in Arizona with an average inpatient census of 60-90 per day. The ED contract began in July 2007, with the Hospital Medicine contract beginning in December 2014.

## Challenge

The hospital was experiencing a significant number of LWBS in the ER that were directly tied to an output problem caused by ER boarding of admits. This strangled throughput and kept rooms full, making it difficult to expedite patient care and increasing ER wait times.

## Strategy

Managing both the Emergency and Hospital Medicine programs, we were able to implement our proprietary integrated care model, Pathway. Through this implementation we were able to help the Hospital streamline communication between the Emergency Room Physicians and Hospitalists as well as the entire care team, and easily assess and assign accountability to each component of the admit process to focus on the specific areas that needed improvement.

## Results

### Overall improvements:

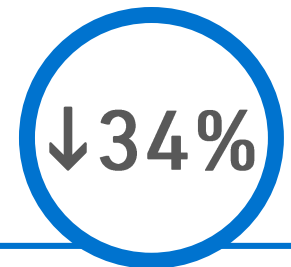


### Median time for each step:

Time from Hospitalist notification to admission acceptance:	20 min
Time from bedding notification to bed assignment given:	82 min
Time from bed assignment to report called:	36 min
Time from report called to departure from ED:	5 min

## About the Client:

- 178-bed facility
- Annual ED Volume: 28,000
- Partner since 2007



REDUCTION IN LOS