

20 Key Questions to Align your EM and HM Teams



HOW DO YOU IMPROVE EFFICIENCY, COST CONTAINMENT, AND PATIENT EXPERIENCE BETWEEN ED AND INPATIENT TREATMENT?

Get both teams on the same page. EM and HM is a critical interface that impacts hospital quality outcomes, care consistency, cost efficiency—and most importantly—patient experience. If you don't solve it, your competitors may, and patients will notice. The keys to achieving this evolved approach are open lines of communication, agreed upon EM-HM process standards, mutual goals, clear accountability, and objective data measures to ensure your efforts to align teams move the needle.

Work with the medical directors of both departments to answer the following questions and establish a standard process:

Setting the Stage

1. What are the primary challenges your department faces today?
2. Is there anything the EM/HM team can do to help ease the burden of that challenge?
3. What metrics and/or quality outcomes are jointly influenced by the EM and HM teams at our facility?
4. What shared performance goals can we establish for those metrics?
5. What is a regular frequency we can agree to meet as EM/HM leaders with each other, hospital administration, and our teams, respectively?

Defining EM Physicians' Commitment to the HM Service

6. What are appropriate criteria for hospitalization?
7. What is the standard procedure for determining the correct level of care for a patient?
8. What conditions warrant patient transfers?
9. What reasonably excludes a patient from being transferred?
10. What conditions or situations warrant a consult request be initiated in the ED?
11. What workups will be completed in the ED before calling HM?
12. What specific conditions require a standard procedure before hand-off to HM?

Defining HM Physicians' Commitment to the Emergency Department

13. What time frame is acceptable to return ED pages/calls/texts?
14. What time frame is acceptable to complete a consult?
15. What is standard procedure for a consult?
16. What should be done if there is a disagreement about whether a consult is necessary?
17. What is a reasonable time span between page/call received and admit order time?
18. What should happen if there is disagreement about the disposition of a patient?
19. When is it reasonable for the Hospitalist to see a new admission in the ED?
20. Who is responsible for the care of admitted patients being held in the ED (due to facility at capacity)?



This resource, and the strategies and solutions contained herein, come courtesy of SCP Health, one of the largest providers of physician staffing and management services to healthcare facilities in the United States.