

EM-HM Joint Operations Committee 101

When EM and HM programs are at odds, their conflict has a ripple effect that compromises cost efficiency, patient experience, patient safety, physician satisfaction, and care consistency. When the programs are aligned, care quality and efficiency improves.

SO, WHAT CAN YOU DO TO HELP YOUR EM AND HM PROGRAMS WORK BETTER TOGETHER?

Simple. Bring them together, formally. True alignment and collaboration requires an established, regular meeting cadence and genuine shared accountability. To that end, we recommend establishing a Joint Operations Committee (JOC) at your hospital to align your EM-HM teams.



What is a JOC?

The JOC is a multi-disciplinary meeting developed by SCP to facilitate communication and teamwork between Emergency Medicine, Hospital Medicine, and key stakeholders at the local hospital. Its primary purpose is to optimize patient care by identifying opportunities for improvement, developing new patient care protocols, and facilitating rapid-cycle changes through an iterative approach.

Who is part of the JOC?

The JOC typically includes the EM and HM medical directors, members of hospital administration, nursing directors, case managers, and any other key stakeholders that interface with EM and HM services.

Why have a JOC?

At many facilities, there is no forum to bring ideas together and limited data to aid discussions to improve EM-HM performance. A JOC provides a structured model for teamwork that fosters collaborative communication and multi-disciplinary perspective on challenges faced by clinicians and patients.

What benefits should my facility expect from instituting a JOC?

Facilities that institute a JOC and make a concerted effort to synergize their EM-HM programs typically see financial and patient experience performance improvements within 90-120 days. The JOC opens communication lines, standardizes processes and procedures, and increases accountability. This results in improved EM LWOT, EM Door-to-Provider, ED LOS for Admissions, HM LOS, and Sepsis compliance metrics. Not to mention, it improves VPB bonuses and reduces readmission penalties.

How often should the JOC meet?

Monthly. This meeting should be in addition to regular communication and a monthly meeting specifically between EM and HM medical directors, and quarterly meetings including the joint EM-HM clinical teams.

What should be on the JOC agenda?

The linchpin of the JOC's value is a standardized agenda. Without that, accountability and momentum can fade. We recommend ensuring the following is part of every JOC agenda:

- 1. Review status on action items from previous meeting:** Every meeting should begin and end with progress updates. All action items should be assigned to an accountable party, with a deadline, and an expectation to report on status at the next meeting.
- 2. Review shared metrics/goals:** Review status on a standard set of metrics your JOC identifies as integrated EM-HM metrics. Discuss trends and high and low points.
- 3. Discuss success and challenges:** Discuss what's working and what's not. Discuss strategies to improve processes and shared metrics. If new issues arise, ensure they can be substantiated by objective data.
- 4. Define and assign action items for the next month:** Ensure all follow-up steps are well documented and tied to an accountable person, measure, and deadline. As the saying goes, "a goal without a plan is just a wish." If you don't know what success would look like, act to get there, and document progress toward the goal, you're likely to lose steam.

A Remedy for Disjointed Care

It's a strategic failure for EM and HM programs to focus entirely on separate functions rather than their collective impact on the patient. To improve patient experience, it's important for stakeholders from both services to meet regularly and establish an aligned vision and joint goals to measure quality outcomes, care consistency, service experience, and overall cost efficiency impacted by both departments.



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