

DISSOLVING SILOS FOR BETTER INTEGRATED EMERGENCY CARE

OVERVIEW

A community hospital in Maryland was facing several challenges in how its adult and pediatric emergency departments (EDs) were talking to and working with each other.

Those challenges included:

- Siloed ED care for adults and children
- Decline in ED throughput metrics and sub-par patient experience
- 10 full-time equivalent vacancies in ED
- Flat-rate compensation model with large gaps in productivity
- Integrated emergency medicine and hospital medicine model in title only, with inconsistent handoffs and long decision-to-admit order times
- Predominantly waiting room care due to ED construction

HIGH complexity ED | **75K annual ED visits** | **269 acute care beds**



OVERVIEW

As the primary healthcare resource in the county, this community-based hospital and health system wanted to continue evolving to meet the growing needs of the community. While most hospitals were still recovering post-pandemic, this hospital was continuing the planned expansion of its adult and pediatric emergency departments. Hospital leaders partnered with Sound Physicians to collaborate on staffing challenges seen in nursing, ancillary, and medical teams.

Together, they sought to:

- Re-imagine ED flow models for patient care during construction phases, including services for patients in the waiting room and auxiliary ED spaces within the hospital.
- Realign nursing and medical staffing using Sound's Demand to Capacity calculator. With this tool, Sound was able to develop new data-driven staffing plans with shift staggering and day-of-the-week variation.
- Limit the impact on patients.

TRANSFORMATIVE CHANGE

Sound's clinical leaders implemented shared consciousness between the hospital's adult and pediatric EDs. Through co-management of the adolescent and young adult population, including behavioral health patients, and cross-credentialing of ED advanced practice provider and physician leadership into pediatrics, they immediately dissolved silos and expanded resources for care.

Employing Sound's integrated approach, One Sound, the emergency medicine and hospital medicine teams launched a dedicated, combined hospital medicine-observation admirer model in the ED, reducing the

decision-to-admit order to fewer than 25 minutes. Emergency medicine clinical leadership also collaborated with nursing on hospital throughput committees to improve overall admit length of stay and, in turn, ED bed capacity.

Internally, Sound developed a structured recruiting and retention strategy for the site, including performance-based compensation for physicians, transparency to coding, and wRVU capture through the creation of a Sound Emergency Medicine productivity dashboard.

KEY RESULTS

After new construction for the expanded EDs was completed, Sound was able to improve clinical performance closer to benchmark, including length of stay and overall patient satisfaction.



ADULT ED

70 min.

reduction in discharge
LOS median

53 min.

reduction in
door-to-bed median

73 min.

reduction in admit
LOS median

PEDIATRIC ED

21 min.

reduction in discharge
LOS median

19 min.

reduction in door-to-
provider or APP median

Temporary labor usage

12.9%



1%



Patient experience top box

57.47%



61.61%

