Sound.
PHYSICIANS

How an integrated program improved patient throughput and experience

Driven by a single leadership structure, clearer handoffs, and a shared sepsis cadence

Unified leadership expedited front-end flow.

↓11%

door-to-provider†

Sepsis bundle compliance improved.

↑25%

bundle compliance†

Patient experience improved.

+3%

ED "Likely to Recommend" ‡

PRE-INTEGRATION

At a Southern U.S. hospital, Emergency Medicine (EM) and Hospital Medicine (HM) were run by separate groups. Variation in workflows and handoffs made it harder to move patients smoothly from arrival to admission. Sepsis processes followed different rhythms by team, and patient experience trailed leadership goals. Leaders sought a unified structure: one set of priorities, shared accountability, and a single daily cadence.

POST-INTEGRATION

Sound implemented a unified EM and HM model with shared leadership and aligned accountability. The integrated program:

- Emphasized team-based care, faster clinical decision-making, and a culture of trust between ED and inpatient teams.
- Empowered hospitalists and ED clinicians to collaborate directly on admissions, throughput, and sepsis management, supported by on-site leadership and consistent communication.
- Replaced siloed structures with a cohesive approach focused on both operational and clinical outcomes.

RESULTS

- **Door-to-provider times reduced** by 11%.†
- **Sepsis bundle compliance improved** approximately 25%.†
- **ED patient experience scores are up** approximately 3% on "Likelihood to Recommend."‡

Beyond the numbers, the Southern U.S. hospital—supported by Sound's on-site leaders—built a culture of ownership, accountability, and trust that sustains improvements in door-to-provider times, sepsis bundle compliance, and patient experience.

Past performance in improvement is not a guarantee of future results.
†Timeframe benchmarked September 2024 through September 2025.
‡National facility-level percentile rank based on emergency department patient experience data on file (HCAHPS "Likelihood to Recommend" domain), Aug 2024–Aug 2025;

Let's unify EM and HM to cut boarding and lift sepsis performance.

partnership@soundphysicians.com