Putting patients first with integrated ED care teams

Aligned leadership and shared metrics for smoother patient journeys

EXECUTIVE SUMMARY

In today's healthcare landscape, with rising complexity, tighter margins, and stricter oversight, one health system set out to do something simple but essential: help patients spend less time waiting and more time receiving the care they need. The system partnered with Sound Physicians in an at-risk, co-managed model that became a catalyst for integration across its acute care continuum.

By aligning incentives across Emergency Medicine (EM), Hospital Medicine (HM), and Critical Care (CC), leaders created a shared mandate to move patients safely and efficiently from arrival to discharge. The result was measurable gains in throughput, length of stay (LOS), and emergency medical services (EMS) turnaround time—helping patients reach the right level of care sooner and placing the system among the highest-performing peers in the region.

CHALLENGES BEFORE INTEGRATION

Before adopting an integrated model, the system faced familiar bottlenecks:

- Boarding delays in the emergency department (ED) and prolonged discharge processes
- Fragmented communication between clinical teams
- Limited access to critical care beds and step-down capacity
- Staffing gaps and inconsistent clinician engagement

Each specialty worked in isolation, creating friction in patient movement from ED arrival to inpatient care and adding stress for nurses, clinicians, and EMS partners. For patients and families, that friction could mean longer waits, repeated handoffs, and less predictable care journeys.

PERFORMANCE RESULTS†

- **Admitted length of stay (EDIb):** Ranked among the top three high-volume EDs statewide, outperforming larger regional peers (time from arrival in the ED to an inpatient bed).
- Outpatient LOS: Nearing the top-three threshold with targeted improvement underway.
- EMS turnaround: Consistently in the 90th percentile, supporting timely access for patients who arrive by ambulance.
- Recognition: In mid-2025, the ED received statewide accolades for providing best-in-class care and access for its community.

† Past performance in improvement is not a guarantee of future results.
†Regional health system (name withheld). Internal performance analytics and state health services commission data (rolling 12 months), April 2024–March 2025.

Faster door-to-admit, shorter LOS, smoother discharges

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INTEGRATED SOLUTIONS ACROSS SPECIALTIES

- **Coordinated workflows:** Shared communication protocols and back-channel handoffs eliminated delays.
- **Leadership alignment:** A single medical director and practice administrator ensured specialty chiefs operated in lockstep, reinforced by weekly huddles and board-level reporting.
- **Integrated advanced practice provider deployment:** Cross-credentialing created flexible staffing pools and improved team culture.
- **Patient-centered flow:** Teams rallied around a common goal—to reduce waiting, keep families informed, and ensure every handoff supported safe, dignified care.
- **Data-driven decision-making:** Real-time dashboards tracked throughput, LOS, patient safety, and experience—empowering teams to act on gaps quickly.
- **Shared quality incentive:** Accountability and performance incentives for individual clinicians were tied to citizenship and hospital committee engagement.

KEY TAKEAWAYS

- Integrated leadership and shared accountability support tangible improvements in throughput, LOS, and EMS operations, so patients spend less time waiting and more time in the right setting of care.
- A multidisciplinary model across EM, HM, and CC accelerates patient flow, strengthens handoffs, and supports a more sustainable environment for clinicians, nurses, and EMS teams.
- These outcomes are replicable: hospitals of varying sizes can adopt similar co-managed, at-risk models to achieve sustainable clinical and financial performance gains.

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