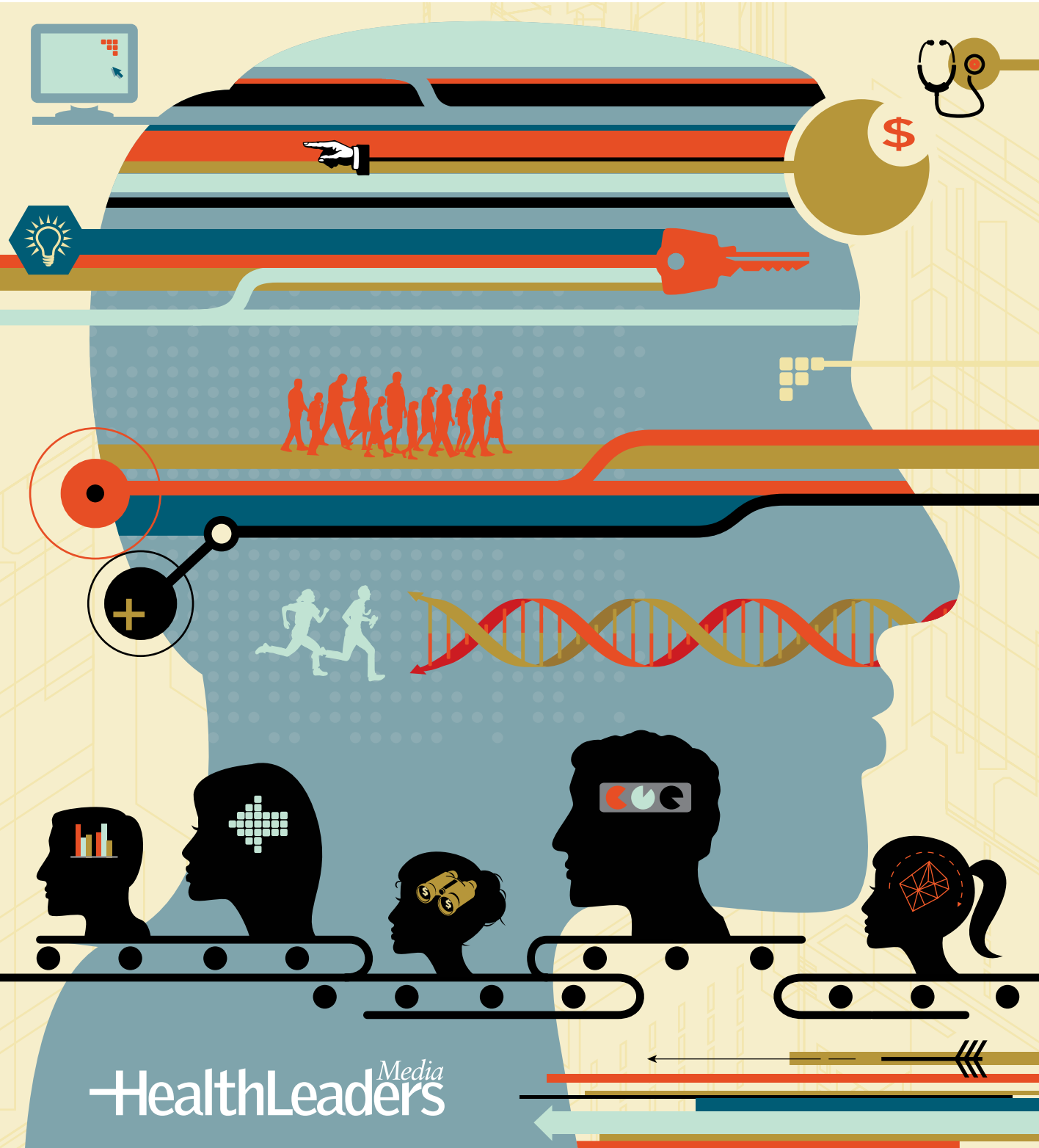
OUTSOURCING DELIVERS

Providers find ED, Hospitalist & Anesthesia outsourcing's benefits go beyond the bottom line



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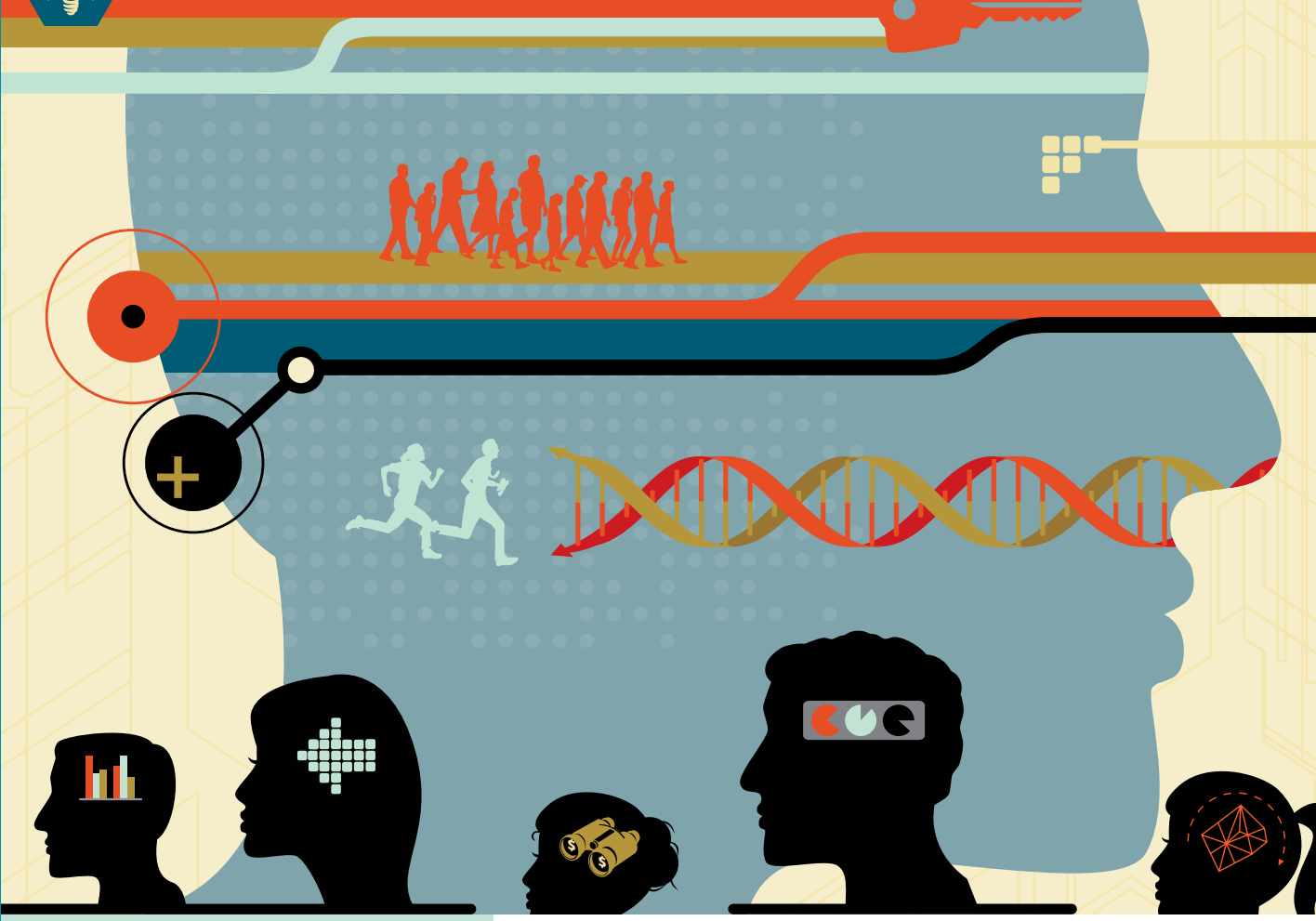

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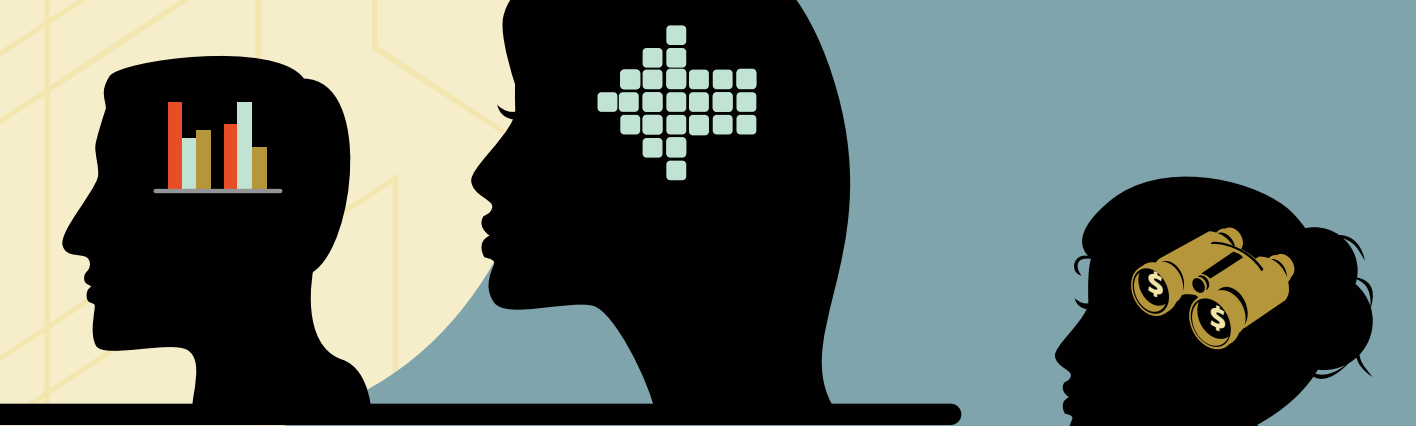

Outsourcing Delivers

Providers find ED, Hospitalist & Anesthesia outsourcing's benefits go beyond the bottom line

As hospitals face more market pressures than ever before and margins continue to shrink, financial performance remains one of the most pressing concerns for C-suite leaders. Since fiscally responsible patient care is the goal of nearly every provider going forward, partnerships with management service providers are increasingly playing a role in meeting that objective.

"As providers look to improve value to their patients and customers, they are looking at cost pressures more so than any time in history," says Richard Gundling, vice president of healthcare financial practices for the Healthcare Financial Management Association. "The discussion about cost today takes on a different tone from past efforts. Instead of cost pressure simply on the individual components, which still exists, the measure today is shifting to the purchaser perspective on total costs as a per member per month basis."

Pressures such as declining reimbursements and lower patient volumes have forced hospitals to evaluate the cost-effectiveness of outsourcing areas such as clinical services. Often, outsourcing carries additional benefits, including leadership and advantages of scale. And while patient outcomes and quality are the focus of healthcare going forward, the ability to make patient care services more efficient has created even more opportunities for outsourcing. "I think [the reason] why you see the trend of people moving toward outsourcing is that, through scale and through operations, these companies have become very refined in their businesses and bring a competitive advantage in that manner," says Garen Throneberry, vice president of hospital-based physician services at Community Health Systems.

Outsourcing continues on an upward trajectory

According to *Healthcare Outsourcing 2012*, a report commissioned by Waller Lansden Dortch & Davis, LLP, the clinical specialties most often outsourced are anesthesia, emergency department, dialysis services, diagnostic imaging, and hospitalist services. Anesthesia was the top patient care service outsourced in 2012, followed by emergency department. The report also indicated that among the top five reasons for outsourcing patient care services, vendor expertise was the most popular (88%), followed by cost savings (47%).

While there is some uncertainty about outsourcing's upward trajectory, it is predicted to grow for the next three years, says John Boland, director of healthcare at Navigant. "I think outsourcing is going to continue to be a pretty hot topic," he says. "There's always a propensity from a hospital perspective to look at outsourcing ED, radiology, [and] hospitalists to a group that's not part of a hospital. The principles of being able to do it better, faster, cheaper with a focused organization that they outsource to is still pretty prevalent."

At Barnabas Health in West Orange, N.J., emergency department physician and hospitalist services have been outsourced for years at several of the system's eight hospitals. The primary driver has been the combination of greater focus and expertise offered by service providers.

88%

The *Healthcare Outsourcing 2012* report indicated that among the top five reasons for outsourcing patient care services, vendor expertise was the most popular.

"It [outsourcing] lends itself to, on some levels, a range of activities from the most simple and basic activity up through and including the most complex clinical activity," says Anthony Slonim, MD, Barnabas Health's executive vice president and chief medical officer.



"So the good news about this is that there's a broad spectrum of outsourcing opportunities for healthcare organizations to figure out how they can get the best care for their patients at the most efficient levels with financial outcomes."

In outsourcing clinical services, hospitals often benefit from dedicated specialists who bring best practices to the table. In addition, when hospitals partner with vendors, they stand to gain from potential economies of scale since many vendors have size and experience on their side.

"More organizations are considering outsourcing these [clinical] services because of a combination of focus and expertise," says Gundling. "Healthcare organizations will be evaluating service lines and programs to determine whether it's better to 'build or buy' to get the quality outcomes that they are striving for at an appropriate cost level."

Because it can be difficult to recruit and manage high-quality emergency physicians, community hospitals are increasingly relying on ED hospitalists. In addition, contract anesthesia services have become more attractive to hospitals since using a single team for all surgeries can be more cost-effective than allowing surgeons to bring in their preferred anesthesiologists for each procedure.

"This is all about a conversation of alignment, to some degree, and for those [providers] that are aligned, we understand how they provide the service, what the quality is there, and then obviously how much they're going to charge for that service," says Slonim. "Taking all of those into account in an algorithm is what gets us to a specific vendor and how we make our final decision."

Driving patient satisfaction

Since the emergency department is often the first point of contact in a hospital setting, organizations are increasingly putting more emphasis on efficiency, and outsourcing can help. At Cleveland Clinic, for example, a "split flow" process has streamlined care and increased ED capacity by gauging the acuity of patients upon arrival.

What to Look for in A Clinical Services Vendor

Shared mission and beliefs. "You want to have as your partners those people with whom you get along, those people that share the same beliefs, those people that put patients at the focal point of the healthcare experience," says Anthony Slonim, MD, Barnabas Health's executive vice president and chief medical officer. "You want to make sure that you're linked with people who share the same value stream, so those are some of the ways in which I think I've certainly made these kinds of decisions over the years, and what we subscribe to here at Barnabas Health to assure that we're getting the most out of our partnerships from outsourcing."

Long-term potential. "Despite everybody's best intentions, you may not hit the measures that you set out to hit, and I think some of that can be overcome if you're grounded in a relationship and a vision, so oftentimes a performance at the outset tends to be a little subpar," says Slonim. "We like to think that we can get back to the table as partners and really figure out what that might look like as we continue to drive improvement to the next level."

Patient-centered focus. "We've seen [outcomes] that are every bit as good, if not better, when they're outsourced, and the reason is that they have a specific focus on that discipline and have refined best practices," says Garen Throneberry, vice president of hospital-based physician services at Community Health Systems. "I think that's probably the best term to use is, because of the scale they have, they have identified best practices and applied that through all of their individual accounts and facilities."

Strong leadership. "These [outsourcing] companies literally have training that's designed for a hospitalist medical director and for an ED medical director," Throneberry says. "They have protocols and policies that are associated with each discipline so that [even] if we have 20 or 30 or 40 accounts with a particular vendor or outsource company, we feel pretty confident that the service provided by each one of those locations is going to be consistent, and the processes and protocols, the business operations, the billing, the coding, all the things associated with providing that service are going to be fairly consistent."

EmCare's Door-to-Discharge with Rapid Admission Process & Gap Orders Software

Healthcare providers today face a variety of challenges in their quest to improve quality, grow revenue, rein in costs, and provide exemplary customer service. Many are experiencing an increased number of visits—both inpatient and emergency department (ED)—yet they lack the infrastructure, financial resources, qualified staff, or culture to manage the influx efficiently and at a high level. These challenges often result in longer ED boarding times, leading to more instances in which patients leave prior to treatment or a medical screening examination (LPT/LPMSE). These early departures not only negatively impact patient satisfaction scores, but also have the potential to greatly affect revenue.

One hospital in New Mexico was facing just those types of challenges. Its LPMSE percentages were growing, and its ED volume was not increasing because of throughput issues. On the inpatient side, length of stay (LOS) and readmission rates were rising, and the facility was experiencing a low case-mix index as well as lackluster core measure performance.

> "Many are experiencing an increased number of visits—**both inpatient and emergency department (ED)**—yet they lack the infrastructure, financial resources, qualified staff, or culture to manage the influx efficiently and at a high level."

Looking for innovative, cost-effective solutions, the hospital turned to EmCare, its longtime physician services partner. EmCare, a leader in providing ED, hospital medicine, acute care surgery, anesthesiology, and radiology services, quickly went to work implementing EmCare's Door-to-DischargeTM integrated hospitalist/ED service with Rapid Admission Process and Gap Orders (RAP&GO)TM evidence-based software.

Door-to-Discharge, which has proven successful in facilities throughout the country, aligns the goals of the hospitalists and the emergency physicians with those of the hospital. It is designed to expedite and improve patient care by moving patients more efficiently from the ED to successful treatment and a quicker discharge.

Emergency physicians and hospitalists often operate under different compensation structures and value different benchmarks. For instance, increasing throughput might be a high priority for an emergency physician, whereas a hospitalist may be more inclined to find solutions that decrease inpatient LOS.

Door-to-Discharge assumes that, with the right incentives, the two specialties can tightly integrate and align their goals. Doing so increases efficiencies, improves communication, and strengthens relationships, allowing for higher patient volume without compromising quality of care.

Door-to-Discharge features a rapid admission process. Developed with input from both emergency and hospital medicine physicians, the process is designed to increase capacity by quickly moving patients from entry to treatment, eliminating the uncertainties that historically have led to delays between ED staff and hospitalists. The Door-to-Discharge model builds trust and teamwork between emergency physicians and hospital medicine staff; this pays off with measurable benefits, including:

- Increased ED volume
- Decreased LPT/LPMSE rates
- Reduced ED LOS and boarding time
- Improved patient outcomes
- Greater ED throughput
- Improved bed utilization
- Decreased cost per case
- Reduced readmission rates
- Improved core measures

Even in its early stages, Door-to-Discharge has already paid off for the New Mexico hospital, its physicians, and its patients.

Results

- ED disposition to patient
- Reaching IP floor: Decreased from 3.5 hours to 30 minutes
- ED volume: Increased 10%
- LPT/LPMSE: Decreased from 10% to less than 2%
- Adult inpatient LOS: Decreased from 6.5 days to under 3 days
- Daily inpatient encounters: Increased from 12 to 40

The hospital has also experienced a decrease in readmission rates and non-cardiac ED transfers, a 30% increase in ED throughput and the following improved efficiencies:

- Increased hospital capacity
- Decreased cost per case
- Improved case-mix index: Patients that were previously transferred can now be treated

Similar results are occurring at other EmCare client hospitals from coast to coast.

Using EmCare's Door-to-Discharge service with RAP&GO evidence-based software, hospitalists and emergency physicians can work together to improve quality and control costs, providing a win-win for hospitals and their patients. For more information on EmCare Hospital Medicine's services, call 877-416-8079 or visit *www.EmCareInpatient.com*. ■



> ***"It's about the people and about the management, so the company is really not as important as who is in the leadership positions on the management standpoint and then on the ground as the medical director."***
>
> —Garen Throneberry, vice president of hospital-based physician services at Community Health Systems.

Working with a vendor who staffs all but four of the hospital system's EDs, Cleveland Clinic has streamlined its emergency services by routing low-acuity patients through the ED based on their illness, which accounts for about 40% of ED volume. This has resulted in a 20% increase in Cleveland Clinic's patient satisfaction scores and a 10% increase in copayments collected by the first sites to use the process, Additionally, the average door-to-provider time in most of the clinic's EDs is now 15 minutes or less.

Hospitals today enter into outsourcing for multiple reasons, but perhaps the most common reason is better quality control and cost management. Outsourcing can also help to improve synergy and coordination between EDs and hospitalists, particularly when staffing comes from the same provider. Further sweetening the deal, more outsourcing vendors now offer a national presence, allowing executives and physicians to gather and implement best practices for clients, regardless of location or operating environment.

"We tend to look at these relationships as long-term relationships and partnerships because I think that's where you get the most value in the relationship," Slonim says. "If you outsource and then with every contract term you're revising the group that you're working with, it never gives you an opportunity to anchor on a shared vision or model."

Throneberry says it's important to assess the total cost and return on investment of outsourcing. "I think when you have an outsourcing company taking care of your ED or your hospitalists, there's a lot of things that they can bring to the table that are specific to that discipline, and what I'm describing is leadership training specific to that discipline—not necessarily clinical training, but leadership training," he says.

Among Community Health System's 206 facilities, roughly 75%–80% of ED providers and about 70% of hospitalists are outsourced. Throneberry says almost all of the health system's contracts come with a stipulation that is tied to quality outcomes because of the financial ramifications for the hospital.

"Some of the reports that we put together for our hospital-based services [are called] value reports," he says. "It's a cost report with the value of the service so that you could compare what it financially costs, but also, what is the benefit of the metrics and the satisfaction rates? I think, again, it's not necessarily a cost savings, but it's looking at the entire picture. What's the value [proposition] of the program?"

Choosing a partner wisely

Although optimal staffing decisions are seldom clear-cut, a complete cost-benefit analysis could be the key to determining the feasibility of an effective outsourcing strategy.

Throneberry says while choosing a vendor takes time and energy, it is important to look for rapport with individuals rather than simply relying on a company's track record. "What is always the common thread are the individuals," he says. "It's about the people and about the management, so the company is really not as important as who is in the leadership positions on the management standpoint and then on the ground as the medical director."

Gundling echoes the need for people that work well together. "As with any outsourcing [arrangement], a good culture fit is essential," he explains. "The clinical outsource provider should share a common mission and values of the contracting provider. Also, to avoid any misunderstanding, a clear listing of expectations and performance measures is key."

Gundling also says it's wise to build in performance metrics into contracts, a practice he suspects will

A California hospital benefits from a fully engaged anesthesia partner committed to teamwork and the delivery of high-quality healthcare

Situation

This Southern California acute care hospital takes pride in its award-winning emergency department, highly ranked cardiovascular program, innovative center for exercise and wellness programs, and a staff committed to improving the health of the community it serves.

The hospital's obstetrics department deployed an anesthesia care team model that management wanted to roll out in other departments. A successful rollout required the engagement of all the surgical team members—surgeons, perioperative nurses, and anesthesia providers—and because the hospital's long-term anesthesia group was disengaged, working independently from the rest of the operating room (OR) team, the task ahead wouldn't be easy.

The anesthesia group's leadership didn't participate on hospital committees, nor did they always respond to on-call requests; moreover, the group lacked the pain management skills necessary to treat orthopedic patients. Surgeons even felt the anesthesia group's lack of partnership and responsibility—a critical flaw in today's accountability- and performance-focused healthcare environment.

> **"The fractured anesthesia department** was negatively impacting the hospital's efficiency, morale, and team harmony, resulting in ineffectiveness in the OR and divides among personnel."

The fractured anesthesia department was negatively impacting the hospital's efficiency, morale, and team harmony, resulting in ineffectiveness in the OR and divides among personnel. Plus, the anesthesia group's lack of a formal quality management program for managing patient care and tracking and trending data generated greater concern due to the hospital's unusually high percentage of high-risk patients.

Hospital leadership knew it needed to partner with an anesthesia management provider that possessed strong leadership, organization, and structure to better align with the hospital's quality and financial goals. It initiated a search and narrowed its choices down to three finalists. Of those three, only one candidate held national distinction from the Agency for Healthcare Research and Quality as a Patient Safety Organization (PSO). With its focus on improving the delivery of patient care, as well as its experience and infrastructure for clinical excellence in working with and onboarding new anesthesia care teams, Somnia Anesthesia was the clear choice.

Action

With a lack of leadership at the heart of the anesthesia department's challenges, Somnia first recruited a chief of anesthesiology. Because this change would cause resistance and uncertainty for team members, finding a chief with excellent people skills as well as clinical expertise was an imperative.

The new care team model established anesthesia coverage requirements, including call and after-hours. Compensation was adjusted and aligned with trending healthcare practices, moving to a base salary with quality-based incentives. Somnia integrated its national Clinical Quality Excellence (CQE) program with the hospital's program to measure, track, and report performance.

The CQE program measures established requirements and provides critical outcomes data to the Anesthesia Quality Institute (AQI). In fact, Somnia was the first national anesthesia practice management company to partner with AQI for purposes of establishing a national anesthesia clinical outcomes registry to improve patient care.

Results

The new physician/CRNA anesthesia care team model initially met with resistance from both surgeons and community members, who voiced opposition to care provided by CRNAs. However, the chief and the new team were able to reverse the negativity by focusing on delivering high-quality and efficient care, and explaining the training and experience required of CRNAs. The team's success was evident in the high ratings it achieved for patient and surgeon satisfaction, and the hospital even plans to increase its number of CRNAs.

Evidence-based practices for preoperative assessments helped reduce case cancellations. Assigning responsibilities for the OR, running the board, and managing the pre-anesthesia testing process and the post-anesthesia care unit reduced OR delays and turnaround times; improved efficiency increased the number of surgical cases. Together, these changes significantly reduced the hospital's anesthesia expenses.

Qualified providers now deliver regional anesthesia to orthopedic patients, offering a much-needed service that reduced costs by eliminating the need for general anesthesia. With Somnia's help, the hospital continues to benefit from an effective and efficient care team model.

About Somnia Anesthesia

Somnia Anesthesia optimizes anesthesia services for healthcare facilities throughout the country by combining clinical excellence with unparalleled management acumen. Owned and operated by anesthesiologists since 1996, Somnia provides a turnkey, solutions-based approach to anesthesia management. With an extensive in-house infrastructure and a single-minded focus on anesthesiology, Somnia builds and manages local anesthesia teams that consistently deliver the highest-quality patient care, enhance OR performance, increase revenues, and achieve full surgeon and patient satisfaction. *www.somniainc.com* ■



continue. "Measurement around the patient experience is also important," Gundling said.

A risk-sharing arrangement is customary with outsourced providers, and it is often required by hospitals and healthcare organizations. According to *Healthcare Outsourcing 2012*, among clinical specialties outsourced, a contractual arrangement is most common.

"There are regulatory bodies, including the Joint Commission and others, that assure that you put metrics into contractual language and to assure that, particularly outsourcing for clinical services, the administration has appropriate and legitimate oversight for the service that they've outsourced," says Slonim.

Once the decision is made to outsource, achieving seamless integration is an important first step. It is imperative that the service provider and its staff assimilate into the culture of a hospital or health system.

Regardless of the size and scope of the hospital or health system involved, Gundling says outsourcing remains a very dynamic process. "It's not uncommon for providers to outsource for a number of years and then insource it later," he says. "As healthcare organizations consolidate with other hospitals and providers, there's an opportunity to share services within the consolidated providers."

Ultimately, Slonim says, outsourcing's popularity comes down to a simple value proposition. "The value proposition is defined as the quality that you get at a given cost, so any time that you can improve quality or reduce cost, you improve the value of the experience. Outsourcing can potentially do both. You can improve beyond what you might ordinarily be able to bill. You can get top-ranked hospital expertise at a cost that's manageable, so you manage both the numerator and the denominator of the value definition, and that's really helpful for an organization where they're faced with this decision."■



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Ochsner Health System achieves synergy in the ED—cuts wait times to under 30 minutes

Ochsner Health System is southeast Louisiana's largest nonprofit, academic, multi-specialty healthcare delivery system, spanning eight hospitals and 38 health centers. It has been named the Consumer Choice for Healthcare in New Orleans for 17 consecutive years and is the only Louisiana hospital recognized by *U.S. News and World Report* as a "Best Hospital" across eight specialty categories. Ochsner employs more than 13,000 staff members, has over 850 physicians in more than 90 medical specialties and subspecialties, and conducts over 300 clinical research trials annually.

Like many hospitals nationwide, Ochsner Medical Center, Baton Rouge has emphasized streamlining its approach to emergency care delivery in order to speed up door-to-provider time and get patients to the right location as quickly as possible. By partnering with TeamHealth, a clinical outsourcing company, Ochsner has achieved its goal of seeing every patient within 30 minutes of arrival.

According to Dawn Pevey-Mauk, Ochsner chief nursing officer/chief operating officer, TeamHealth's emergency department providers have been instrumental in Ochsner's goal of reducing door-to-provider time.

"I think, like everywhere across the country, we've pushed [to see] how do we get patients in faster into the emergency department, how do we decrease our door-to-doctor time and maximize throughput," says Pevey-Mauk. "And our TeamHealth doctors have been side by side with the Ochsner team along the way, and we've seen significant improvements in our door-to-doctor time as well as the overall patient experience in the ED."

Ochsner's relationship with TeamHealth began several years ago, starting with ED staff and later expanding to include hospitalists. Pevey-Mauk says Ochsner in Baton Rouge has about 30 ED and hospitalist staff.

"The ER process is a sign of overall housewide throughput, and so you have to have both processes working nicely in order for there to be optimal throughput," Pevey-Mauk says. "You have to optimize throughput to get your door-to-doctor time consistently under 30 minutes."

Pevey-Mauk says TeamHealth's commitment to the overall goals of the hospital is another tangible benefit of the partnership. "I've found in general TeamHealth definitely works toward the goals that the organization sets, so if we have throughput set as one of our goals, I've found them responsive to work toward that same goal," she says.

Service lines that operate separately can be confusing and frustrating for patients, physicians, and hospital administration. To break down those silos, TeamHealth approaches ED and hospital medicine as a coexisting group, with education and initiatives taken from regular monthly meetings.

"We have seen a dramatic improvement in those metrics we use to evaluate throughput, quality, and the patient experience," says James Ratliff, MD, medical director for hospital medicine. "Our overall length of stay is about two days less than when the joint program began. The workups on presenting patients are more concise and allow us to arrive at both a diagnosis and treatment plan more quickly. We lead the Ochsner system, Baton Rouge, and the state in morbidity and mortality, which is, in my opinion, a direct reflection of our departmental synergistic approach to patient care."

Having the same expectations is key to success as an organization and as a group, says Pevey-Mauk. "When they [doctors] go to the same education and the same expectations are set, then the two can work very closely together to help drive the outcomes that we've set organizationally," she says.

Pevey-Mauk says TeamHealth's expertise is evident in the education and broad experience of its leadership. "I think the overall education of their leaders in their groups, the management and staff of their team, is very robust and very evidence-based driven, but also what they're seeing nationally so you have that national expertise at the table," she says.

"Service lines that operate separately can be confusing and frustrating... To break down those silos, TeamHealth approaches ED and hospital medicine as a coexisting group."

Ratliff says the success of the partnership between Ochsner and TeamHealth can be attributed to shared vision and goal setting. "With all members of the team pulling in the same direction, we are able to prioritize decisions based on what's best for the patient and not what's best for the department," he says. "This translates into less questionable studies and less time holding in the ED. The trust that has grown over the past four years allows for focused conversations on the plan of care, joint problem solving, and the timely initiation of therapies."

About TeamHealth

TeamHealth (Knoxville, Tenn.) (NYSE: TMH) is one of the largest providers of outsourced physician staffing solutions for hospitals in the United States. Through its 19 regional locations and multiple service lines, TeamHealth's approximately 9,700 affiliated healthcare professionals provide emergency medicine, hospital medicine, anesthesia, urgent care, specialty hospitalist and pediatric staffing and management services to approximately 860 civilian and military hospitals, clinics, and physician groups in 47 states. ■



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California hospital sees benefits of partnering with its anesthesia group to develop a new hip fracture protocol

Our California hospital partner is part of a not-for-profit integrated system of doctors, hospitals, and other services. It also offers complete inpatient and outpatient behavioral health programs and services, and other areas of specialty include general surgery, robotic surgery, weight loss surgery, rehabilitation and critical care. In addition, this hospital provides a number of primary care and outpatient services throughout the community.

Medical Anesthesia Consultants (MAC), one of the largest independent anesthesia group practices in the country prior to its recent affiliation with Sheridan Healthcare, has been this hospital's exclusive anesthesia services provider since the hospital's inception nearly 10 years ago. MAC's affiliation with Sheridan grants MAC valuable operational insights as well as the experience to navigate the many changes that are occurring in healthcare. MAC partnered with the hospital to spearhead a hip fracture protocol to reduce complications and recovery time.

"What we found is what we **typically see in this kind of a pattern nationally.** While these patients were elderly, they tend to have a high morbidity and mortality rate, and one specific area of concern to us was the high rate of delirium for these patients."

Protocol improves recovery time, reduces complications

The chief of staff at the hospital and physician leader for MAC, says the protocol project originated several years ago when a group of anesthesiologists—working in collaboration with the department of orthopedics—came up with ways to improve outcomes for hip fracture patients.

"What we found is what we typically see in this kind of a pattern nationally. While these patients were elderly, they tend to have a high morbidity and mortality rate, and one specific area of concern to us was the high rate of delirium for these patients," the chief of staff says.

The goal of the new protocol was to make the process from operation to rehabilitation as streamlined as possible so complications would not set in. Instead of using intravenous narcotic medication, a regional anesthetic block was put in the upper groin near the femoral nerve area, using a catheter to deliver the anesthetic by continuous drip.

"We would keep that [catheter] in and provide pain relief through a regional technique instead of using intravenous narcotic medication," says the chief of staff. "We developed a protocol with the help of the department of medicine, orthopedics department, and emergency department whereby as soon as the patient came in requiring the immediate triage of a hip fracture, they would call us along with the hospitalist to quickly assess the patient."

The chief of staff sees the partnership with Sheridan yielding additional insight into data collection and their ability to streamline procedures. "I think where Sheridan will be able to help us is the actual collection of data and then streamlining procedures," he says. "All of this is manpower-intensive, so Sheridan will be able to help us with the manpower side."

The chief of staff says Sheridan's strength is its expertise in building and supporting clinical and operational processes. "I think they are there to learn from [what's working], to support it, and see how they can facilitate things," he says. "That's what we'll be looking to Sheridan for going forward – as an avenue to access national best practices. Can we implement these practices somewhere at a different facility? How can we learn from what people are doing at other facilities?"

Because the delivery of healthcare is intrinsically local, any new partnership requires total commitment from local stakeholders to succeed. "I think you need full buy-in and commitment from people at a local level who feel that they want to make [their hospital] not only the best place for them, but also for their patients too," the chief of staff says. "So you need total buy-in at a local level."

About Sheridan

Sheridan is a multi-specialty clinical and management services company that provides anesthesiology, children's services, emergency medicine, and radiology services at facilities across the nation. Established in 1953, Sheridan and its subsidiaries and affiliates currently operate in 25 states, employing more than 2,800 providers. Sheridan's anesthesiology division, which has more than 2,100 anesthesia providers in 216 programs and performs more than 1,100,000 anesthetics annually, is the leading anesthesia services provider in the country. In addition to physician and allied health services, Sheridan also provides support, training, and management in nonclinical areas. Sheridan is recognized by the National Committee for Quality Assurance as a certified physician organization. ■

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Joseph Loskove, MD, Chief of Anesthesiology at the Memorial Healthcare System, Regional Medical Director for the Anesthesiology Division at Sheridan

Cynthia Houck CRNA, ARNP, Chief CRNA at Memorial Regional Hospital, Director of Allied Health for the South Florida Region for the Anesthesiology Division at Sheridan

*Survey of hospital decision makers considering 10 national/regional providers of anesthesiology services. Third party Research, Nov. 2013, n=255. "Sheridan" includes Sheridan Healthcare, Inc., its subsidiaries, affiliates and managed entities.

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Physician Leadership Drives Cross-Departmental Collaboration to Enhance Patient Care

At Saint Francis Memorial Hospital in San Francisco, emergency and hospitalist physicians are leading change together with excellent results

Administrators at Dignity Health's Saint Francis Memorial Hospital in San Francisco believed that working closely with both the hospitalist team and emergency department (ED) would smooth transitions of care, maximize safety, and improve patient experience. Toward that end, CEP America's leadership and culture of ownership provided an impetus for closer clinical integration, resulting in:

- Median time to provider (TTP) under nine minutes
- ED turnaround time to discharge less than 120 minutes
- Average length of stay of 3.6 days
- Sepsis mortality decrease of 19%
- Increased staff engagement and openness to change

Uniting for better care

CEP America, a leading provider of hospital-based physician management solutions, offers clinically integrated services in emergency and hospital medicine, ambulatory and urgent care, and skilled nursing. It has successfully managed Saint Francis' ED for over 35 years. With the second busiest ambulance traffic in San Francisco and a 30-minute TTP guarantee, Saint Francis couldn't afford missteps when it came to throughput.

To continue achieving the highest levels of efficiency, Saint Francis' emergency physicians knew they would need assistance from their hospitalist colleagues, who were employed by a single specialty group. "The biggest factor holding patients in the ED is hospital beds," says Joanne Sun, MD, director of emergency medicine at Saint Francis. "If hospitalists discharge patients in a timely manner, patients can move from the ED into more appropriate care."

Leading change together

The medical directors of the newly unified emergency and hospitalist teams saw a need for increased communication. In the past, the departments had operated independently—and sometimes at odds. "Each specialty has its priorities," says Joseph Mallon, MD, medical director of the hospitalist program. "We hadn't taken much time to discuss how we could help one another."

To bolster communication, the medical directors implemented quarterly joint clinical meetings, inviting providers, nurses, and staff to attend. The meetings are used to share data across departments and identify processes that need improvement.

"The culture of CEP America is about ownership and transparency," says Sun, who drew on leadership training she received from CEP to spearhead the cultural shift. "The cross-departmental data helps us collaborate to make better decisions for more coordinated patient care.

Aligning with administration

The joint meetings also create an opportunity for Saint Francis' administration to work closely with both departments. "With everyone in one room, we can use that time to review data and provide education on current initiatives," says Jill Welton, vice president of quality. In addition, the ED and hospitalist teams send a liaison to the other team's department meetings to provide updates and discuss issues.

The collaboration has been fruitful. The departments have worked together to flex staffing, allowing for more coverage during peak times and less when volume is low. Recently, representatives from both teams worked closely with the infectious diseases department to create a new sepsis protocol, which has reduced sepsis mortality from 41% to 22%. Both teams are also active in the hospital's throughput task force and are currently collaborating on a hospitalwide protocol to address ED surges.

Nurturing robust relationships

Mallon says the high level of communication between the departments is their biggest accomplishment. "Because we're aligned, we tend to work more efficiently, which leaves more time to focus on the patients' needs," he says. "There's a lot of give and take, a lot of camaraderie."

"If hospitalists discharge patients in a timely manner, patients can move from the ED into more appropriate care."

An opportunity to improve alignment arose in 2009 when Dignity Health selected CEP America to manage Saint Francis' hospitalist program based in part on CEP's success in the ED. By uniting these key departments, administrators hoped to lay the groundwork for more coordinated patient care.

Saint Francis administrators have been thrilled by the results. "Not only are CEP America ED and hospitalist teams very engaged with our hospitalwide initiatives, but their regional leadership is very supportive and involved," Welton says. "That relationship has been positive for us because CEP America's goals align with our own."

In addition to cost savings, what are some other benefits of outsourcing clinical services?



Ted Kloth, MD, FACEP
Chief Business Officer
CEP America

Choosing the right physician group is critical to your success, as performance varies considerably. The right group will be true partners, bringing clinical expertise, leadership, and state-of-the-art practice management techniques – as well as a collaborative approach to providing high quality, compassionate care to your patients. At CEP America, our physicians are equal owners and take a big picture perspective to address long- and short-term challenges for your hospital. With a team-based approach across acute care settings, we draw on our national resources and best practices to improve your hospital's reputation, increase your market share, and deliver real cost-savings.

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Depending on the resources of the company to which a hospital or health system outsources, benefits offered may include stronger leadership as well as programs and services focused on improving processes that can have a direct impact on reducing costs and creating opportunities for new potential revenue; improving patient flow from E.D. to inpatient floor is but one example. At EmCare, our physician leaders are heavily focused on improving clinical outcomes, metrics and patient experiences. Doing so can help hospitals gain market share and operate in ways that may enhance financial performance. At EmCare, we are Making Healthcare Work Better.



Mark Hamm
Chief Executive Officer
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Robert Coward
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Because of the transformative trends of patient satisfaction and quality care, now more than ever hospitals need long-term partners equipped to achieve better care coordination as well as stronger alignment and better patient outcomes. By outsourcing clinical services, departments have access to the experience and infrastructure a national organization provides, and hospitals are then able to free themselves from the administrative and operational burdens of running these departments. This support is difficult to replicate in an institution on a stand-alone basis. Additionally, our hospitals benefit from the emphasis our physician leadership places upon the recruitment, mentorship and development of physicians and physician leaders that are the foundation of successful hospital departments.

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John Ansorge
Chief Financial Officer
Somnia Anesthesia



Oliver Rogers
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