



The Abaris Group

The TAG Line

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In this Issue

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> A contentious new study finds California EDs are doing better than thought.

> The Institute of Medicine launches a project to assess the US emergency care system.

> 10 strategies help to maintain ED staffing ratios.

> A free online news source offers EMS industry news by email every day.

> Upcoming seminars examine the ED on-call crisis and

throughput of the emergency patient.

Enjoy, and please email any questions or comments to subscriptions@abarisgroup.com.

Study Finds Increased ED Capacity and Financial Stability

Contrary to historical media reports describing emergency departments (EDs) closing due to financial instability, California EDs have actually been increasing their capacity and contributing to hospitals' overall economic viability, according to a [new study](#) published online in *Health Affairs*. However, several commentaries published alongside the study refute its findings.

The study reports that, although there was a decline in the number of California EDs from 1990 to 2001, expansion of existing EDs led to a net gain in ED beds. The study also concludes that, while hospitals lost money on ED outpatients, the ED contributed to profitability overall through inpatient admissions.

Increased Capacity

Over the period 1990-2001, ED visits reportedly increased by 13.4 percent in comparison with population growth of 16.3 percent, so ED visits per capita actually decreased. At the same time, there was a net gain of 20 percent

in California ED beds even though there was a decline in the number of EDs, largely due to hospital closures.

To further measure change in access to an ED, the authors computed the distance to the nearest ED for different percentiles of the population and found only a slight increase in distance. For example, the distance to the closest ED for the 50th percentile went from 1.92 miles to 2.19.

Financial Contribution

As for financial concerns, the authors conclude that while hospitals lost an average of \$84 for each outpatient treated in the ED, about 1 in 7 ED patients were admitted, and hospitals gained \$1,220 for each of these patients. (Trauma centers were not included in this analysis.) Overall, the authors find that "hospitals with EDs derive an economic benefit from maintaining their EDs and even expanding ED capacity if the

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ED Study Findings Challenged

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expanded capacity leads to an increase in hospital admissions." This finding is consistent with the finding that EDs have indeed been expanding their capacity.

Others Disagree

However, four published commentaries criticize the methods and findings of the study for a number of reasons, arguing for example that the market has changed substantially since 2001, in particular due to new costs associated with

staffing ratios and on-call coverage and increasing costs to treat uninsured patients; that inpatient beds may be just as important as ED beds to capacity; that overcrowding (partly due to increased acuity) has reduced access regardless of the number of ED beds; that the inpatient profit reported is based on data for all inpatients, and it is not clear that patients admitted from the emergency department contribute proportionally to this profit; that the averages cited do not reflect that

some hospitals may be doing well while others are in crisis; that ED operation is a requirement for the vast majority of hospitals that are non-profit to maintain tax-exempt status regardless of profitability; and that increasing use of the ED as a primary care point suggests a need to move beyond expanding ED capacity to redefining the role of the ED.

Click [here](#) to access the paper and links to the four commentaries as well as the authors' response.

Critics argue that some hospitals may be doing well while others are in crisis.

IOM Initiates Overview of Emergency Care

A new project of the Institute of Medicine (IOM) proposes to evaluate the major issues facing emergency care in the US.

Key Objectives

The study, entitled "[The Future of Emergency Care in the United States Health System](#)" has the following main objectives:

- > Examine the emergency care system in the U.S.
- > Explore its strengths, limitations, and future challenges
- > Describe a desired vision of the emergency care system
- > Recommend strategies required to achieve that vi-

sion

Multidisciplinary Committees

The scope of the project is currently being expanded through funding from additional federal sponsors, but it will include reports produced by a main committee as well as three subcommittees on pediatric, pre-hospital and emergency department issues.

The main committee will focus on broad system issues, such as the safety net, federal funding, IT interoperability, and national EMS system coordination and planning, as well as directing and linking the subcommittees.

The pediatric committee will deal with pediatric emergency care issues including integration, planning, funding, training, and research. The committee will also evaluate progress since the IOM's 1993 report *Emergency Medical Services for Children*.

The pre-hospital committee will deal with similar issues, including progress on the *EMS Agenda for the Future*.

The committees' reports are expected to be released in late 2005 and early 2006.

More information on the project is available [here](#). The project web site also includes downloadable committee presentations [here](#).

The study proposes to "identify and address key priorities across the continuum of emergency care services..."



Best Practices: ED Staffing Strategies Shared

The Abaris Group recently conducted a webinar entitled "[California Nursing Ratios: EDs Responding to the Challenge](#)." Four ED managers and one ED medical director provided best practice strategies for meeting the mandatory ED nurse staffing ratios that went into effect in California on January 1, 2004 (1:1 for trauma patients; 1:2 for critical patients; 1:4 for all other patients).

Fluctuations in demand make it particularly difficult to maintain staffing ratios in the ED, and the challenge is exacerbated by the current nursing shortage. But at least 10 strategies have been found to be effective by the speakers, who were from UC Irvine Medical Center, San Antonio Community Hospital, Parkview Community Hospital Medical Center, Kaiser Medical Centers in Sacramento & Roseville and Sutter Roseville Medical Center.

Strategies

- 1) *Staff flexibly.* Make sure your staffing reflects your experience by using precise historical demand data by time of day and day of week as well as time of year.
- 2) *Implement interdisciplinary and interdepartmental collaborative efforts.* Involve parties beyond nurses and the emergency department

in your efforts.

- 3) *Create a high census plan.* Develop strategies to discharge patients and maximize in-house capacity when patient census is highest.

- 4) *Expedite the admissions process.* Admitting a patient to an area with lower mandatory staffing ratios improves compliance in the emergency department.

- 5) *Implement nurse recruitment and retention efforts.* Develop employee appreciation programs, internships, employee satisfaction surveys and bonuses for certification and longevity.

- 6) *Trend demand with a computerized tracking system.* The more you know about your past demand, the better you can meet it in the future.

- 7) *Create a team assignment system.* Develop teams of one physician, two RNs and one ED tech to balance loads among staff.

- 8) *Develop options for the charge nurse to promote compliance.* Allow the charge nurse to recruit management staff to provide clinical care when necessary.

- 9) *Move patients out of the ED.* Send patients waiting for discharge to a waiting area or move admitted patients to the floor.

- 10) *Implement a rapid medical evaluation process.* Put a phy-

sician, nurse and tech at the front to treat low acuity patients, begin work-ups and order tests.

These strategies, among others, have been found to improve communication, collaboration and throughput time, all of which has helped towards meeting the ratios.

Implications for Other States

Although California is the first state to implement mandatory staffing laws, the National Conference of State Legislatures reports that at least 28 other states are considering similar ratios, with ratios most likely to be enacted in Florida, Massachusetts, Michigan, New York and Oregon.

Regardless of whether ratios are mandated elsewhere, strategies to prevent ED staff from being stretched thin are in everyone's best interest.

Related Links

Read an article on the ratios by Mike Williams in the February e-newsletter of The Robert Wood Johnson Foundation's Urgent Matters initiative by clicking [here](#).

An audio/video CD recording of the Abaris Group webinar discussed above is available [here](#).



Implement interdisciplinary and interdepartmental collaborative efforts.

Admitting a patient to an area with lower mandatory staffing ratios improves compliance in the emergency department.



News Source Covers EMS Stories Big and Small

One way to get EMS news is to search the internet for three hours a day. Valerie DeFrance knows this is true because she has become an expert at using advanced search criteria to do just that.

Fortunately, it's possible to save time by referring directly to [EMSNetwork News & Information](#), a web site and service edited by DeFrance with the motto "we search so you don't have to."

EMSNetwork reports on a wide range of EMS topics, ranging from features on clinical practice such as use of hypertonic saline to local coverage of paramedics honored for their service. DeFrance says the goal is "both hard hitting news and a personal touch."

Along with the web site, a free daily digest is offered by email (also available for PDA) and news

tickers are available for other web sites. There is also a new EMS personnel bodily assault log and an ambulance crash log developed out of mutual interest with the National Highway Traffic Safety Administration (NHTSA).



Sample content

A recent day's news included the following stories among several others:

- > Colorado paramedics licensed despite failing their exams
- > A volunteer ambulance service in Central Illinois replaced with a neighboring paramedic-level

agency that hopes to improve response times

> The Fire Department of New York City implements a new data collection system that uploads run sheets to a web-based system

> In Eugene, OR, the fire department proposes a base rate increase from \$715 to \$795, but membership to cover all services is still available for \$45 annually

> An obituary for EMT Gerald "Jerry" Stalker describes the time he gave his coat and shirt to two children displaced by a winter fire.

> A poll asks readers their views on charging for public assist calls.

In these stories and others, the ups and downs and latest trends in EMS are all in evidence.

Click [here](#) to visit EMSNetwork News & Information.

Seminars Tackle Two Big ED Issues: On-Call Coverage and Throughput

The California Healthcare Association is offering a series of [seminars](#) for hospital administrators and medical staff leadership designed to examine two critical challenges that plague hospital emergency departments nationwide: ensuring appropriate on-call physician coverage and improving the throughput of the emergency patient.

Many hospitals have been faced with a change in physicians' willingness to accept call obligations. And California's nurse-to-patient staffing requirements impose new constraints that have led to an in-

crease in ambulance diversion in some areas.



The morning session of this seminar focuses on the shared responsibility of hospitals and physicians to provide on-call coverage. Faculty will pinpoint the common concerns that have been identified through interviews with more than 120 medical staffs and share realistic approaches to reign in costs and secure physician cooperation.

The afternoon program centers on how to improve the efficiency of the ED, one of the major barriers to obtaining on-call coverage. Case studies of five hospitals that have achieved breakthrough success will be presented, along with several ED and inpatient interventions.

Faculty include Martin Buser and Roger Heroux, PhD, founding partners of Hospitalist Management Resources, LLC. Both partners have been involved with the design and development of over 120 hospitalist and ED panel programs. Previously, Mr. Buser served as

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Solutions to the On-Call Crisis and Improving ED and Inpatient Flow

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executive vice president of health services at ScrippsHealth in San Diego. Mr. Heroux has extensive health care experience including serving as the chief operating officer of a hospital in St. Louis, Missouri.

Mike Williams, president of The Abaris Group, will lead the afternoon program on ED efficiencies. Mike

has 24 years consultative experience working with emergency departments, trauma centers and EMS providers on issues including service delivery, throughput and customer satisfaction. Recently, he was appointed as senior faculty for The Robert Wood Johnson Foundation's *Urgent Matters* project.

Three programs will be held as fol-

lows: May 18 in Pasadena, May 19 in Long Beach and June 2 in Sacramento.

For more information or to register for the seminars, click [here](#) or call (916) 552-7637. A PDF brochure is also available for download [here](#).

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ABARIS GROUP

Innovative Solutions for the Emergency Care Field



About Us

The Abaris Group is a consulting firm that specializes in emergency and outpatient services. We provide clients with help on a wide range of topics including strategic planning, operational improvement, and financial enhancement to help them achieve their goals.

We pride ourselves on delivering value to our clients in the form of quality recommendations and strategies that work. To achieve this, we conduct detailed analyses, blending insight and experience from all spectrums of the healthcare and emergency care fields to meet our client's unique needs.

Whether it is evaluation of new programs, studies of existing ones or assistance with implementation, we will extend this superior level of service to you and your organization.

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