Case Study:

Physician Leadership and Service Line Integration

Hospital Information
St. Vincent's Birmingham
Birmingham, Alabama

TeamHealth Services
Emergency Medicine
Hospital Medicine

Results
- Improved patient throughput and ED capacity
- Improved Medicare Case Mix Index by 5.84% compared to prior year
- Reduced inpatient length of stay by 11%
- Cut ambulance diversion hours by 60%
- Enhanced clinician engagement and culture

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By integrating our emergency medicine and hospital medicine teams, TeamHealth created a new sense of cohesion and a shared drive toward clinical and operational excellence.

Evan Ray, FACHE
President,
St. Vincent's Birmingham and St. Vincent's Chilton

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TEAMHealth.

Challenge

St. Vincent's Birmingham is a 409-bed acute care hospital serving Birmingham, Alabama and the surrounding communities. Due to poor patient flow out of the inpatient unit, the hospital's busy emergency department faced backlogs leading to increased wait times, diminished capacity and the repeated need to divert ambulances to other nearby facilities. Hospital administration knew better coordination and collaboration between the hospital medicine and emergency medicine teams was required.

Solution

In April 2018, hospital leaders decided to integrate its hospital medicine and emergency medicine teams under TeamHealth, its emergency department management partner. TeamHealth immediately hired a facility medicine director for hospital medicine, who partnered with the emergency medicine facility medical director to take immediate steps toward aligning the groups around shared culture and performance goals.

The hospital medicine leader and emergency medicine leader together set a new vision for the integration of the groups, mapped a path toward reaching that vision and communicated goals and expectations clearly to the entire team. To improve collaboration between the groups, the facility medical directors worked with the associate system medical director to organize social events so physicians from both sides could get to know each other better on a personal level and feel like partners with an equal hand in outcomes. In addition, both groups adopted common goals using shared metrics to measure success such as emergency department length of stay for admitted and discharged patients, patient experience scores and clinician satisfaction.

Tracking shared metrics helped the groups identify and address inefficiencies. For example, before the integration, hospital medicine was staffed heavily during the day and significantly less at night. Noticing this structure didn't align well with patient arrival patterns, the hospital medicine facility medical director increased hospital medicine coverage from noon to midnight, increasing capacity for admissions and reducing the burden of work.

Results

By integrating these key service lines, TeamHealth fostered seamless collaboration between the emergency medicine and hospital medicine teams. This new team culture not only improved clinician satisfaction, it ultimately improved performance by easing patient flow and allowing for additional patient capacity. Patients are now discharged faster, making more beds available for admissions from the emergency department. In turn, this allows the emergency department to treat more patients per hour, thereby reducing the number of patients who leave prior to treatment. Further, the integrated teams achieved noteworthy improvements in emergency room diversion hours (60% reduction versus prior year), Medicare Case Mix Index (5.84% improvement versus prior year) and quality indicators related to hospital-acquired conditions.