

# PACIFIC EMERGENCY PROVIDERS IEPC 2013 ANNUAL Report Template



**RED** means template information

**BLACK** = you need to provide information

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## **I. IEPC - Independent Emergency Physicians Consortium**

**[www. IEPC.org](http://www.IEPC.org)**

Independent Emergency Physicians Consortium (IEPC) is an independent group of more than 700 emergency physicians and practitioners representing more than 22 independent emergency groups in California. This growing organization was established in 2011 and serves more than 1 million patients per year across our state. Physician groups that are small businesses staff the majority of California's emergency departments, while the rest is part of a large organization staffing multiple hospitals. IEPC allows the small business, independent emergency groups to be part of a large organization of similar business owners. IEPC members benefit from being part of a large organization with the power of a large business while maintaining their independent and flexible culture that best serves their hospital.

IEPC members benefit from regular collaboration with many similar emergency medicine groups resulting in benchmarking data, shared innovations, dissemination of best clinical practices, group purchasing power, recruitment, marketing, proprietary statistics on business and clinical practices, billing company audits, and overall business strength. When an individual hospital has a problem to tackle, IEPC can provide solutions based on other hospital experience and wisdom.

At IEPC we believe that the independently owned emergency groups are better than a large bureaucracy for catering to the needs of their hospital patients, nursing staff, medical staff, and executive team. IEPC physicians establish roots in a hospital and their community and are more likely to be involved with hospital affairs and be involved with medical staff leadership. Our physicians enjoy their work, and our emergency groups have little physician turnover. We avoid using locum tenens physicians. This translates to dedicated and happier emergency providers who are intimately involved in their department, their hospital, and their community. Our physicians have longevity in the hospital and that means a better medical staff relationship.

This annual report is one of the member benefits provided for each IEPC emergency department group. It includes emergency benchmarking data and comparison with nationwide statistics, biographies of the emergency providers, assessment of quality measures, and more.

## II. GROUP NAME

- Type of group, years at hospital, dedication

For Example:

Pacific Emergency Providers is an independent democratic Emergency Medicine physician group established in January 2005. The group's sole purpose is to provide high quality and compassionate care to the patients at Scripps Mercy Hospital San Diego Emergency Medicine Department. Pacific Emergency Providers are thrilled to be an integral part of the hospital, are dedicated to the Scripps mission, and are thankful to the hospital for changing the emergency department contract to one that allows for ownership, efficiency, and dedication without large bureaucratic and financial constraints.

Emergency Physicians Medical Group, (EPMG) ran the physician group from 1992 until 2003. EPMG was then sold to Emergency Medical Physicians (EMP), a group operating from Ohio, who managed the group until Pacific Emergency Providers took over.

## III. GROUP NAME **LEADERSHIP**

- Pacific Emergency Providers **employs X full time physicians, X part time physicians, and X physician extenders.**
- Generic Praise for your physicians

For Example:

The San Diego County Medical Society notes that this is the 10th largest physician group in the county.

These professional are proud to be part of Scripps Mercy Hospital, many of whom have been part of the institution for several decades. They are active leaders in the hospital, their community in San Diego, are experts in emergency medicine, perform nation wide quality reviews, serve at expert witness, have political appointments in their profession, are national and international educators, authored books, published research, and are involved with charity work.

- List all your staff  
You have option of just listing the staff, giving a bio, and adding a picture

For Bio: Years at Hospital  
Medical School, Residency  
Current Hospital Position  
Prior Hospital Position  
Key Community activity, awards, publications

For Example

### Full Time Providers

#### **Jonathan Lee, MD**

Dr. Lee has been at the hospital since 2000. Dr. Lee graduated from Creighton Medical School in 1992, did a Navy Internship and served as a General Medical Officer and received a Naval Commendation Medal in 1994. He completed his residency in emergency medicine in 2000 from Michigan State University. Dr. Lee is the current quality improvement director of the emergency department since 2013. He served as the medical director of the emergency department from 2011- 2013.

He was the educational director of the department from 2005- 2008. He was the ACLS director from 2001- 2003. Dr. Lee does an extensive amount of volunteer work, has many medical publications, and gives numerous lectures to physicians, students, and the community. Dr. Lee was voted Top Doctor 2013 by San Diego Physician Magazine. He received the Best Civilian Emergency Medicine Physician award in 2005, 2003, and 2002 from the Naval Medical Center. He received the Outstanding Teacher on a Specialty Service award in 2003 and 2008.



### Part Time Physicians

#### **Steve Aguilar, MD**

Dr. Aguilar is new to Scripps Mercy, starting in 2013. He graduated medical school at UCSD in 2008, completed his transitional year internship here at Scripps Mercy, and his emergency medicine residency at UCSD in 2012.

### Physician Extenders

#### **Emily Alina, NP**

Emily has been at the hospital since 2003, initially as a PACU and ED nurse, then as an ED charge nurse. In 2011 she joined PEP as a nurse practitioner. Emily received her bachelor of science in nursing from Indiana University in 2001, and her master of science in nursing/ family nurse practitioner from California State University, Dominguez Hills in 2011. She has been a critical care fight nurse, critical care transport nurse, legal nurse consultant, and was part of the medical team for Semester



at Sea, an educational program for students traveling around the world. Emily volunteers each summer at the San Diego & Chula Vista Police Department youth camps hosted for elementary school safety patrol student volunteers.

#### **IV. HOSPITAL NAME**



- Option of adding picture
- Private, Profit, Number of Beds, What you would find on internet search
- Group name took care of X,XXX,XXX patient in 2013.
- Trauma Center
- Teaching Institution
- Base Station
- STEMI Center
- Stroke Center

For Example:

Scripps Mercy Hospital is a private nonprofit community hospital with two campuses in San Diego and Chula Vista with 700 acute-care licensed beds, more than 3,000 employees, and 1,300 physicians. Scripps Mercy San Diego campus is licensed for 520 beds with a full capacity at 350. It is one of San Diego County's longest established hospital providing more than 120 years of services.

Pacific Emergency Providers provides emergency physician services at the San Diego Campus. In 2013, the department took care of 58,276 patients, a number that has increased on an annual basis.

Scripps Mercy is the busiest trauma center in San Diego County. As a level I Trauma Center, our emergency physicians participate in every "Code Trauma" as part of the trauma team. They perform the bedside ultrasound examination, airway protection, and general medical advise.

The San Diego Campus also serves as a base station, providing ambulance direction to 1,500 calls a month. Our emergency physicians are all certified to give prehospital medical direction to paramedics in the field, and do so on a regular basis in our radio room.

The facility is both a STEMI receiving center for acute heart attacks and a Stroke Receiving Center.

The campus is extensively involved in graduate medical education. It has a Transitional Internship program, a three year Internal Medicine Residency Program, Podiatry Program, and Pharmacy Residency Program. PEP is proud to be part of the educational program of these residents, as well as residents from Children's Hospital Emergency Medicine Fellowship, the Navy PA program, and the Navy Emergency Medicine Residency Program. We are proud to be involved in the medical education of the men and women who serve our county in the United States Navy, many of whom have served in Iraq and Afghanistan after training in our emergency department.

## **V. PEP BUSINESS STRUCTURE**

- S,C Corporations, Number of share holders, employees, independent contractors
- Office Space
- Officers
- Hospital Committees
- Group Committees
- Compensation
- Benefit
- Malpractice
- Corporate Insurance
- Billing
- Scheduling (list all shifts)
- Philanthropy

EXAMPLE:

Pacific Emergency Providers is an S - Corporation with all shareholder physicians and extenders serving as employees and part time physicians are independent contractors. The company has 18 shareholders who are the more senior members of the group, specifically the following doctors: Cracroft, Cunningham, Davis, Freiwald, Lee, Lev, Lewis, Lis, Ludwig, Marsan, Norton, Rubush, Simmons, Steeper, Wang, Whiting, and Zahller.

### **Office Space**

The hospital provides physician office space near the emergency department. Much of PEP business occurs outside the hospital at physician homes.

### **The Officers of PEP are the following**

President: Valerie Norton, MD  
Treasurer: Karen Morgan, MD  
Secretary: Roneet Lev, MD  
Vice President: Susan Lewis, MD  
Vice President: Jon Ludwig, MD

### **Hospital Committees:**

Scripps Mercy Medication Safety Committee: Cracroft(Chair)  
Scripps Mercy EA Committee: Cracroft (Chair)  
Scripps Mercy/Kaiser Joint Operations Committee: Cracroft (Co-chair), Norton  
Scripps Mercy Medical Executive Committee: Cracroft, Ludwig, Norton  
Scripps Mercy Credentials Committee: Cracroft

### **PEP Committees**

Hiring Committee: Norton, Lewis, Cunningham, Wang, Davis, Lev  
PEP is very fortunate to have access to the best selection of residency trained emergency physician. We have a much larger access pool of well-qualified physician that exceeds our capacity to hire. PEP advertised on the IEPC web site as well as word of mouth.

Scheduling: Lewis

PEP Budget, Physician Pay Structure, Human Resources,  
Employee Benefits: Norton

Accounting, Payroll: Morgan

Physician Expenses: Lewis, Ludwig

Medical Malpractice: Lev

Billing Company Oversight: Ludwig

Medical Education: Davis, Cunningham



PEP oversees the emergency medicine rotation for the Scripps Mercy interns, Naval emergency medicine residents, Naval physician assistant students, Rady Children's hospital emergency medicine fellows, and Kaiser Permanente emergency medicine residents.

Once a month a PEP physician provides a lecture about emergency medicine at the residency noon conference. In addition, our physicians have lectured at Balboa Naval Hospital, UCSD Medical Center, at the Community Clinics, as well at the national and internationally at various conferences.

**Quality Improvement: Lee**

Quality Improvement is part of the hospital wide process in addition to emergency department specific measures. Dr. Lee sits on the hospital quality improvement committee. See QI section for additional information.

**Base Station: Wang**

Dr. Wang is our base station physician, and attends the monthly county BSPC, Base Station Physician Committee. He assists our base station coordinator, Darlene Bourdon, with inquiries from paramedics, EMTs, other base stations, and the county EMS office.

**Ultrasound: Deaver**

Having completed a fellowship in emergency ultrasound, Dr. Deaver is

**Compensation**

PEP providers are compensated based on various formulas. There is an hourly rate, shift differentials, administrative time, and call shift stipends. **The compensation package is competitive as assessed on an annual basis via IEPC propriety statistics.**

**Benefits**

PEP **maintains a well-rounded benefit program to insure all the employees have appropriate and competitive coverage.**

- Health Insurance
- Dental Insurance (for non shareholder)
- Long Term Disability
- 401 K
- Supplemental Life Insurance (for shareholders)
- Business Expenses including CME, hospital dues,
- ACEP (American College of Emergency Physicians) membership
- Tail Malpractice Coverage
- Workman's Compensation (for non shareholders)

## **Malpractice Insurance**

PEP has maintained claims made malpractice insurance policy through TDC, The Doctor's Company since 2012. We have \$1,000,000 / \$3,000,000 coverage that includes.....We are able to maintain cost low because of excellent history of minimal losses.

## **Corporate Insurance**

PEP maintains the following insurance coverage:

- Management Liability Insurance
  - Employment Practices Liability
  - Directors & Officers Liability

## **Billing**

PEP uses Marina Billing Company since 2011. Marina was bought by T-System in 2012 and has undergone management and business changes. PEP has been able to obtain competitive rates for billing.

PEP currently utilizes a paper method of sending paper and boxes to the billing company. We hope to work with Scripps in order to have electronic transfer of this information for increased efficiency, less chance of lost charts and therefore minimizing potential HIPPA violations.

## **Scheduling**

PEP provides 65.5 hours of physician coverage a day and 20 - 40 hour of nurse practitioner or physician assistance coverage

Dr. Lewis manages the scheduling for all providers. PEP utilizes the Shift Gen program that houses the providers schedule in a web-based format. The program allows for schedule requests, trades, and publication of real time information. The information is readily available for any computer to resolve any scheduling conflicts or questions. It also has a phone application for use.

PEP has provided increases coverage on a regular basis to accommodate the increase emergency department volume.

All providers see patients in all parts of the department as needed. However for increased efficiency and decreased length of stay for the patients, we try to assign designated areas to the providers. Blue Shifts cover the more acute side of care in Suite A and B. Gold Shift cover the less acute side in Suite D and E. The doctors in Suite D and E generally cover suite F. Suite C generally holds the DRD, or discharge area, and admission holds. If there are new patients in Suite C, then any physician may go to that area.

Physician shifts allow for one hour of "clean up" time to complete work.

NP/ PA, Nurse Practitioner and Physician Assistant shifts are generally in the Gold area, however the providers are flexible and assist where there is a need.

BLUE 1 Shift: 6 am - 3 pm

Covers entire department from 6 am - 7:30 am  
Suite A and B from 7:30 until 11:00  
Suite A from 11:00 - 2:00

BLUE 2 Shift: 2 pm - 11 pm  
Suite A from 2 pm until 7:30 pm  
Suite A and B from 7:30 pm until 10 pm

BLUE 3 Shift: 10 pm - 7:30 am  
Suite A and B until 2:00 am.  
The entire department from 2 am to 6 am

GOLD 1 Shift: 7:30 am - 5:00 pm  
Suite D and E from 7:30 am - 9:00  
Suite D from 9:00 until 4:00

GOLD 2 Shift: 9:00 am - 6:30 pm  
Suite E from 9:00 am until 5:30 pm

GOLD 3 Shift: 4:00 pm - 1:30 am  
Suite D from 4:00 pm until 12:30 am

GOLD 4 Shift: 5:30 pm - 3:00 am  
Suite E from 5:30pm - 12:30 am  
Suite D and E from 12:30 - 2:00

NP/PA 1: 11 am - 9 pm

NP/PA 2: 12 pm - 10 pm  
This is an extra extender shift that may be utilized on  
selected busy days.

NP/PA Night 1: 9 pm - 7 am

NP/PA Night 2: 8 pm - 6 am  
This is an extra extender shift that may be utilized for selected busy nights.

MD On Call - PEP schedules a physician to be on call every day. This allows flexibility in times of surge in the emergency department in which an extra physician is able to assist. There may be times when the waiting room is full, however there is no nursing staff or available beds. In this situation an extra physician is not beneficial.

### **Philanthropy**

Pacific Emergency Providers are proud to have contributed to the Scripps Mercy Emergency Department Building fund. In addition, our physicians volunteer

their time and money to various charities including Susan Komen Breast Cancer Foundation, American Heart Association, Ronald McDonald Camp for children with cancer, etc.

## VI. PATIENT DEMOGRAPHICS

- We may be able to populate for you based on OSHPOD data

## VII. FINANCIAL DEMOGRAPHICS

- % Payor Mix, state if 2013 average, where data obtained
- % CPT Codes, state if 2013 average, where data obtained

National Hospital Ambulatory Medical Care Survey (NHAMCS)  
2010 Emergency Department Summary

Self Pay 15%  
Medicare 18%  
Medicaid 31%  
Worker's Compensation 1.2%  
Commercial 37%

## VIII. EMERGENCY DEPARTMENT BENCHMARKING ALLIANCE (EDBA) DATA



EMERGENCY DEPARTMENT  
BENCHMARKING ALLIANCE

Built by emergency department leaders for emergency department leaders.

### About EDBA

The Emergency Department Benchmarking Alliance is a not-for-profit group, founded in 1994, that enables networking and data sharing for emergency departments throughout the United States. The database includes information from over 1026 emergency departments serving over 39 million patients a year. All IEPC emergency groups are part of EDBA.



## EDBA Volume

For 2012, EDBA created 9 cohort hospital types based on annual emergency department volume and specialty care.

Cohort Name	Size	Number of EDs	Total Volume	Patients Per Day
Super Center	>100 K	32	3,684,306	315
Very High Volume	80 - 100 K	44	3,940,000	245
High Volume	60 - 80 K	115	7,903,135	188
Average Volume	40 - 60 K	213	10,403,539	133
Moderate Volume	20 - 40 K	363	10,693,056	80
Low Volume	< 20 K	259	3,320,014	35
Pediatric EDs	any (>50% age < 18)	33	1,479,205	122
Adult, Specialty EDs	any	59	3,019,000	140
Urgent Care, Freestanding EDs	any	52	870,544	46
<b>Total EDs</b>		<b>1026</b>	<b>39,944,050</b>	<b>106</b>

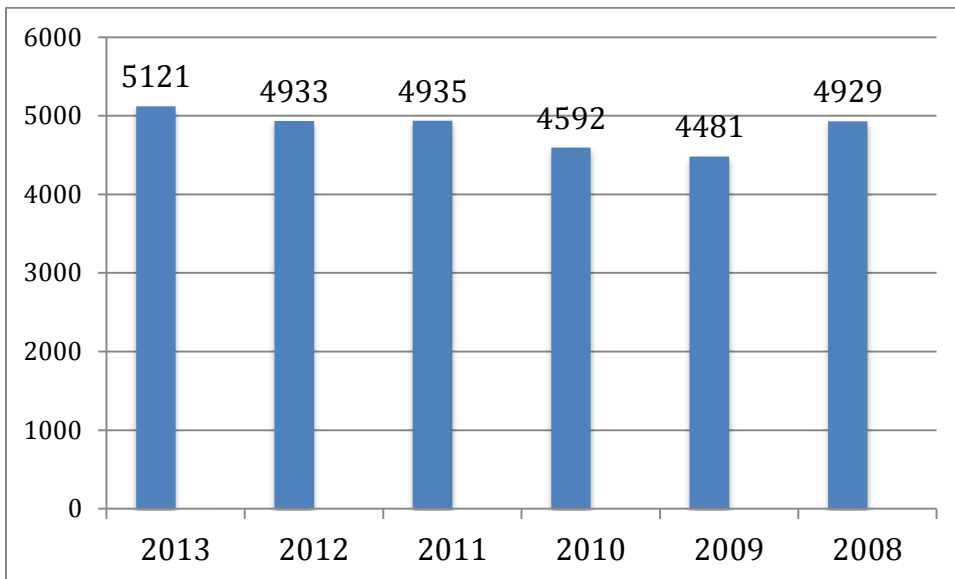
**Name of Hospital Volume**

The ED volume at Scripps Mercy for 2013 was 58,276 patients, according to billing data.

The volume used for EDDBA comparisons is from 2012 and is a volume of 57,612 or 158 patients a day.

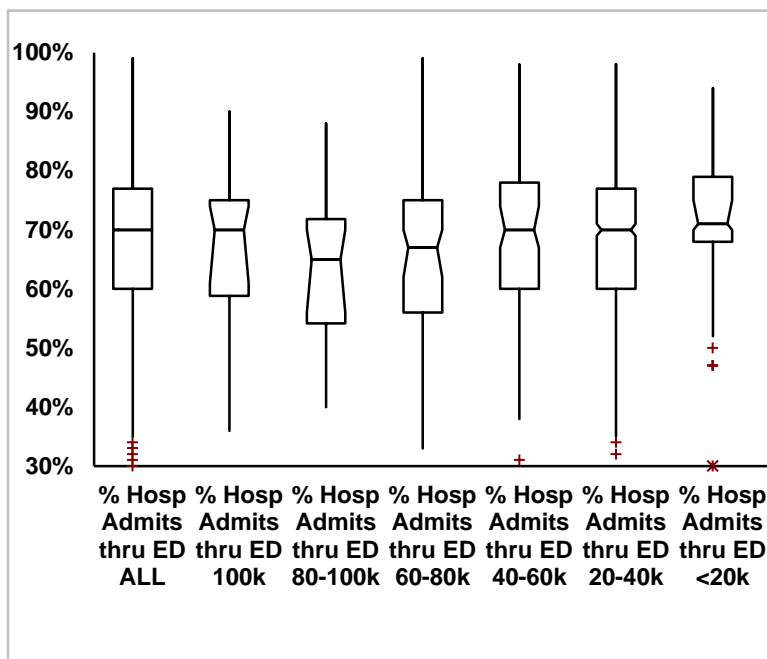
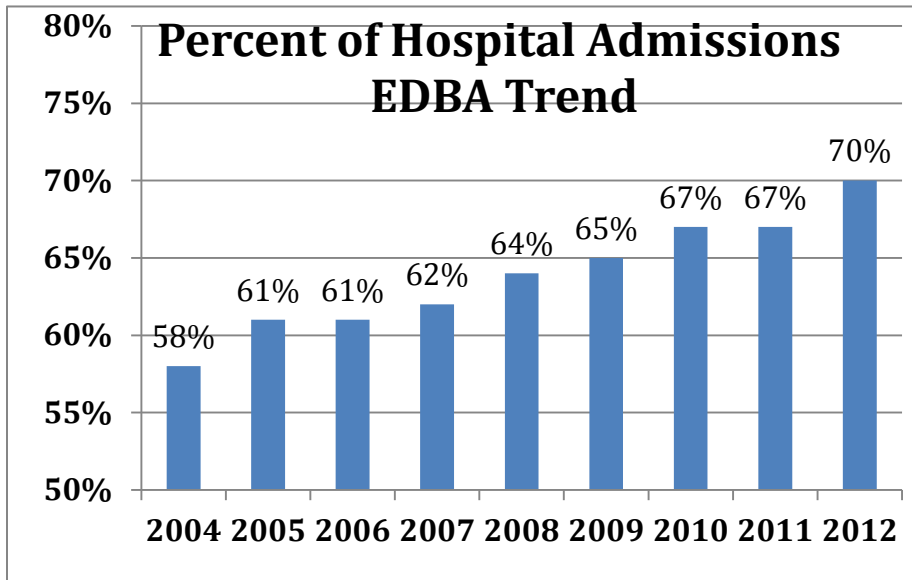
This volume has our ED in the "Average Volume" range according to EDDBA, with a range of 40-60,000 patients or 110 - 164 patients per day.

The chart below shows an annual volume trend. This chart is based on data reported to the annual San Diego Emergency Care Summit. This data reported is a 12 month average from June - June according to MIDAS data.



**The ED is the Front Door to the Hospital Inpatient Beds  
Percent of Hospital Patients Admitted Through the Emergency Department  
(2012)**

Hospital Name	X
EDBA Total EDs	68%
60 - 80 K EDs	65%
40 to 60 K EDs	68%





### High Acuity

The definition of high acuity is physician code level 4, 5, or critical care. We see a high acuity of patients than the rest of the county.

Hospital Name	X% (billing data)
EDBA Total EDs	64%
60 - 80 K EDs	66%
40 to 60 K EDs	67%

### Age Under 2

We see fewer infants than other comparable emergency departments around the county.

Hospital Name	X
EDBA Total EDs	4.9%%
60 - 80 K EDs	4.8%
40 to 60 K EDs	4%

### Pediatric Patients ages 2- 18

Hospital Name	X
EDBA Total EDs	21.5
60 - 80 K EDs	23.2%
40 to 60 K EDs	4%

### Percent Admissions, including both observation and inpatient admissions

At Scripps Mercy SD we admit a higher percent of patients than the national average.

Hospital Name	X
EDBA Total EDs	16.6 %
60 - 80 K EDs	19.6%
40 to 60 K EDs	19.6

### Percent Transferred

At Scripps Mercy our percentage of transferred patient is less than the national average. As a level 1 Trauma Center we have most specialty services available 24/7. We transfer patients to Children's hospital, we repatriate patients to Kaiser, Sharp, and UCSD. We will transfer psychiatric patients to available psychiatric beds. On rare occasion we will have a level of care transfer to the UCSD burn center.

Hospital Name	X (MIDAS data)
EDBA Total EDs	2 %
60 - 80 K EDs	1.2%
40 to 60 K EDs	1.6%

### Arrival by EMS

As a base station hospital, Scripps Mercy San Diego has a high percentage of patients who arrive to the emergency department by ambulance.

Hospital Name	X%
EDBA Total EDs	16 %
60 - 80 K EDs	20%
40 to 60 K EDs	19%

### EMS Admissions

A large percent of patients who arrive by ambulance are admitted to the hospital.

Hospital Name	X% (EMS dept data)
EDBA Total EDs	39%
60 - 80 K EDs	42%
40 to 60 K EDs	44%

### Median LOS

Hospital Name	X minutes, 4.56 hours (Midas data)
EDBA Total EDs	171 minutes
60 - 80 K EDs	202
40 to 60 K EDs	287

### LOS for Treat and Release Patients (Discharged Patients)

Hospital Name	X minutes, 4.06 hours (Midas data)
EDBA Total EDs	147 minutes
60 - 80 K EDs	171 minutes
40 to 60 K EDs	159 minutes

### LOS for Admitted Patients

Hospital Name	X minutes, 6.19 hours (Midas data)
EDBA Total EDs	288 minutes
60 - 80 K EDs	336 minutes
40 to 60 K EDs	303 minutes

### Percent Left Before Treatment

This data includes the percent of patients that left the hospital before treatment was complete, including patient that left before or after triage, eloped, left against medical advise, or any other reason the patient left before the treatment was complete.

Hospital Name	X% (Midas data)
EDBA Total EDs	2.2 %
60 - 80 K EDs	2.8%

40 to 60 K EDs 2.5%

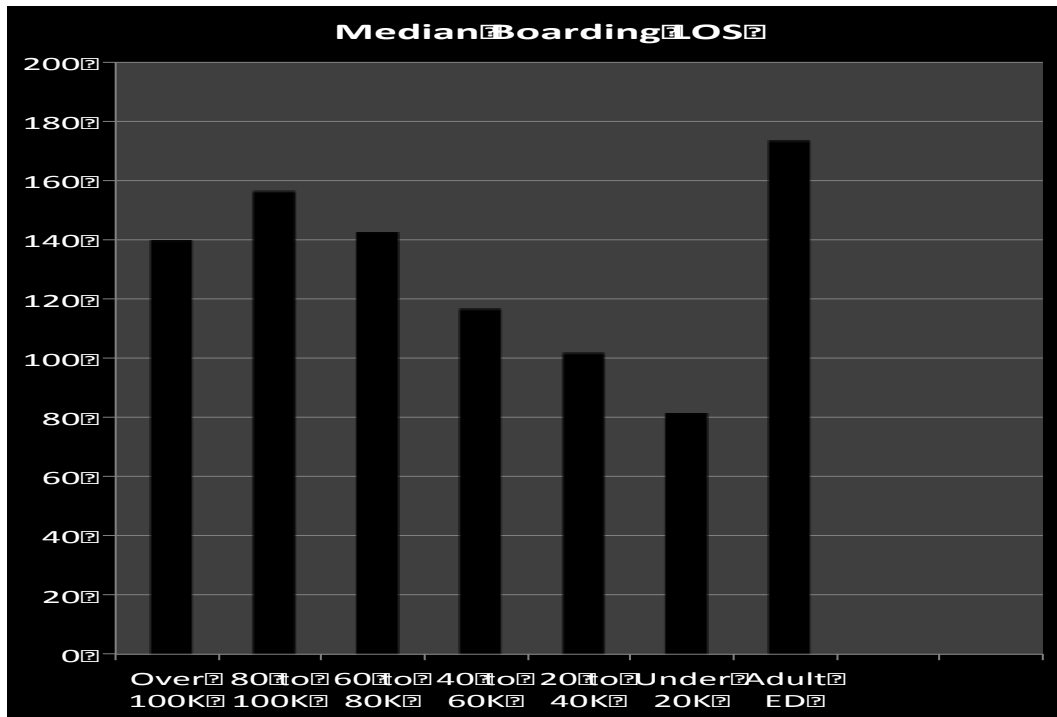
### Door To Doc Times

Scripps Mercy SD	X minutes
EDBA Total EDs	32 minutes
60 - 80 K EDs	39
40 to 60 K EDs	33

### Boarding Times

A new CMS measure is time from decision to admit until departure from the emergency department.

Scripps Mercy SD did not have this data point for 2012. The EDBA median boarding time was 119 minutes.



### **EKG per 100**

The number of EKGs obtained for every 100 patients.

In 2012, the total number of EKGs order were:

11,316 from the ED

5,045 from triage

16,361 total

Hospital Name 28

EDBA Total EDs 26

60 - 80 K EDs 31

40 to 60 K EDs 30

### **X-rays per 100**

The number of simple x-rays obtained for every 100 patients.

In 2012, the total number of x-rays obtained was X

Hospital Name X

EDBA Total EDs 32

60 - 80 K EDs 39

40 to 60 K EDs 33

### **CT per 100**

The number for CT scans obtained for every 100 patients.

In 2012, the total number of CTs obtained was X.

Hospital Name 17.5

EDBA Total EDs 32

60 - 80 K EDs 39

40 to 60 K EDs 33

### **MRI per 100**

The number of MRIs ordered for every 100 patients.

In 2012, the total number of MRIs obtained was X.

MRI utilization at our hospital is less than the national average.

Hospital Name 0.5

EDBA Total EDs 1.0

60 - 80 K EDs 1.8

40 to 60 K EDs 1.2

## Bed Volume and Square Footage

The emergency department has X beds and the square footage of the department is X feet.

### Beds

Hospital Name	X
EDBA Total EDs	27
60 - 80 K EDs	45
40 to 60 K EDs	31

### Visits per Space

Hospital Name	X
EDBA Total EDs	1,597
60 - 80 K EDs	1,631
40 - 60 K EDs	1,659

### Visits per Foot

Hospital Name	X
EDBA total	3.1
60 - 80 K EDs	3.1
40 - 60 K EDs	3.3

## Typical Staffing Hours per 24 hours Period

Scripps Mercy SD provides the following staffing coverage in 2012, based on 158 patients a day.

Physician staffing is calculated as 65.5 hours per day

Midlevel Provider is calculated as 20 hours per day

Nursing Staffing is calculated as 384 hours per day (32 x 12 hour shift)

Tech Staffing is calculated as 96 hours per day (8 x 12 hour shift)

Clerk is calculated as 72 hours per day (6 x 12 hour shift)

	Total Hours	Patients/Staff Hour	EDBA All EDs
RN	384	0.4	0.7
Techs and Clerks	96 + 72 = 168	0.9	1.5
Physician	65.5	2.4	2.5
Physicians and Midlevel Provider (PA, NP)	85.5	1.85	2.2

## EDBA Data

	RN	Techs and Clerks	Physician	Physician and MLP
Over 100K	0.6	1.4	2.8	2.3
80 to 100K	0.6	1.4	3.0	2.4
60 to 80K	0.7	1.5	3.0	2.4
40 to 60K	0.6	1.5	2.9	2.3
20 to 40K	0.6	1.8	2.6	2.1
Under 20K	0.5	2.6	1.5	1.4
Adult ED	0.5	1.3	2.6	2.2
Peds ED	0.7	1.9	2.3	2.0
<b>All EDs</b>	0.7	1.5	2.5	2.2

## Summary of EDBA Data with Scripps Mercy Comparison

	Total Sites	Hi CPT Acuity	Peds %	Admit %	Transfer %	EMS Arrival	EMS Arrival Admit	Median LOS	LOS Treat & Release	LOS Fast Track	LOS Admit	LBTC	Door to Doc	EKG per 100	Xray per 100	CT per 100	MRI per 100	% Hosp Admits thru ED	Visits per Foot	Beds	Visits per Space	Admit Time
<b>Total All EDs</b>																						
2012 results	1,026	84%	21.5%	16.6%	2.0%	16%	39%	171	147	111	288	2.2%	32	26	48	20	1.0	68%	3.1	27	1,597	119
<b>Over 100K EDs</b>																						
2012 results	32	66%	22.6%	18.8%	0.8%	21%	39%	235	196	137	396	3.4%	49	31	42	19	1.1	68%	4.2	71	1,640	161
<b>80 to 100K EDs</b>																						
2012 results	44	68%	23.2%	20.8%	0.8%	18%	45%	221	187	116	362	3.3%	41	27	48	22	0.9	64%	3.4	54	1,703	161
<b>60 to 80K EDs</b>																						
2012 results	115	66%	21.3%	19.6%	1.2%	20%	42%	202	171	117	336	2.8%	39	31	50	24	1.8	65%	3.1	45	1,631	144
Scripps Mercy	1	74%	5.9%	25.2%	1.0%	31%	44%	274	244	na	371	3.8%	41	28	18	18	0.3	86%	4.2	31	1,838	na
<b>40 to 60K EDs</b>																						
2012 results	213	67%	18.1%	19.6%	1.6%	19%	44%	187	159	113	303	2.5%	33	30	50	24	1.2	68%	3.3	31	1,659	122
<b>20 to 40K EDs</b>																						
2012 results	363	63%	22.3%	15.8%	1.9%	15%	38%	163	139	100	271	2.0%	31	24	48	19	0.8	69%	3.0	19	1,662	105
<b>Under 20K EDs</b>																						
2012 results	259	59%	23.1%	11.9%	3.4%	12%	35%	136	118	73	236	1.4%	24	20	44	16	0.3	71%	2.4	11	1,347	83
<b>Pediatric EDs</b>																						
2012 Results	33	50%	89.2%	10.5%	0.8%	7%	30%	149	134	104	263	1.5%	32	5	31	5	0.3	68%	3.8	23	1,891	97
<b>Adult, Specialty EDs</b>																						
2012 Results	33	70%	2.9%	25.4%	1.1%	23%	46%	242	200	126	356	3.4%	47	34	49	25	1.3	62%	3.1	39	1,403	175
<b>Urgent Care, Freestanding EDs</b>																						
2012 Results	52	52%	21.0%	8.7%	2.6%	7%	31%	116	109	53	250	1.0%	20	19	19	14	0.0	67%	2.4	12	1,510	93

## **IX. QUALITY IMPROVEMENT**

The emergency physicians at Name of Hospital are very active in quality improvement.

### **Monthly Meetings**

The emergency providers meet on a monthly basis for a quality improvement hour. CME is provided and cases are reviewed. This meeting also provides outside speakers with various expertise. This meeting is also part of the integrated Scripps quality improvement process.

### **Proctoring**

Every new provider is proctored with review of 50 charts and one on one observation during their first few shifts. The providers are given feedback and reassessment as necessary.

### **Supervision**

Medical interns, residents, and PA students are strictly supervised. The physician will see every emergency patient and review all parts of the medical care. Only the senior emergency medicine residents are allowed to dictate a medical summary. The physicians dictate an addendum to each record.

### **Peer Review**

PEP does extensive chart reviews on a monthly basis including:

- 100% of patients who leave against medical advise
- 100% of patient who return to the hospital within 72 hours
- 100% of deaths
- 100% of complaints that are given for review
- 100% cases falling out of STEMI door to balloon times
- 100% of Stroke Code cases that are out of compliance

### **Culture Follow Up**

The physicians have developed a program with our ED pharmacist to do culture follow up. Each day the lab sends the ED results of positive blood, urines, and wound cultures that need review. The ED pharmacist will look at the medical records and see if the patient requires medication changes or other treatment changes. After reviewing the cases with a physician, the pharmacist will call the patient or doctor's office for appropriate treatment and dictate a summary of the medical action.

When the pharmacist is not available, the physician in Suite B does the culture follow up.

### **X-ray Discrepancies**

The radiology department provides real time radiology readings until 10 pm. After 10 pm, all CT scans are sent to the Night Hawk radiologist who is able to provide real time readings.

The emergency physician does the real time reading of all plain x-rays between 10 pm and 7 am. The physician will dictate a voice clip on the Dominator of their reading. In the morning the radiologist will review all the films from the night before and call the emergency physician on duty for any discrepancies.

PEP keeps a log of all the discrepancies and callbacks to the patient.

### **Patient Turn Over**

In general, providers are discouraged from turning over patients and therefore the shifts allow for "clean up" time. When patients are turned over, there is a physician-to-physician report of what needs to be checked, re-evaluated, and dictated.

### **Patient Satisfaction**

Scripps Emergency Department participates in the Scripps wide patient satisfaction surveys, HCAPS, Hospital Consumer Assessment of Healthcare Providers and System.

Our providers strive to have utmost courtesy with patients and families. It starts with dressing appropriately and making proper introductions. We train our providers to make every effort to sit when obtaining a patient history and when explaining discharge instructions. We look for patient comfort by providing blankets and a chair for family. We have provided some scripting about waiting times, privacy, and supervision of physician extenders.

We have provided additional staffing hours to maximize the ability of reaching minimal door to doctor times.

### **Safe Pain Medication Guidelines**

Our emergency department has joined the rest of the ED community in San Diego and Imperial County by following the Safe Emergency Department Pain Medication Guidelines. These Pain Medication guidelines are given to each patient at discharge. Prescription drugs are the leading cause of non-natural deaths in San Diego and are described as an epidemic by the Centers of Disease Control. In 2013, 268 San Diegans died a preventable death from prescription drugs.

Most of our providers have CURES accounts in order to check on patient's previous controlled prescriptions. Our pharmacists also have CURES accounts and can assist with running reports. The guidelines have resulted in easier patient encounter when it comes to pain medication as well as safer prescribing.

Visit [www. SanDiegoSafePrescribing.org](http://www.SanDiegoSafePrescribing.org) for more information from the San Diego Prescription Drug Abuse Medical Task Force.

### **Core Measures**

The medical group works collaboratively with the hospital to support and monitor efforts made to achieve certain performance goals and targets. The targets include the following:



- Door to Doctor Time with goal of 30 minutes
- Antibiotics for Pneumonia in less than 6 hours
- Aspirin for Acute Myocardial Infarction
- Door to Balloon Time of less than 90 minutes for the Cath Lab
- Stroke Code time to CT scan and labs
- Time to EKG reading for chest pain

### **Joint Commission Review**

PEP participates with the hospital to assure compliance with Joint Commission standards, as well as CMS standards.

### **Risk Management**

The emergency group is actively involved in risk management with the hospital quality improvement, with our malpractice carrier, with IEPC, and lessons learned via the emergency medicine profession. Several of our physicians serve as expert witnesses, do quality reviews for other institutions, and are intimately involved with risk management on an international basis.

### **Cost Cutting Measures**

Our physicians subscribe to the IEPC cost cutting choices campaign. This includes saving in laboratory orders for patients on Coumadin, abdominal pain, chest pain, vaginal bleeding, possible PE, and uncomplicated UTIs. It includes radiology savings for patients who need abdominal CTs and admission to the hospital, and work up of uncomplicated headaches. It includes pharmacy saving for patients asthma, croup, renal colic, dysmenorrhea,

### **Disaster Preparedness**

PEP works with the hospital and county in order to ensure the emergency department is prepared for disaster. The hospital participates with the statewide disaster drills. In addition, the 2014 quality improvement goals are to review and renew the disaster plan to fit the emergency department remodel.

### **QI projects**

- List other projects

## **X. SUMMARY POINTS**

- PEP is proud to be part of IEPC, an organization that promotes best clinical and business practices for independent emergency departments. This report is an example of an IEPC product.
- The ED is the front door to the hospital as X% of all hospital admission comes from the emergency department.

Examples:

- PEP physicians have a many years of loyalty and service to Scripps Mercy.
- Scripps Mercy needs to be able to track the CMS core measure of decision to admit time.
- Electronic submission of billing information would increase efficiency and minimize potential HIPPA violations by floating or lost paper data.
- Length of Stay of Admitted Patient exceeds the national average.
- The emergency providers are careful in terms of test orders. We rank below the national benchmarks for X-ray, CT, and MRI orders.

## **XI. ACKNOWLEDGMENTS**

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