



# Improving Care Through Collaboration with Emergency and Primary Care

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# “Well, DUH!” Stuff re Collaboration

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## Not focusing today on the “Well, Duh” Stuff

- Benefits of collaboration
- Collaborate or die
- Must be some aligned interests to collaborate
- Etc

## Presentation focus – the Standard Work of Collaboration

# Collaboration among healthcare providers

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# Top ten reasons I would fall out of my chair

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**#10 Pigs will fly**

**# 2 I would actually ask a local specialty group if I could talk with them about care of mutual patients**

**#1 A local specialty group will actually come to my office to ask how they are doing taking care of mutual patients**



# Standard work of Collaboration

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- **ED story and focus in this presentation, but...**
- **This approach is applicable to primary care or any other specialty, type of practice, organization, etc**

# The Story starts at Eastern Maine Medical Center

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# Bangor, Maine

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- **35,000 people but regional service center serving 500,000 people in the northern 2/3 of Maine**
- **Some big employers:**
  - **General Electric 500+**
  - **Hospitals 4,000+**
  - **University of Maine 1,000+, etc**
- **EMMC – 420 bed regional tertiary center for 500,000 people and supporting 16 smaller hospital**

# EMMC Emergency Department - hopping

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- **53,000 visits per year**
- **10,000 transfers a year from other hospitals**
- **Regional trauma center**
- **Psych crisis center**
- **Administrator of ED is a family doc who does emergency and family medicine**



# Phone call one day

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- **HR manager from GE asked to come talk with me re our ED treatment of their injured workers – “You put a lot of our people out of work unnecessarily.”**



# How we treated work-related injuries in our ED? I had no clue – had never looked

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**Substantial part of our ED volume – 1,600  
work-related injuries visits annually = 3%**

- **Spine strain 18%**                      **Laceration 15%**
- **Extremity Strain 14%**              **Contusion 13%**
- **Puncture wound 5.3%**
- **Assorted – car crashes, chemical exposure, etc**

# What I learned – we had a small problem

- Put out of work greater than 1 day - 49%
  - Back strain 38%
  - Extremity contusion 19%
  - Extremity sprain 7%
  - Head injury 7%
- 26% of patients got a narcotic prescribed
- 48% of patients out of work more than 1 day were prescribed a narcotic



# What I learned

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- **We had never met with local businesses re: care of their workers**
- **Never met with the 2 Occ Med docs in the local Occ Med practice that served most of the bigger employers**
- **Other than that, it was all good**

# Next steps - several meetings

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- **Occ Med, employer rep, Chief of Emergency Medicine, me**
- **Met at each other's sites – tour of each**
- **Hammered out an agreement – the Golden Rules of ED care of injured workers**

# The Golden Rules of ED Care of Injured Workers

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## In the ED:

- 1. If the worker can physically and safely return to the job site DO NOT PUT THE PATIENT OUT OF WORK.**
- 2. Set appropriate limits on activity**
- 3. Let the Occ med provider for the employer or the employer decide whether the patient can work with those limits – if not, THEY put out of work**

# Other parts of the agreement

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- **Occ med agrees to see anyone put out of work more than 1 day within 2 days of ED visit**
- **Occ med agrees to monitor employer end for appropriateness of follow up work restriction decision-making**
- **Occ med agrees to education of ED docs**

# Other parts of the agreement

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- **Measurement - % of workers seen in ED for injury put out of work more than one day**
  - ED measures our performance
  - Large employers measure on their end – percent of their employees seen in ED who get put out of work more than one day
- **Share methodology for measurement**
- **Review data quarterly in follow up meetings**



# Results

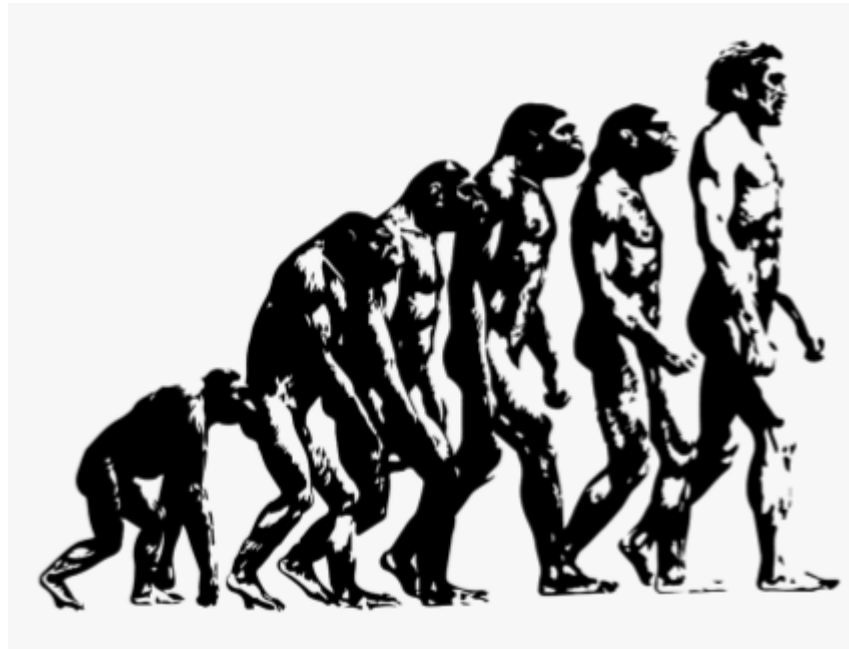
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- **Baseline year 49% out of work > 1 day**
- **End of Year 1                    33%**
- **End of year 2                    17%**
- **End of year 3                    10% - end of project**
- **Recheck 1 yr later   10%**

# Elements of a successful collaboration

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**It is a longitudinal relationship – if we ended after Year 1 – 33% out of work, or slip backwards**



# Elements of a successful collaboration

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- 1. Start small – narrow focus on 1 or 2 issues**
- 2. Help solve each other's problems in getting to solutions**
- 3. Actually talk with one another**
- 4. Data and metric drive driven, not perception driven**

# Elements of a successful collaboration

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- 4. The relationship is managed – not a random, hit and miss thing**
- 5. Agreed on body of work / project**
- 6. Work built into management structure and process**
- 7. Prioritize the relationship over the issue of the moment**

# 1. Start small

- **Something you both agree we could succeed on – this, or global warming, bad first projects**
- **Keep it simple – one clear, discrete, measurable outcome**



## No right of way

Vehicles sit askew after a pileup on the Chuo Expressway in Achimura, Nagano prefecture, central Japan, on Thursday, Sept. 14. At least 10 people were injured and four others trapped inside their vehicles in a pileup involving 21 cars and trucks on a rain-slicked expressway, police said.

Kyodo News / AP

## 2. Help solve each other's problems

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- **Don't just bring problems, bring ideas for solutions**
- **Understand the context of each other's work and help find solutions that fit it – listen and visit!**
- **Bring a “what else can I help you with” attitude to the work**

# Solve each other's problems

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- **For the ED docs, eg:**
  - **Need reliable follow up for patients – Occ med, Primary Care**
  - **Need a simple approach that works in the fast paced environment of the ED**
  - **Need education about employer capacity to adapt work to injury restrictions**

# Solve each other's problems

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- **For the Occ med docs and employers, eg:**
  - **Need injured worker at work to be able to see if modified work can fit injury work limitations**
  - **Need access to the ED decision-making structure to be able to have an impact on injured worker care**



# 3. Actually talk with one another

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In each other's work environments – understand each other's work

- Face to face
- Respectfully
- Longitudinally –  
schedule follow up  
meetings



**Wearing orange, seeing red**

Syracuse coach Greg Robinson yells at Luke Cain as he comes off the field during the fourth quarter of the Orange's 28-13 loss to Louisville on Saturday, Oct. 21.

- BUILDING A RELATIONSHIP OVER TIME
- RELATIONSHIP ABOVE THE ISSUE

## 4. Data and Metric driven, not perception driven

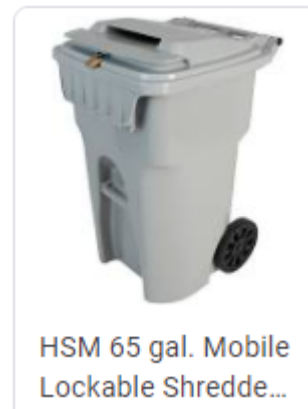
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- **“Good” Data and metrics**

1. Agreed to – both parties agree to accuracy and validity

2. Agreed to – what we use to measure change

3. Shared – the data **AND** the methodology for deriving it



**Storage unit for data I don't buy into**

## 5. The relationship is managed

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**There is a point person for each collaborator whose job it is to manage the relationship**

- Is the contact person – one call from collaboration partner gets me to that person**
- Assures follow up, including meetings**
- Oversees internal work on the mutually agreed to collaboration projects**

# Relationship manager

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- **Internal champion for the project – herds the cats, advocates for the project and outcomes**
- **DOES NOT throw collaboration partner under the bus**

Videos of Cat Herding Cowboy

[bing.com/videos](http://bing.com/videos)



cowboys herding cats

6.9M views · Nov 1, 2006

# 6. Agreed on project

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## Specific and (ideally) written project plan:

- We are going to work on this specific issue together
- We will use this data / metric
- We will use a performance improvement cycle
- This is the team (specific people) from each partner

# Agreed on project

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- **We are trying to get from here to here by when?**
- **Project is 'marketed' internally to both organizations, committed to / supported by leadership**

# 7. Management structure and process

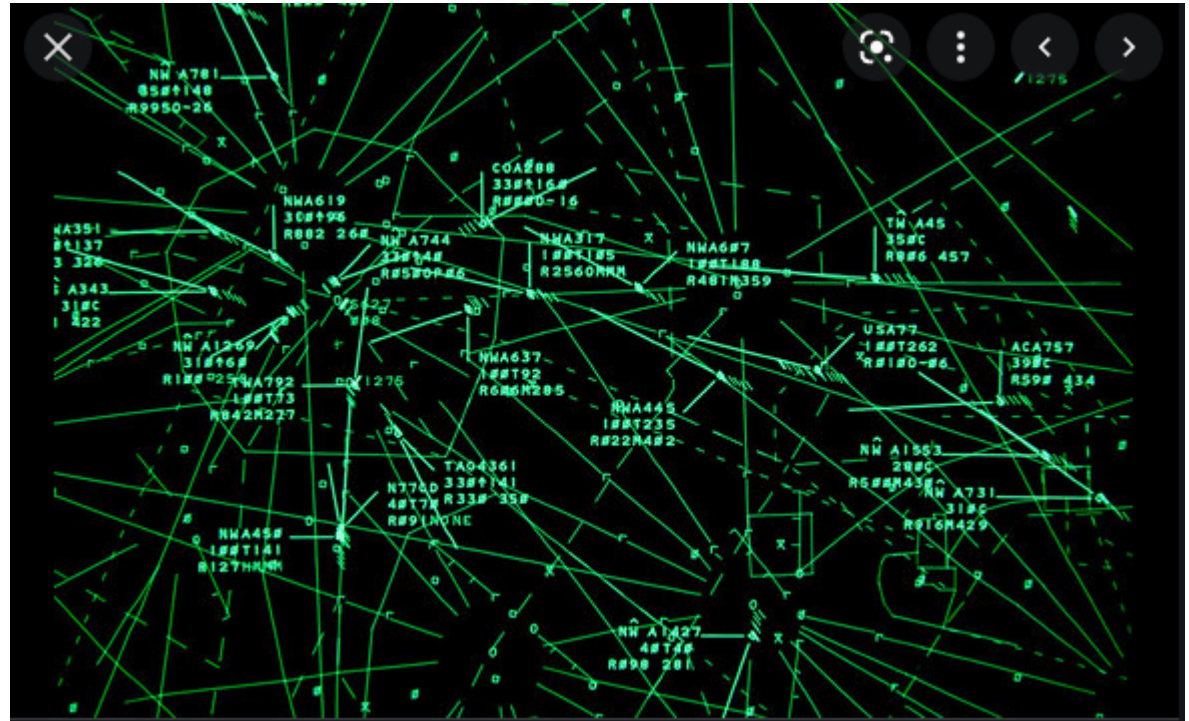
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**Project and goals must be built into each collaborator's internal management structure and process**

- It's on the meeting agendas**
- It's actually worked on at each meeting**
- Action steps are noted – who does what by when**
- Follow up meeting with collaboration partner are built into schedules and kept – no meeting, no work?**
- Etc**

# No management structure and process...

Cannot hold  
the issue on  
the full org  
radar screen  
long enough  
to get results



- too many competing priorities



## 8. Prioritize the relationship over the issue

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- **Don't write off relationship over the issue of the moment**
- **Remember that sometimes you are the problem - and that you are the only thing common to all your dysfunctional relationships**
- **Longitudinal relationship whose purpose is to drive mutual advantage or working together**

# Review - Elements of a successful collaboration

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# Review - Elements of a successful collaboration

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# Tell me what you think?

## A 10-penny for your thoughts

Six nails are embedded in the skull and spine of construction worker Isidro Mejia, 39, after an industrial accident caused a nail gun to shoot nails into his head and neck on April 19. The nails are seen in this X-ray image from Providence Holy Cross Hospital in Los Angeles. Five of the six nails were removed in surgery that day, and the sixth was removed from his face on April 23, after the swelling went down. Mejia is expected to make a full recovery.

Providence Holy Cross Medical Center / AP

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