Here’s what goal alignment looks like for two sample goals that the ED shares with the hospitalist. To be successful, the group’s aligned patient care practice policies must translate to greater patient safety and promote collaboration between ED and hospitalist physicians. A tip: In our experience, this is best achieved through transparent data, ideally at the individual provider level as outlined in Chapter 6.

**Figure 8.1**

Sample Hospital Goals: Improve Throughput for Admitted Patients; Improve HCAHPS Results- 9s/10s

<table>
<thead>
<tr>
<th>ED Physician Goal</th>
<th>Hospitalist Goal</th>
<th>ED Manager Goal</th>
<th>Inpatient Manager Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposition to Admitted time: median 138 mins*</td>
<td>Disposition to Admitted time: median 138 mins</td>
<td>Disposition to Admitted time: median 138 mins</td>
<td>Disposition to Admitted time: median 138 mins</td>
</tr>
</tbody>
</table>

**Tactics:**

- Page hospitalist at the agreed upon stage of patient work-up.
- Write timely transition orders.
- Respond to ED page within 20 minutes.
- Adhere to guidelines on coming to ED to see patients.
- Ensure transporters are available within 10 minutes of notification.
- Call timely patient reports to floor.
- Accept patient within 15 minutes of notification of bed available and patient accepted by hospitalist.
- Accept ED nursing report in timely manner.

*Note: Disposition-to-admitted time of 138 minutes is the national median as noted in Premier’s 2006 report “Emergency Department and Best Practices: A Report of the Premier ED Survey Findings.”*