

ENGAGE

WEBINAR SERIES



Empowering the ED

Five powerful strategies to
enhance your rural
emergency department
performance

John Jones, MD



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Concord Medical Group is a physician-owned and operated organization with a reputation built on the highest level of customer service and quality for our partners. Dr. Kyle Sheets created Concord in 2001 to meet the needs of rural Emergency Departments in the West Texas area and as our services have expanded, we have maintained our focus of doing whatever it takes to build long term relationships.

Goal:

To provide healthcare executives with the freedom of no-stress department management and to give providers the freedom to practice when and how they want.



John Jones, MD
Chief Medical Officer

- As Chief Medical Officer, Dr. Jones oversees the clinical aspects of Concord’s nationwide managed Emergency Departments
- In addition to his role providing leadership to Concord’s regional and site Medical Directors, Dr. Jones works closely with physicians and advanced practice providers to help improve emergency department operations and customer service
- As a Texas native, Dr. Jones continues to practice in the Emergency Department at Palo Pinto General Hospital in Mineral Wells, TX
- Dr. Jones received a Bachelor of Science in biology from Dallas Baptist University
- He earned his medical degree from the Texas A & M University College of Medicine and then went on to complete a family practice residency at the McLennan County Medical Education and Research Foundation
- He is board-certified in family medicine and has served as Medical Director for Concord Medical Group at Palo Pinto General Hospital in Mineral Wells, Texas since 2009 and Regional Medical Director since 2020



Empowering the Rural Emergency Department

1. Innovative Staffing Models
 - a. Shortage of EM providers
 - i. Aged out, burned out, stressed out, and COVID without a doubt
 1. Newer workforce with different priorities (work/life balance)
 2. Location, location, location
 - b. Get it right
 - i. provider
 - ii. setting
 - iii. time
 - iv. amount of time
 - v. decisions
 - vi. tools
 - vii. support
 1. requires creativity and hard work on the part of recruiters, schedulers, and others
 - c. Providers
 - i. EM trained physicians, physicians from other specialties (FM, IM, etc.), local PCPs, residents, advanced practice providers (NPs and PAs), tele-medicine
 - ii. Must make a good assessment of the volume and acuity of every facility – then determine the BEST staffing model
 - d. Thorough vetting of candidates
 - i. Shift hours, number of shifts, extensive onboarding and training (EMR, CDI), ensuring competencies
 - ii. Maintenance, feedback, and followup
2. Admissions Optimization
 - a. Avoiding denial of payments
 - i. Right status, supported documentation, from the beginning of the stay
 - ii. Real-time Case Management (remote or on site)
 - iii. Decision always lies with the provider
 - b. Established criteria for admission or observation (InterQual, Milliman – MCG)
 - c. Management in real life is a game changer



3. Importance of Data

- a. "If you can't measure it, you can't manage it!"
- b. Metrics matter but are more than numbers on a spreadsheet
 - i. The data represents the "what", we must tie it to the "why".
- c. The only thing worse than no data is BAD data
- d. Clinicians are data drive – present it unblinded
 - i. Documentation and coding, volume, LOS, admissions/ observations/ transfers, LWOTs, missed opportunities, core measures, patient satisfaction

4. Education for Critical Care Procedures

- a. Low-frequency but high-risk procedures which require a high degree of skill
 - i. Life-saving- patient
 - ii. Career saving- provider
 - iii. Reputation saving- facility
- b. Ready v Rusty
 - i. Practice, practice, practice
 - 1. Competence and confidence
 - a. simulation= safety= skill= satisfaction
 - 2. Modern simulation equipment
 - 3. Improves skill set, outcomes, reputation
 - a. Competence engenders confidence
 - 4. Improves provider retention
 - 5. Reduces cost of recruiting to replace
 - 6. Team education – providers and nurses together
 - a. promotes active comradery and actual consistency
 - b. Preparation (for) acute crisis

5. Medical Director Leadership and Support

- a. Local leadership with ongoing clinical and operational support is imperative
 - i. Roles of the ED Site Medical Director
 - 1. Coach
 - 2. Counselor
 - 3. Advisor
 - 4. Instructor
 - 5. Communicator
 - 6. Liaison
 - ii. The Site Medical Director
 - 1. Sets the tone of the department
 - 2. Sets the expectations
 - 3. Encourages engagement and performance
 - 4. Holds the team accountable





- b. Medicine is a team game – it extends beyond the bedside
- c. Support from clinical operational leadership
 - i. Clinical support- Regional Medical Director and CMO
 - ii. Operational support- Operations Team
- d. Optimize abilities and skill sets
- e. Off-set and balance areas of weakness
- f. Offer growth opportunities
- g. Support-
 - i. Nursing staff
 - ii. Lab, Radiology, Respiratory
 - iii. Aids and clerks
 - iv. Admissions
 - v. HIM, IT, EVS, Plant Ops, coders, billers, quality, infection control, HR, C-Suites
 - vi. EMS, law enforcement, mental health, tertiary centers

6. People Matter

- a. Patients (and their friends and family matter)
 - i. They are the priority – and need to know it
 - ii. They must be treated with dignity and respect
 - iii. They must be cared for – they must feel cared for
 - iv. They are more than a constellation of symptoms and a puzzle to be solved – they are people in need of service, help, and care.
- b. Our staff matter – we MUST communicate that fact
 - i. Those working in the healthcare industry are valuable.
 - ii. They are not commodities to simply be tossed aside and easily replaced by the next person in line.
 - iii. They have skills, talents, abilities, and experiences.
 - iv. More than that, they have chosen to commit at least part of their lives to caring for others.
 - v. We must invest in them. We must pour into them. We must help them all succeed.
 - vi. We must be interested in them as people and not just as a name on a calendar filling a shift or holding a spot until something or someone better comes along.
 - vii. We must build a culture in which they can not only exist but thrive.
- c. Our coworkers matter
 - i. Be sensitive and attentive to someone’s bad day.
 - ii. Be a listening ear for someone who is struggling, hurting, and in need of compassion.
 - iii. Be an encourager.
 - iv. Be a cheerleader.
 - v. Be a voice of reason.
 - vi. Be who they need you to be when they need it.





- vii. One day you will need them to be that for you
- d. You matter!
 - i. You matter to your family, your friends, your coworkers, your community, and to the organization.
 - ii. You matter to me.
 - iii. You have invested years in gaining your education – don't waste it.
 - iv. You have invested hours upon hours in honing your craft and learning to lead – share it!
 - v. In order for you to be effective in your job of caring for others or leading organizations that do so, you must first take care of yourself.

Recap-

- We MUST be creative
- We MUST be resilient
- We MUST be constantly learning
- We MUST work as a team
- We MUST take care of ourselves so we can take care of the others who matter the most

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