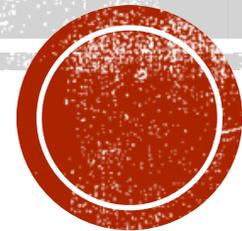


STRATEGIC HOSPITAL RELATIONSHIPS

How can we be beneficial for and benefit from hospital relationships



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HOW DO WE BUILD THE RELATIONSHIPS?

- Daily face time between shift captains and charge nurses (at each shift)
- EMS should attend hospital meetings.
 - Special care committee
 - Pharmacy committee
 - ER leadership meeting
 - Others?
- Find out what patients should come and which ones should go to a larger facility
 - Closest doesn't mean closest appropriate
 - Specialists? Are they on call? How many are there?
- If you really do provide a higher level of care than the other guy then make a point to provide outbound emergency transfers.
- When you get complaints about your medics... investigate, give feedback, correct attitudes
- Do training with each other.



WHY DO WE NEED RELATIONSHIPS WITH OUR HOSPITALS?

- Continuity of care
 - Do we carry the drugs that the receiving physicians prefer when there are options?
 - Consistent treatment between EMS and ED
- Trust between managers/directors can often lead to trust between staff
- Complaint investigations
- Open communications to keep small issues from stewing
- Bidirectional idea flow for changes in treatments
- Support for new equipment or drugs



EXAMPLES

- 911 providers- do you treat a STEMI, Stroke, or Level 1 trauma in a community ED in your territory as a P1 or P2 call?
- Do you carry Metoprolol or Cardizem for Afib/flutter with RVR? If so, do you carry the same one that the receiving physicians prefer to use? If not, why not?
- If you are at the meetings where decisions that impact EMS are made, you don't have to find out when the conflict arises and you MAY provide information that changes the decision up front.
- Need support for new equipment? How about bipap capable ventilators? You may be amazed at how convincing RT and a pulmonologist can have in getting your capital request approved.
- Some of our successes
 - Acute stroke protocol
 - Needle decompression/chest tube protocol
 - EMS response to ED/ICU
 - Bipap
 - Daily huddle



