The Emergency Department (ED) Collaborative held a team conference call that focused on two interventions identified as useful strategies to smooth flow and improve patient safety: holding orders and hospitalists.

The table below explains the various ways hospitals have implemented holding orders, organized by who writes the order.

<table>
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<tr>
<th>Order Writer</th>
<th>Process Description</th>
<th>Challenges</th>
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| **ED Staff Member**                                           | - At Hospital A, the ED physicians fill out very basic preprinted holding orders and then send patients upstairs for hospitalists or residents to complete the admission orders.  
- At Hospital B, holding orders are submitted with the bed request. The bed request also is faxed to pharmacy if medications are required. A 4-hour expiration period is in place for all holding orders.  
- Hospital C is implementing computerized physician orders. The ED physician completes the holding order form as much as possible, starting with medications and diagnostics. Sinai will be piloting the process by having each physician use holding orders for one shift in the month of September. | - ED physicians have liability concerns.  
- Use may be inconsistent.  
- Inpatient nursing units are uncomfortable with receiving patients without complete orders.  
- Inpatient staff must wait for completed admissions orders. |
| **Hospitalists**                                              | - Hospital D uses a Med-Surg Basic Order Set to admit patients to inpatient units. A hospitalist gives the patient a quick review, signs the order set, and sends the patient upstairs; admissions orders are completed later. | - Hospitalists do not have a sense of urgency to get patient out of the ED and prefer to complete the entire admission order before sending patient to a floor.  
- Inpatient nursing units are uncomfortable with receiving patients without complete orders. |
Both ED Physician and Hospitalist

- At Hospital E, ED physicians and hospitalists confer over the phone. If the hospitalist is available, he or she will complete holding orders; if not, the ED physician will complete the orders. The form includes basic dietary and pertinent medications and notes on the bottom to call the hospitalist on arrival to complete the order.
- At Medical Center A, the physicians complete basic admissions orders over the phone with the private physician. The basic orders do not expire.

Challenges

- Use may be inconsistent.
- Time between patient arriving on the floor and the hospitalist completing the orders is prolonged.
- Admitting physicians do not want to review orders twice. They would rather provide all details in one conversation.

In addition to the discussion on holding orders and how patients are admitted to the floor, we discussed the ED’s relationship with hospitalists and the potential for hospitalists to create a safer environment and help improve ED flow. Following are some techniques that ED Collaborative teams have used to develop a smooth relationship with hospitalist staff:

- Meet with the hospitalists to discuss your expectations and how you can support them.
- Obtain the support of the chief of medicine in establishing a strong working relationship with hospitalists and agree on the message that is delivered to your hospitalist group.
- Invite ED staff to share in the recruitment and selection process of the hospitalist service.
- Establish a joint incentive program and create a system and culture of regular meetings and sharing of data.
- Meet at the beginning of the evaluation year to review contract services and discuss how hospitalists affect system throughput and ways they could assist in improvement efforts.
- Expect hospitalists to be the front runners for these initiatives, which may lead to less resistance from other physicians.
- Invite hospitalists to join improvements efforts.
- Establish venues for communication between hospitalist staff and ED staff so that each can share its viewpoints.

If you are interested in learning more about any of the strategies described, we encourage you to use the discussion forum on the portal to pose questions to the collaborative teams.

If you any questions regarding the Maryland Patient Safety Center ED Collaborative, contact:

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