DelphiHealthcare
Raising standards of care

Smoother Admissions, Stronger Outcomes:

ED-Hospitalist Teamwork That Works

Executive Summary

In contemporary healthcare, the transition of patients from the Emergency Department (ED) to inpatient status is a critical determinant of operational efficiency, patient safety, and financial viability. This white paper presents performance data from a hospital utilizing our integrated clinical staffing model, where our teams manage both the **Emergency Department and Hospitalist services**. The data unequivocally demonstrates that **strong collaboration** between these two departments leads to sustained improvements, consistently meeting and exceeding key hospital benchmarks for total admissions, acute acuity mix, and observation utilization.

Our integrated approach—anchored in shared protocols, real-time communication, and mutual accountability—has successfully transformed the admission process from a point of potential variability into a predictable, strategic asset.

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1. The Challenge and Operational Benchmarks

In many health systems, disparate staffing and siloed workflows between the ED and inpatient teams lead to inconsistent admission criteria, unnecessary observation stays, and missed opportunities for appropriate revenue capture. To standardize performance and ensure optimal patient placement, the partnering hospital set the following rigorous clinical and operational benchmarks:

Key Benchmark	Goal	Rationale
Total ED Admissions	**>15.0%**	Ensuring appropriate patient volume to inpatient services.

Acute Admissions	**>80.0%**	Validating the necessary acuity mix to support reimbursement and resource utilization.
Observation Admissions	**<20.0%**	Minimizing over-utilization of Observation status, which negatively impacts billing and patient flow.

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2. The Integrated Clinical Model

Our success is derived from a unified approach where ED providers and Hospitalist teams operate under a cohesive clinical and management structure.

- **Team-Based Success:** Clinical providers work in tandem from the initial patient triage, leveraging shared electronic health record (EHR) protocols for diagnostic workups and inpatient consults.
- **Aligned Decision-Making:** Standardized admission criteria and documentation standards are jointly developed and enforced, ensuring both ED and Hospitalist physicians adhere to the same high bar for acute classification.
- **Real-Time Communication:** By fostering a culture of mutual accountability, the teams maintain open, real-time dialogue regarding complex cases, which facilitates timely consults and highly efficient transitions to the appropriate level of care.

This collaborative model reduces communication friction, eliminates handoff delays, and critically, **aligns clinical decision-making with the hospital's operational and financial goals.**

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3. Performance Analysis: Sustained Excellence in 2025

The integrated model delivered exceptional, predictable results throughout 2025, consistently exceeding all three hospital benchmarks.

Admission Rate Stability (Total ED Admissions)

Benchmark Goal: >15.0%	2025 Monthly Average: 19.8%
Performance Highlights	**Every month in 2025 surpassed the 15% benchmark.**
Peak Performance	January, February, and March consistently reached **21.0%** admission rates.

The consistent monthly performance at approximately **20%** demonstrates that the integrated model provides a reliable, high-volume pipeline for inpatient services, validating appropriate resource consumption and stable revenue forecasting.

Acute Admission Excellence (Acuity Mix)

Benchmark Goal: >80.0%	2025 Monthly Average: 89.9%
Performance Highlights	Acute admissions surpassed **90% in 10 out of 12 months** in 2025.
Lowest Rate	The lowest monthly acute rate was 87.0% (August), still significantly above the 80% target.

This high rate reflects exceptional diagnostic accuracy and coordinated documentation. Acute admission excellence ensures that patients requiring inpatient level of care are appropriately identified and admitted, minimizing inappropriate outpatient or observation statuses for high-acuity patients.

Observation Rate Control

Benchmark Goal: <20.0%	2025 Monthly Average: 10.1%
Performance Highlights	Observation admissions were **held below 13%** for every month in 2025.
Lowest Rate	September achieved the lowest observation rate at **8.0%**.

Observation status is often used when there is uncertainty in the patient's needed level of care. By maintaining the observation rate below 13%, the teams showcase high confidence in clinical decision-making and are highly successful in **reducing unnecessary observation utilization**, a direct driver of improved patient throughput and optimized revenue cycle performance.

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4. Three-Year Trend Analysis (2023-2025)

The three-year data trend clearly illustrates the progressive impact of the integrated model as the ED and Hospitalist partnership matured:

Metric	2023 Avg.	2024 Avg.	**2025 Avg.**	Trend Insight
Total Admissions	17.0%	17.3%	**19.8%**	**Strong growth** and stabilization above the 15% benchmark.
Acute Admissions	83.5%	85.8%	**89.9%**	**Consistent increase** in acuity accuracy over time.
Observation Rate	16.5%	14.2%	**10.1%**	**Significant reduction** in observation utilization, nearly halving the rate from 2023 levels.

The data confirms that the partnership between ED and Hospitalist teams has strengthened considerably from 2023 to 2025, leading directly to:

1. **Improved Acuity Accuracy:** The increase in the Acute Admission rate demonstrates that shared clinical standards are leading to more accurate classification of patients, reducing clinical variability and supporting accurate billing.
2. **Reduced Observation Utilization:** The dramatic drop in Observation admissions confirms that the coordinated approach efficiently routes patients to the correct setting, freeing up resources and ensuring appropriate patient care.

Conclusion: Transforming Admissions into a Strategic Asset

By fostering real-time communication, shared protocols, and mutual accountability, our hospitalist and ED teams have transformed the admission process into a strategic asset.

This integrated model delivers predictable, high-quality outcomes that exceed operational expectations: **delivering the right care, at the right time, in the right setting.** The sustained performance in 2025, marked by consistently high acute rates and exceptionally low observation utilization, proves the effectiveness of this collaborative strategy in driving both quality clinical outcomes and robust operational performance.