

INSIGHTS AND INNOVATION FOR RURAL HOSPITALS AND PROVIDERS



# *Seeds and Silos*

by **Jim Burnette, President/CEO, HospitalMD**

In the last issue I illustrated several ways we help hospitals return to financial viability. These practical strategies can increase revenue by millions. We believe you should expect quantum results, not incremental changes that take years to implement. Inpatient medical services have this quantum revenue potential because they have the highest profit margin of all hospital services, and these revenues can increase most quickly.

In this issue, I want to talk about plowing and planting the seeds for a growing, leading-edge small community hospital (SCH). We will also explore dangers of "silos".

## IN THIS ISSUE

- Seed and Silos
- FREE RESOURCE available  
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*Silos hold tremendous value. But they don't produce anything until they flow out and connect.*

## **PLOWING AND PLANTING SEEDS**

Can you imagine the folly of a farmer standing in a fallow field, waiting for crops to appear when all along he never plowed and prepped the field, and never planted anything in the first place? What if someone planted wheat but had no harvester, and in the end, the crop was lost? In talking with a hospital CEO recently, he was very candid about this issue. He said:

*"We decided we needed a hospitalist service. But we have never gotten together as a team to decide what it takes to have a good one? We just started taking care of patients without any real guidance."*

Unfortunately, this is more common than you might expect and is the heart of the problem in many SCHs today. A hospital starts out with high expectations for a great "crop"—a healthy, vibrant hospitalist service. But what "seeds" were

planted to insure a harvest? Often, there is no planning, and services are built on poor foundations. Sometimes low expectations, low accountability, or financial operating losses, subsidized through investments or other connected entities, mask the problem for a period of time.

Perhaps there is a lack of trust between physicians in the ER and attending physicians, or the hospital has limited specialties, limited nursing skills, or a poor reputation; and patients get sent down the road.

## **FREE DOWNLOAD**

This month, I am offering a free resource that you can use to drill down with more specifics on the seeds needed to see a healthy harvest in your hospitalist and ED service. This white paper includes questions you need to ask your team, and how to build a successful team. You can get it for free: [hospitalmd.com/resources/insight](http://hospitalmd.com/resources/insight).

## **DO YOU HAVE DANGEROUS SILOS?**

Growing up in rural Georgia, I was no stranger to silos. My friends and I would find empty ones where we loved shouting into the massive cylindrical interiors and

hearing the echo-chamber created by our voices bouncing off the walls. When full of grain, silos hold tremendous value. But they don't produce anything until they flow out and connect.

In medicine, these organizational silo structures derive primarily from large teaching hospitals. Emergency Medicine (EM) and Hospital Medicine (HM) services are classified and viewed medically as two different "specialties". Furthermore, EM is outpatient, and HM is inpatient. Thus, it seemed natural to organize and manage EM and HM as two separate services.

Are your EM and HM services silos? Are they independent of each other? Do they stand alone? To be fully productive, they should be connected to generate maximum revenue. Viewed separately, it is possible for either EM or HM service to provide "excellent" services and the other not. To move from the ED to the HM service the patient is "discharged" from the ED to the HM service. In SCHs they contribute the greatest possible revenue to the SCH **ONLY** when they are jointly managed as a single, fully integrated and "symbiotic" practice.





## TEAMS AND RELAYS

It has been observed that two draft horses, when linked together as a team, are sometimes able to pull more than the sum of their individual maximum strengths. The mystery and power of a team can have a multiplicative result.

In sports, we know that Track and Field relay races are often won or lost based on the precision of the baton "hand off" from one runner to the next. So it is in the hospital setting. The successful "hand-off" by the EM service, and the receipt by the HM service is critical to their joint success.

## SUPERHEROES THINK OUTSIDE THE SILO

You need an EM and HM service of superheros, everyone working **together** in every role. We are familiar with the expression "*think outside the box*", or for the purest, "*think outside the nine dots*". These phrases suggest an extraordinary ability to impact change that comes from how one thinks. In our case, this ability comes from "thinking outside the silo". This is illustrated by recent remarks from a physician who realized his "superpower".

*"I never realized in 23 years in ER that I could have any impact on the financial success of the hospital. I see now that I can have a tremendous influence on the success or failure of the hospital."*

In this season of dramatic changes and uncertainty in healthcare, it is our mission to see a harvest of thriving community hospitals across our nation, delivering excellence, every time. We are on this journey with you, and our top priority is *listening to you*. If you have topics or questions you would like addressed in a future issue of **insight®**, please email me at [info@hospitalmd.com](mailto:info@hospitalmd.com). We are also making every issue available as a free download pdf. [hospitalmd.com/resources/insight](http://hospitalmd.com/resources/insight).



—Jim Burnette



## E-LEARNING UPDATES

### NEW HEARTCODE®, BLS, ACLS, AND PALS LAUNCHED

HospitalMD is excited to announce the addition of HeartCode BLS, ACLS, and PALS comprehensive e-learning program from the American Heart Association (AHA) to our on-line learning university. For the convenience of our providers who must renew their competencies every two years, HospitalMD providers can complete an online, interactive, cognitive portion that includes ten realistic patient scenarios covering algorithms, team dynamics, and access to AHA reference material at no personal cost. Following successful completion of this on-line portion, providers can then attend a "check-off" session with an approved instructor to receive the official AHA certification card. HospitalMD is committed to supporting the educational needs of our providers.

—Brittany Newberry,  
PhD, MSN, MPH, APRN, ENP-BC, FNP-BC  
Board Certified Emergency and  
Family Nurse Practitioner

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