It’s been an exciting year for Emergency Physicians Professional Association (EPPA). As you’ll read in this report, we’ve experienced fast growth and significant achievements. We’ve worked diligently to align with our hospitals and health systems to achieve the triple aims of providing high-quality care and a great patient experience, at a decreased cost.

With the addition of two new hospital partners and the year-over-year growth of The Urgency Room, we anticipate an additional 100,000 patient visits in the coming year. To meet this increased need, we’ve welcomed new physicians and staff to EPPA. We’re also focused on the wellness of our physicians and clinicians to ensure that our teams are consistently able to deliver empathic, patient-centered care.

Since our inception, EPPA has worked to be at the forefront of how healthcare is delivered. To that end, we’re currently exploring new ways to better partner with our health systems and to offer innovative, new models of care to our patients.

As we head into our fiscal year, I’m looking forward to fostering trusted partnerships with our new hospitals, continuing to add value for our established partners, and delivering exceptional medical care to patients.

Thank you to all EPPA stakeholders for another extraordinary year.

Rob Thomas, MD

THE FRONTLINES OF CARE

EPPA LEADERS

MANAGEMENT TEAM

Rob Thomas, MD
President, Chief Executive Officer

Thomas H. Klassen
Executive Vice President and Chief Operating Officer

Carolyn McClain, MD
Medical Director, The Urgency Room

Eric Haug, MD
Medical Director, Allina Health Buffalo Hospital

Michael Schwemm, MD
Medical Director, Allina Health Mercy Hospital

David Romans, DO
Medical Director, Allina Health Unity Hospital

Kurt Belk, MD
Medical Director, CentraCare Health
St. Cloud Hospital

John Houghland, MD
Medical Director, Fairview Ridges Hospital

Michael Rock, MD
Medical Director,
Fairview Southdale Hospital

Michael Seim, MD
Medical Director,
HealthPartners Park Nicollet Methodist Hospital

Peter Currie, MD
Director of Quality

Michael Bryant, MD
Director of the EPPA Scribe Program

Timothy J. Johnson, MD
Reimbursement Advisor

Chad Strathman, JD
General Counsel
MISSION

EPPA provides an innovative, stable and supportive platform to practice acute-care medicine as an independent group. This framework allows our health professionals the best opportunities to align with our partners in delivering world-class care for our patients.

CONTENTS

Visionary Physicians: The Birth of EPPA  4
Facilities We Serve  6
The Urgency Room  14
From ER to ED  17
Medical Transcriptionists  20
Provider Wellness and Recognition  22
EPPA Statistics  23
The state of emergency medicine in the United States had an emergency of its own in the late 1960s. The emergency departments (EDs) in Minnesota hospitals were staffed the same way as in hospitals across the country—by whoever was on hand.

“It was during the Vietnam War. The Army, the Marines and the Navy started to get emergency medicine right,” explains EPPA physician, Dr. Stuart Fritz. “The chance of surviving a traumatic injury in Vietnam was better than surviving trauma from a motor-vehicle crash right here in the United States because the systems in place were so inadequate. There was a lot of political pressure to improve the quality of emergency medicine.” And some Twin Cities doctors decided to do just that.

Four visionary physicians at St. Louis Park’s Methodist Hospital heard about a group of doctors who met in Lansing, Michigan, in 1968 to form the American College of Emergency Physicians (ACEP). The goal of ACEP was to provide education and training in emergency medicine to doctors who worked in emergency care nationwide. Shortly thereafter, Drs. Jim Anderson, Reuben David, Charles Kelly and Solomon Zak started the Emergency Physicians Professional Association (EPPA) to change emergency medicine in Minnesota’s hospitals.

A Radical Idea

On March 31, 1969, the EPPA founders started their work with $1,000 and an idea. “They believed the emergency department needed to be staffed by a group of people who mostly performed emergency care,” says former EPPA physician, Dr. Gary Coon. “This was a big change from having the ED staffed by anyone at the hospital who had to do their four-hour shift.” Through EPPA, experienced doctors covered Methodist’s ED. During EPPA’s early years, each founder also had a practice as a general physician or an internist. The doctors worked part-time at Methodist, home of EPPA’s first official office. Because the need was so great, the founders quickly enlisted colleagues to help cover shifts. Within a few years, EPPA members also staffed the EDs at Fairview Southdale, Mercy Hospital and Unity Hospital.

Even with the support, emergency medicine was still lacking. “For that first eight years or so, those emergency departments were staffed
by physicians coming from a whole variety of backgrounds,” shares Dr. Coon. “None of them were trained in emergency medicine because training didn’t exist until the early to mid-1970s.” But change was on the horizon.

Formal Emergency Medicine Training Begins

In 1971, Hennepin County Medical Center (HCMC) launched a residency program in emergency medicine—one of the first in the country. By 1975, there were 32 residencies throughout the U.S. As physicians finished their training, EPPA snapped up as many doctors trained in emergency medicine as possible. “By 1980, four out of seven EPPA physicians at Methodist were ER trained,” says Dr. Coon. “We recruited physicians from HCMC and from emergency medicine residencies all over the country.” Eventually, formal training in emergency medicine would become a requirement for physicians working in any ED. The goal for the leaders in emergency medicine was two fold: training and board certification. That meant they needed to create a new medical specialty. Because emergency medicine was seen as an inferior practice in these early days, seeing the possibilities of the field took a special kind of person. As Dr. Fritz explains, “Emergency medicine attracted people who were willing to take on pretty much anything. There wasn’t any respect in the medical community. Working in the ER had always been frowned upon. The doctors who formed EPPA and who swam upstream against that were a pretty hardy bunch.”

EPPA’s growth paralleled the gradual evolution of emergency medicine in the United States. “The rest of organized medicine didn’t really have an understanding of what an emergency medicine specialty was all about and the capabilities of the people coming out of the programs,” says Dr. Coon. But EPPA physicians had a vision for where they were headed.

Trusted and Experienced

As emergency medicine grew and the number of emergency-care patients continued to expand, EPPA doctors became more integral to the hospitals they served. The pioneers who created and defined emergency medicine in the Twin Cities not only insisted on training in the specialty, they were also willing to set quality measures for themselves. “In the late 1990s,” says Dr. Fritz, “we began quality-improvement, risk-management and education programs, which solidified EPPA and put us ahead of the curve. They gave us stable benchmarks to hit.” With those benchmarks in place, EPPA members continued to push themselves to give the best emergency care possible. Now, after more than four decades of helping patients on the frontlines of medical crises, hospitals and patients have come to rely on EPPA doctors—and for good reason: They have established themselves as trusted, experienced emergency medicine experts.
EPPA physicians and advanced practice clinicians (APCs) staff the EDs of award-winning hospitals across the state of Minnesota. We deliver exceptional emergency medical care to our patients along with collaborative, value-added leadership to our partners.
New Opportunity
One of Dr. Haug’s first priorities will be building the same kind of trusted partnership in Buffalo that has proven so beneficial to EPPA’s other hospital partners. Providing high-quality care and great patient experiences at a decreased cost will be high on the list of goals as EPPA takes over the running of Buffalo Hospital’s ED.

The team of emergency medicine physicians who will care for patients in Buffalo have experience at some of the best hospitals in the state. “We have a core group of eleven physicians who will work at Buffalo Hospital. It’s a great mix—people who’ve worked at Buffalo Hospital, St. Cloud Hospital, Southdale Hospital, Unity Hospital and Mercy Hospital,” says Dr. Haug.

Working with a smaller team will give EPPA physicians a chance to practice medicine in an intimate environment. “This is going to be a great opportunity for EPPA providers to practice acute emergency medicine,” says Dr. Haug. “We’re excited to hit the ground running.”
The EPPA team of physicians at Mercy Hospital in Coon Rapids has worked hard to create an exceptional care model. “Healthcare is changing quickly, and our physicians and advanced practice clinicians (APCs) have embraced shifting expectations and duties. This helps us continue delivering excellent care to our patients and being invaluable partners to our hospital,” says Dr. Michael Schwemm, ED medical director at Mercy Hospital.

Reduced Admissions
“Our hospital is at capacity a vast majority of the time,” explains Dr. Schwemm. “Since inpatient beds are a significant resource limitation, we’ve started completing more workups from the ED— including complex chest pain and transient ischemic attacks (TIAs)—and discharging when appropriate, which reduces admission rates. With the help of our case managers, we’ve reduced hospitalizations by 2,000 patients per year with no increase in bounce backs.”

By collaborating with outpatient psychiatric centers, the EPPA team has managed to reduce the mental health admission rate from 65% to 50% and reduce the number of 72-hour holds.

Top Stroke Care
The EPPA emergency physicians at Mercy Hospital provide top stroke care for ER patients. “Our physicians ensure that patients suffering from an acute stroke in the ED can receive the same timely, excellent level of care that a stroke neurologist could provide,” reports Dr. Schwemm. “Our door-to-needle time is comparable to, or better than sites managed primarily by stroke neurologists, and our percentage of acute stroke patients receiving optimal care currently leads the Allina network.”

Reduced Narcotics
The ED team was also able to reduce narcotic prescriptions despite higher patient volumes. “We have about 300 pain-management care plans currently written, and we’ve been able to reduce the number of narcotic prescriptions by 20% in the last three years,” says Dr. Schwemm.

A year ago, the ED began prescribing Naloxone kits to patients who have experienced or are at risk for narcotic overdose. “They’re controversial in some states, but our law enforcement agencies are reporting that they’ve found the kits at the scenes of several rescued overdoses. The kits don’t instigate high-risk drug behavior, and can rescue someone in the midst of an overdose. They’re clearly making a difference in our community in a population of patients that is often forgotten or dismissed. We’ve been happy with the results.”

Expert Support
One of the major changes Dr. Schwemm reports is the consistent APC coverage in the ED. “Two years ago we had zero APC hours and now our APCs see one out of every seven patients in our ED,” says Dr. Schwemm. “We’ve been able to expand our coverage, and I’m proud of the high-quality care our APCs provide.”
Allina Health
Unity Hospital

The EPPA physicians who run the ED at Unity Hospital in Fridley are used to dealing with the unexpected. That adaptability has resulted in a trusted partnership that goes far beyond the doors of the emergency department.

“With the merger of Unity and Mercy Hospitals, several hospital services have moved out of Unity,” says Dr. David Romans, Unity ED medical director. Due to these changes, EPPA members have joined forces with hospital administrators to meet the needs of patients. EPPA physicians now work with patients throughout the hospital who are in need of critical care by offering services such as central-line placement.

“Our relationship with Unity Hospital is a great example of how deeply EPPA engages and collaborates with our hospital partners,” says Dr. Romans.

Committed to Quality
In addition to the day-to-day practice of emergency medicine, EPPA physicians are deeply involved in the delivery of quality care throughout the Allina system. During the past year, the team at Unity Hospital worked with Dr. Peter Currie, EPPA’s medical director of quality, to develop and implement guidelines for the care of acute sinusitis, low-back pain and atrial fibrillation. EPPA physicians and APCs at Unity Hospital were successful at meeting annual quality initiatives associated with the implementation of sepsis order sets, proper use of antibiotics in acute sinusitis, and handling patient callbacks.

Increased Support
Within the last year, the ED staff has grown beyond a physician-only team to a robust team of physicians and APCs working in close collaboration.

“We now have six APCs at Unity who provide outstanding care to patients. We’ve also continued to provide educational opportunities to up-and-coming physicians and APCs. We have a thriving physician assistants (PA) student rotation with two to three students per month,” says Dr. Romans. “And we have relationships with multiple medical schools and all the local PA schools. This support enables us to consistently deliver high-quality, efficient care to patients.”

Giving Back
In June 2015, three EPPA clinicians were diagnosed with breast cancer. To support them, the ED team at Unity Hospital launched a Get Fit Challenge that anybody in the ED could participate in. The challenge consisted of three categories: Quit Smoking, Weight Loss, and Get Moving. “We had a fun time doing it,” says Colleen Weed, PA. “We had weekly workouts in the park, a few people quit smoking, and one woman lost 20 pounds.” To enter the challenge, participants were asked to give donations that went to the Unity Cancer Center to honor their EPPA colleagues.
EPPA recently partnered with CentraCare Health St. Cloud Hospital to run its Emergency Trauma Center (ETC). The Level II trauma center is one of the busiest ETCs in Minnesota. “They have every subspecialty available,” says Dr. Kurt Belk, who will be heading the ETC as the new medical director. “That increases the opportunities our physicians have to practice the complete spectrum of emergency medicine.”

With this partnership, EPPA has welcomed many new physicians and APCs to the team who will continue to offer their expertise and care to patients in St. Cloud. “The St. Cloud Hospital ED has used APCs for more than 15 years,” says Dr. Belk. “Since EPPA is in an earlier stage of our APC program, we have an opportunity to learn from our partners at St. Cloud Hospital.”

**Powerful Collaboration**

EPPA is known for succeeding by being trusted partners with the hospitals it serves. One of the first goals Dr. Belk has for the ETC at St. Cloud Hospital is to work to align the ETC with the mission, vision and values of the hospital. “We are the front door of the hospital,” says Dr. Belk. “We think it’s critical for our success that our goals are in alignment with those of our hospital partners.”

Delivering world-class patient care is a priority for each facility EPPA practices medicine in, and to facilitate that in St. Cloud, EPPA will introduce EPPA scribes who can alleviate the burden of recording data in the ETC. “EPPA believes that if you create a great environment in which to practice emergency medicine and make providers happy, it trickles down to the patient experience,” says Dr. Belk.
Fairview Ridges Hospital

The ED team at Fairview Ridges Hospital in Burnsville has experienced massive growth in patient volumes over the last five years. Despite this challenge, Dr. John Houghland, medical director of the Ridges Hospital ED, reports that the EPPA team is providing high-quality, efficient and award-winning care.

Team Recognition
EPPA team members received several awards from hospital staff, acknowledging their contributions to patient care. Two EPPA physicians were given AMAZE awards—Dr. Kristi Trussell and Dr. Jerome Walker. Both were nominated for their outstanding care in a patient encounter.

Dr. John Amdahl received the Customer Service Champion Award from Fairview after a nursing supervisor nominated him for his compassionate bedside manner and communication. And Dr. Thomas Egger was recognized with a Fairview Champion of Care Award when a patient honored him with a contribution to the Fairview Foundation in his name.

Explosive Growth
Patient volumes increased from 50,000 in 2011 to 60,000 in 2015. The ED expects to grow another 3% in patient visits in 2016. Even under this kind of pressure, EPPA has continued to deliver excellent patient-experience and operational metrics. “We’ve maintained overall patient satisfaction scores at the 90th percentile or higher since 2012,” says Dr. Houghland. “Our left-without-being-seen rate was 0.68% last year—and through April 2016, the team has maintained median arrival-to-provider times of less than 15 minutes.”

To help manage this growth, the EPPA team is piloting a team-in-triage care model on Saturdays and a fast track on Sundays.

Outstanding, Quality Care
With EPPA partner Dr. Tracy Pepper from Fairview Southdale Hospital, Dr. Jerome Walker continues to provide system-wide leadership for Fairview sepsis initiatives. Dr. Christine Kletti provided key leadership for a number of recent pediatric initiatives—including collaborating with nursing and pediatric colleagues to streamline care for critically ill children and improving patient and family experience for the large population of pediatric patients at Ridges Hospital.

“Thanks to hard work from Drs. Lucas Mailander and Kristi Trussell, who have collaborated as well with Dr. Jerome Walker, we’ve had great success in our recent EPPA quality projects on sepsis, appropriate antibiotic use for sinusitis and care plan development for complex patients,” Dr. Houghland says.
In the past few years, the team at Fairview Southdale Hospital in Edina has seen tremendous changes—including dramatic improvements and a new space.

**Improved Experience**
The EPPA team at Fairview Southdale Hospital won the 2015 Press Ganey Success Story Award. This award recognizes organizations that have demonstrated innovation and leadership to measurably improve patient experiences, clinical quality or caregiver engagement.

The Southdale Hospital ED saw patient satisfaction ratings jump from the 43rd percentile in 2011 to the 90th percentile in 2015. “This award is a really big highlight for us because it acknowledges the hard work our EPPA team and facility staff have done in partnership to create such significant improvement in patient satisfaction,” says Dr. Michael Rock, medical director of the Southdale Hospital ED.

**Increased Efficiency**
In 2015 the ED team worked to create greater operating efficiencies. “Average arrival-to-room time is now 15 minutes. Average time to provider is now 23 minutes, which is down from more than an hour in 2011,” reports Dr. Rock.

Even with an increase in patient volume from 43,000 in 2013 to nearly 49,000 in 2015, EPPA physicians and clinicians were able to quickly care for patients. “The average length of stay for discharged patients was 167 minutes in 2015, and for patients in the ED fast track, the average length of stay was 90 minutes.”

**Expanded Space**
The doors to the new Carl N. Platou Emergency Center opened in August 2015, instantly giving the ED team at Fairview Southdale Hospital a lot more room to serve patients. The design of the new ED has people talking. “The hectic nature of most EDs is not apparent to patients here,” says Dr. Rock. “The new ED is incredibly quiet even though it can be extremely busy. The rooms feel much more private to patients. There is a patient/family door and a clinical staff door for each room. Since we can close the doors between the clinical area and the patient care area, the patient isn’t burdened with the noise of the ED, and our clinical team members aren’t listening to family conversations or televisions.” The new space creates a soothing environment for both patients and EPPA providers.

The new space features:

- **+ 65,000 square feet, up from 15,000**
- **42 patient rooms, up from 30**
- **18 beds in an observation unit on top of the new ED**
The EPPA team at Methodist Hospital in St. Louis Park continues to provide leadership that extends outside the ED. EPPA’s Dr. Erich Zeitz currently serves as president of the medical staff. This position, which is elected by the members of the medical staff, is just one example of how involved EPPA physicians are in the leadership and committee work of the medical staff office.

**Successful Outreach**

Five years ago EPPA doctors partnered with Park Nicollet to redesign the process for accepting transfer patients as direct admissions to Methodist Hospital. EPPA physicians are now the primary contact point for all patients being transferred to the hospital. The goal was to increase the number of patients transferred for admission to Methodist Hospital from outside facilities. “Since the ED took over operations for the transfer process, we’ve seen year-over-year growth in the program,” says Dr. Michael Seim, medical director of the Methodist Hospital ED.

In the year prior to implementing the new process, the hospital received 64 admissions from other facilities. In 2015, the hospital received more than 700 transfer admissions.

**Quality Care**

In addition, EPPA physicians are teaming up with HealthPartners to deliver consistent, high-quality care. “We’re successfully partnering with HealthPartners to develop and implement enterprise-wide protocols for the care of sepsis,” says Dr. Seim. “This year EPPA physicians also participated in an ATP training program to develop and implement a protocol for the treatment of cellulitis and are currently working with HealthPartners to standardize cellulitis care throughout the Twin Cities.”

Dr. Seim reports that the ED team and Hospital Service have partnered to build an internal physician advisory program. “This year we’ve focused on reducing our total cost of care. We anticipate that by developing a robust physician advisory program, we’ll be better positioned to impact our overall cost of care.”
Acute Care by Emergency Physicians

The Urgency Room in Vadnais Heights.
Since The Urgency Room first opened its doors, EPPA clinicians have served the community by offering fast access to physicians trained in emergency medicine in our innovative freestanding facilities. The addition of The Urgency Room to the healthcare offerings in the Twin Cities metro area marked a change in how emergency medicine is delivered to patients—a change that our patients and our hospital and insurance partners have welcomed.

**Fast Growth**

The booming growth of each of our three locations in Eagan, Vadnais Heights and Woodbury is a testament to the high level of care offered and the efficiency with which our physicians can see, diagnose and treat patients.

Within the last year, The Urgency Room has seen a 20% jump in patient volume with a big increase in the number of acute cases. “In the past year we’ve added APCs who work with us every day. We have more coverage so our providers are all working to the highest level they can for greater efficiency. This way our physicians and APCs are practicing the emergency medicine they were trained to do.”

Patients are clearly noticing the efficient, high-quality care offered at The Urgency Room. This proven success has given EPPA leaders a clear reason to look for a fourth location.

“With everything we’ve learned from the opening of each Urgency Room, we’re confident that our next location will be even more successful than our first three,” says Dr. Carolyn McClain, medical director of The Urgency Room.

**Efficient Care**

Dr. McClain offers two examples of how quickly patients are seen and diagnosed at The Urgency Room. “We had a patient who came in with chest pain at 9:50 p.m. By 10:30 p.m., his EKG and labs were reviewed, he had a radiologist-read negative chest CT, and he’d been scheduled for a stress test first thing in the morning. In 40 minutes we safely discharged a concerned patient with chest pain.”

Another patient came in at 9:25 p.m. with right lower-quadrant pain. By 10:30 p.m., the team had CT results back with proven appendicitis, and she traveled to a hospital for an operation.

The Urgency Room has become known for stories like these among metro-area community members.

**Strong Partnerships**

Among metro-area healthcare providers, The Urgency Room has developed a strong reputation for helping to reduce the number of non-admitted patients in local EDs. With hospital beds at a premium and EDs working hard to manage large volumes of patients, The Urgency Room has provided a welcome model of care to our hospital partners.

“The Urgency Room model makes sense with the way healthcare is changing,” says Dr. McClain. “Many health-insurance and employee-health projects are about how to keep people out of the ER unless they need to be admitted to a hospital. The Urgency Room helps meet that need while taking the burden off our hospital partners.”

“With everything we’ve learned from the opening of each Urgency Room, we’re confident that our next location will be even more successful than our first three,” says Dr. McClain.
## UR PATIENT VOLUMES

<table>
<thead>
<tr>
<th></th>
<th>WOODBURY</th>
<th>EAGAN</th>
<th>VADNAIS HEIGHTS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>7,604</td>
<td>-</td>
<td>-</td>
<td>7,604</td>
</tr>
<tr>
<td>2012</td>
<td>13,774</td>
<td>-</td>
<td>-</td>
<td>13,774</td>
</tr>
<tr>
<td>2013</td>
<td>15,402</td>
<td>6,848</td>
<td>9,491</td>
<td>22,250</td>
</tr>
<tr>
<td>2014</td>
<td>17,311</td>
<td>13,743</td>
<td>-</td>
<td>40,545</td>
</tr>
<tr>
<td>2015</td>
<td>24,069</td>
<td>19,934</td>
<td>20,218</td>
<td>64,221</td>
</tr>
<tr>
<td>2016*</td>
<td>27,393</td>
<td>23,320</td>
<td>25,589</td>
<td>76,302</td>
</tr>
</tbody>
</table>

*Projected totals.
In the 1950s and 1960s, emergency departments (EDs) often were dangerous places. Many were staffed by inexperienced interns and residents—if staffed at all. Sometimes, doctors from each department in a hospital would take a shift in its ED. Surgeons, dermatologists, psychiatrists—whoever happened to be there—would see patients, no matter the affliction. In some hospitals, nurses staffed the ED, calling physicians for aid when needed. Too often, patients died waiting for help.

According to the American Hospital Association and the American College of Emergency Physicians (ACEP), patients visited U.S. EDs 9.4 million times in 1954. The state of emergency medicine put too many lives at risk. Something had to be done.
Full-Time Emergency Care
In 1961, Dr. James Mills, Jr., became one of the first physicians to address the problem. After becoming medical staff president at Alexandria Hospital in Virginia, Dr. Mills gave up his successful general practice and worked full-time in emergency medicine. He enlisted the help of three doctors to work full-time in the ED. The doctors contracted with the hospital to provide 24-hour emergency care by rotating shifts with each other. The Alexandria Plan was one program that would influence the development of emergency care in the United States.

The other was the Pontiac Plan. At about the time Mills was putting together the Alexandria Plan, Dr. Everette Gustafson and Dr. Ralph Wigent put together a group of 29 physicians and formed the Professional Medical Service Group to staff the ED at Michigan’s Pontiac General Hospital.

Emergency Medicine Grows
These plans emerged just in time. The number of people visiting EDs for care was on the rise, especially after Medicare and Medicaid were passed in 1965. U.S. ED patient visits skyrocketed to 28.7 million that year.

Even with the growing need for emergency medicine, the field was not considered a serious profession. In his book, *Anyone, Anything, Anytime: The History of Emergency Medicine*, Dr. Brian J. Zink notes, “Practicing in the emergency department carried a negative stigma and seemed to violate the traditional concept of a doctor caring for his patient over time, rather than in an isolated episode. Emergency medicine was also perceived as a direct threat to the autonomy and pocketbooks of traditional medical specialties.”

Physicians drawn to the fast-paced, challenging world of the ED knew they had to create respect within the medical establishment. One of their first moves was to use the term emergency department instead of emergency room to show it was like any other department in the hospital.

Training was another important facet in the development of the field. Dr. John Wiegenstein was a general practitioner tapped to create an Alexandria-like program at St. Lawrence Hospital in Lansing, Michigan. Dismayed by
how little ED doctors knew about emergency medicine, he created a national organization devoted to educating emergency physicians. He and seven physicians started ACEP in 1968 and pushed for emergency medicine to become an approved medical specialty with residencies for training.

Not long after, in 1970, Dr. Bruce Janiak became the first resident of Cincinnati General Hospital’s emergency medicine residency program. The Ohio hospital had launched the first of such programs in the nation on the heels of patient protests against long wait times and poor quality of care during the Cincinnati race riots. The seminal program would be the first of many.

During the next five years, residencies popped up at teaching hospitals coast to coast, including Hennepin County General Hospital, today’s Hennepin County Medical Center (HCMC). Its first two residents, Drs. G. Patrick Lilja and Robert S. Long, graduated in 1972. Since then, many HCMC graduates have joined EPPA.

World-Class Care
Today, emergency physicians are an integral part of hospital systems nationwide. These respected professionals are considered the diagnosticians of hospital admissions. They evaluate and perform treatment on all patients who come through ED doors. They have admitting privileges to every service within the hospital. Primary care physicians and specialists rely on their expertise.

In little more than 40 years, the development of the ED and its physicians has transformed completely. According to 2011 data from the Centers for Disease Control and Prevention, more than 136.3 million patients visit U.S. EDs each year. Thanks to Mills, Gustafson, Wigent, Wiegenstein, and other emergency medicine pioneers, emergency physicians are now on the frontlines of providing world-class care.

Sources
American College of Emergency Physicians.

EPPA Scribe Program

300 Scribes
Nearly 100 added in 2015

350,000 Patient Charts
Generated by EPPA Scribes last year

130 Scribes
Going to medical school or PA school this year

17 Locations
Staffed with EPPA Scribes

6 Scribes
Volunteered on medical trips to Haiti
The EPPA Scribe Program has experienced massive growth—more than doubling the number of scribes serving EPPA clinicians and The Urgency Room locations since 2014.

Implementation of the electronic medical record (EMR) forced physicians to spend more time documenting and less time with patients. In 2005, EPPA responded by piloting a scribe program with a goal of relieving the documentation burden for physicians and creating a better patient experience. The program has since become an integral part of EPPA’s work.

The Scribe Program recruits pre-health professional students and recent graduates to work with providers to create a real-time medical record. Not all scribes are planning to go to medical school. Scribe alumni have gone on to work as paramedics, and attend graduate programs in research, teaching, clinical sciences, occupational health and dentistry. EPPA believes the scribe experience can benefit any pre-health professional student, provided he or she has the aptitude to succeed in the role.

The program was designed to expose students to the realities of a career in medicine and foster their professional development,” says Dr. Michael Bryant, EPPA Scribe Program medical director. Apart from their experience in the hospital, EPPA’s scribes have access to a curriculum that focuses on professional-school interviews, writing a resume and personal statement, and one-to-one mentoring.

The program works—130 scribes were accepted into medical school and PA programs this year alone. “This year is particularly exciting because we’re beginning to see some of our original scribes graduate residency and join us as physician partners,” says Dr. Bryant.

The program has far exceeded expectations and plans are underway to continue growing.

The Bottom Line
EPPA’s Scribe Program has prompted several improvements:

- Physicians have more time for patient care.
- Physicians are more productive.
- Documentation, coding and reimbursement have improved.
- The amount of overtime pay is reduced.
- The number of down-coded charts is lower.
- Physicians are more satisfied on the job.
Doctors Making a Difference

Wellness

Drs. Wendy Laine, Jill Donofrio and David Romans were asked to lead a wellness initiative to support EPPA members. “I joined EPPA in 2004, and I’ve always loved my job,” says Dr. Laine. “EPPA has supported me through many challenges—a lawsuit, taking time off to have children, and over the past year, chemo, surgery, and radiation for breast cancer. I want to give something back, so during my time off clinical work, I dove deep into researching happiness and wellness opportunities.”

This initiative has become a major focus for EPPA. “To be the best company we can be, we have to hire exceptional people and take really good care of them,” says Dr. Laine. To enhance wellness, EPPA is currently looking into how to support its members—for example, building relationships among EPPA peers with the social committee, improving scheduling, sharing child care resources, brainstorming optimized career tracks, and reconnecting providers with the passion that brought them to emergency medicine. The group is also looking into ways to support healthy diet, exercise, mindfulness and sleep.

Since the wellness program is in its early stages, Dr. Laine urges EPPA members to contact her with any questions, ideas or feedback. In addition, if you’d like to learn more about wellness principles here a few suggested resources:

- The Doctor Paradox podcast
- PracticingExcellence.com
- Stop, Breathe & Think meditation app
- Stop Physician Burnout: What to Do When Working Harder Isn’t Working by Dike Drummond, MD

Recognition

EPPA physicians and APCs regularly win recognition for their contributions to emergency medicine in Minnesota. Here are just a few of the recent accolades our members have received.

- Dr. Ian Moorhead won the 2015 William Carr, MD, Leadership Award from Allina Health Unity Hospital.
- Dr. Jerome Walker was selected for the 2016 Best of Minnetonka Awards for Health & Medical Services by the Minnetonka Award Program. Winners are chosen based on their service to customers and to the community.
- Ellen Franz, a registered nurse at The Urgency Room, was a finalist for the 2015 Outstanding Nurses Awards by Mpls.St.Paul Magazine. According to the award’s officials, nominations were assessed for professionalism, bedside manner, patient interaction, credentials and experience, impact on an organization, leadership, and an “it” factor exemplifying kindness, compassion and empathy.
- In 2015 EPPA conducted its first Press Ganey employee opinion survey with outstanding results. EPPA had a 90% response rate, which ranks in the 97th percentile for national healthcare provider engagement.
- Dr. Carolyn McClain won a grant from MMIC, EPPA’s medical liability insurance company, to conduct a patient experience simulation lab.

In general, 35% of malpractice claims in EDs are attributed to miscommunication. “As providers we understand that communication in the ED can be challenging since we have limited information, cultural and language barriers, and limited time,” says Dr. McClain.

“This grant helped us analyze physician and clinician communication with patients in the ED,” says Dr. McClain.

Dr. McClain conducted the simulation with 50 providers, 25 of whom were EPPA members. The top-rated provider of the day was an EPPA physician and several EPPA APCs were also at the top of the list. Dr. McClain is currently writing a paper on the simulation that she’ll present to EPPA members.

“I would like to thank all the EPPA partners who participated. This was a research grant, and the information we learned will be used to help us all improve our communication with patients,” Dr. McClain explains. “And both Allina Health and HealthPartners Park Nicollet were impressed with EPPAs continual effort to improve the patient experience.”
EPPA STATISTICS

Patients Served

EPPA’s physicians provide comprehensive emergency-medicine coverage alongside our partners in three health systems, five hospitals and three UR facilities. In July 2016, we’ll begin serving two more hospital partners.

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th># OF PATIENTS</th>
<th>% OF PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLINA HEALTH MERCY HOSPITAL</td>
<td>14,455</td>
<td>23.7%</td>
</tr>
<tr>
<td>ALLINA HEALTH MERCY HOSPITAL</td>
<td>2,702</td>
<td>2.8%</td>
</tr>
<tr>
<td>FAIRVIEW RIDGES HOSPITAL</td>
<td>10,444</td>
<td>17.1%</td>
</tr>
<tr>
<td>FAIRVIEW SOUTHDALE HOSPITAL</td>
<td>11,711</td>
<td>24.5%</td>
</tr>
<tr>
<td>HEALTHPARTNERS PARK NICOLLET METHODIST HOSPITAL</td>
<td>16,256</td>
<td>31.9%</td>
</tr>
</tbody>
</table>

*Projected totals.

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th># OF PATIENTS</th>
<th>% OF PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLINA HEALTH MERCY HOSPITAL</td>
<td>14,284</td>
<td>23.7%</td>
</tr>
<tr>
<td>ALLINA HEALTH MERCY HOSPITAL</td>
<td>1,702</td>
<td>2.8%</td>
</tr>
<tr>
<td>FAIRVIEW RIDGES HOSPITAL</td>
<td>10,393</td>
<td>17.6%</td>
</tr>
<tr>
<td>FAIRVIEW SOUTHDALE HOSPITAL</td>
<td>11,626</td>
<td>24.5%</td>
</tr>
<tr>
<td>HEALTHPARTNERS PARK NICOLLET METHODIST HOSPITAL</td>
<td>15,750</td>
<td>31.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th># OF PATIENTS</th>
<th>% OF PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLINA HEALTH MERCY HOSPITAL</td>
<td>14,722</td>
<td>26.1%</td>
</tr>
<tr>
<td>ALLINA HEALTH MERCY HOSPITAL</td>
<td>1,258</td>
<td>2.2%</td>
</tr>
<tr>
<td>FAIRVIEW RIDGES HOSPITAL</td>
<td>9,349</td>
<td>19.5%</td>
</tr>
<tr>
<td>FAIRVIEW SOUTHDALE HOSPITAL</td>
<td>11,546</td>
<td>26.2%</td>
</tr>
<tr>
<td>HEALTHPARTNERS PARK NICOLLET METHODIST HOSPITAL</td>
<td>15,269</td>
<td>32.5%</td>
</tr>
</tbody>
</table>

2015

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th># OF PATIENTS</th>
<th>% OF PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLINA HEALTH MERCY HOSPITAL</td>
<td>61,077</td>
<td></td>
</tr>
<tr>
<td>ALLINA HEALTH MERCY HOSPITAL</td>
<td>48,298</td>
<td></td>
</tr>
<tr>
<td>FAIRVIEW RIDGES HOSPITAL</td>
<td>61,248</td>
<td></td>
</tr>
<tr>
<td>FAIRVIEW SOUTHDALE HOSPITAL</td>
<td>49,673</td>
<td></td>
</tr>
<tr>
<td>HEALTHPARTNERS PARK NICOLLET METHODIST HOSPITAL</td>
<td>50,908</td>
<td></td>
</tr>
</tbody>
</table>

2015 HOSPITAL PATIENTS 271,204
2015 UR PATIENTS 76,302
2015 EPPA PATIENTS 347,506

*Projected totals.

2014

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th># OF PATIENTS</th>
<th>% OF PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLINA HEALTH MERCY HOSPITAL</td>
<td>56,494</td>
<td></td>
</tr>
<tr>
<td>ALLINA HEALTH MERCY HOSPITAL</td>
<td>47,889</td>
<td></td>
</tr>
<tr>
<td>FAIRVIEW RIDGES HOSPITAL</td>
<td>53,132</td>
<td></td>
</tr>
<tr>
<td>FAIRVIEW SOUTHDALE HOSPITAL</td>
<td>44,034</td>
<td></td>
</tr>
<tr>
<td>HEALTHPARTNERS PARK NICOLLET METHODIST HOSPITAL</td>
<td>46,930</td>
<td></td>
</tr>
</tbody>
</table>

2014 HOSPITAL PATIENTS 248,479
2014 UR PATIENTS 40,545
2014 EPPA PATIENTS 289,024

*Projected totals.
FIND OUT MORE ABOUT THE WORK WE DO

Learn more