CASE STUDY

d2i Performance Insights for Emergency Medicine™

Nebraska Emergency Medicine

Annual ED Visits: 107,000 across two hospitals

EHR System: Epic

d2i saved NEM 8–10 leadership hours per week, improved staffing forecasts, and strengthened hospital conversations with trusted data.

CHALLENGES

- Leadership was manually pulling Epic reports and building spreadsheets, formulas, and graphs, consuming nearly a full workday
- The group needed data that more accurately reflected the reality of emergency department operations
- NEM needed stronger support for staffing decisions and hospital-facing operational conversations

IMPACT

- Saved NEM leadership an estimated 8–10 hours per week
- Improved staffing forecasts and supported earlier hiring decisions
- Helped quantify an almost 75% increase in lab turnaround times during key overnight hours
- Strengthened data-backed conversations with hospital administration and internal performance discussions

Background

Nebraska Emergency Medicine (NEM) is a private, independent emergency medicine group that supports two hospitals within the same health system in Lincoln, Nebraska: Bryan Medical Center East Campus and Bryan Medical Center West Campus. Together, the group has a team of more than 40 clinicians and sees more than 100,000 patients annually, split evenly between the two campuses.

For Josh Miller, MD, president of NEM, the need for stronger analytics was tied not only to the need for insight into the group's performance, but also to the growing burden of building that insight manually. With the group continuing to grow, NEM needed an efficient and credible way to understand operations, forecast staffing needs, and support conversations with hospital leadership.

Challenges

Before working with d2i, Miller was manually pulling reports from Epic electronic health records (EHRs) and building his own spreadsheets, formulas, datasets, and graphs to track basic emergency department (ED) metrics, including volumes, RVUs, productivity, patient arrivals, and timing across different stages of visits.

The process was time-consuming and difficult to sustain. Miller said he came into the role with "minimal, probably better to say no data," and had to build reporting processes from the ground up. The need for a better data partner ultimately came down to two areas: Time and trusted data.

The work consumed hours each week and pulled attention away from other priorities. Manual reporting alone was taking up nearly a full workday each week.

Another challenge was not simply having access to numbers. It was understanding whether those numbers truly reflected what was happening in the ED. Raw data can be misleading if it is not captured, structured, and interpreted in ways that align with the realities of emergency care. Performance conversations often break down when the data does not fully reflect the reality of it.

Solution: Turning Emergency Department Data Into Trusted, Actionable Insight

For Miller, one of the biggest advantages of adopting Performance Insights™ for Emergency Medicine from d2i was not just speed, but confidence in the integrity of the data. He explained that one of the most valuable parts of the relationship has been making sure the analytics are "reflective of a reality that's actually going on in the emergency department." That alignment has made it easier for NEM to trust the information in front of them and to act on it.

With daily, weekly, and monthly reporting, NEM has been able to identify trends earlier, compare performance over time, and make decisions based on objective evidence rather than anecdotal feedback from a difficult shift or a particularly busy day.

That has shaped the way the group approaches staffing. Instead of waiting until clinicians are frustrated and volumes have already outpaced coverage, NEM can forecast with greater confidence and act earlier.

Miller said: *"Our forecasting capabilities have improved dramatically, and we now have much more confidence in hiring before we're drowning in patients. We've stayed ahead of the curve and added several shifts that matched our income and budget in a much better way."*

The data has also strengthened NEM's conversations with hospital administration. The organization leveraged d2i reporting to quantify delays in lab turnaround times after infrastructure changes within the health system began affecting performance during late evening and early morning hours.

NEM was able to bring concrete evidence to the discussion. Using d2i reporting, the group demonstrated to hospital leaders **an almost 75% increase in turnaround times during those hours, which helped support the case for additional lab infrastructure.**

That same level of detail has been useful in other operational conversations, including radiology turnaround times, left-without-being-seen rates, and boarding hours. Miller notes that while hospitals often think in terms of days and weeks, emergency medicine leaders have to think in terms of minutes and hours.

Access to more granular, timely data has helped NEM keep attention focused on the operational details that most directly affect ED performance.

d2i has also supported more productive internal conversations around clinical variation. With more credible and detailed data, NEM can approach outlier conversations in a way that feels less personal and more constructive.

Miller said: *"It makes it much less personal. It's really just, these are the numbers, this is how your peers are behaving. And oftentimes, when someone is an outlier in one area, they excel significantly in other areas. The ability to send both of those messages with the data has made it much easier to change behavior and maintain relationships at the same time."*

Results and Impact That Matter

Since bringing d2i into their organization, NEM has been able to give leadership meaningful time back, improve confidence in staffing forecasts, and support more effective conversations both internally and with hospital administration.

d2i has helped save **NEM leadership an estimated 8-10 hours per week** compared with the manual reporting process Miller was managing previously. Like all industries, healthcare is a business and time saved equals funds saved as well. Miller noted: *"We were spending nearly 10 hours per week on manual data work which equates to more than $150,000 annually in physician time. From that perspective alone, the solution pays for itself, with additional value expected through improvements in productivity, scheduling, and value-based performance."*

The value of the partnership has expanded well beyond time and money saved. It's becoming a tool to future-proof the organization, as NEM is now using the data to anticipate growth, plan for hiring, and stay more proactive as annual patient volumes continue to rise.

Miller described d2i as a responsive and trustworthy partner: *"One of the biggest value adds we look for in our vendors is accessibility. When we have problems or see needs, what's their sense of urgency to help us accomplish what we want? What are the personal relationships like? What's the response time? d2i has really excelled in this area."*

For Miller, that responsiveness ties directly to trust. As he puts it, *"Trust is the biggest word in this industry, and d2i has done a good job of earning it."*

That forward-looking approach matters in a market where onboarding new clinicians can take months. Having access to timely, trusted reporting allows the group to move earlier and with more confidence, rather than reacting after staffing strain has already become visible across the department.

And, bringing stronger evidence into discussions with hospital stakeholders has made it easier not only to advocate for change but to shape the conversation before problems worsen.

Interested in learning more about how d2i can make your data matter more for your organization?

Start the Conversation

About d2i

d2i partners with healthcare organizations to make data matter—turning complexity into trusted, meaningful insights. **Learn more at d2ihc.com.**