



# **ER Physician Culture Fit:**

## ***Why It Matters for Patient Satisfaction***

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# Culture-First Staffing and the Role of Physician Fit in Patient Outcomes

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## Introduction: Culture Isn't Soft — It's Strategic

What happens when your best ER doctor doesn't fit in? It's a quiet tension that few talk about, but everyone feels. The team dynamic shifts. Communication falters. Frustration simmers beneath the surface. And without realizing it, patient care begins to suffer.

Patients may not have the clinical language to describe what's happening, but they know when something is off. They feel it in the rushed tone of a nurse. They notice the hesitation between staff members. They sense the stress in the room.

At Inspire Medical Staffing, we believe that workplace culture isn't a luxury—it's a clinical priority. When teams align, patients benefit. When physicians feel supported, patients feel safe. And when everyone in the ER shares a sense of mission, performance and satisfaction follow.

This guide is for hospital leaders, ER directors, and clinical decision-makers who want more than just warm bodies filling shifts. It's for those who understand that culture can be the difference between chaotic care and compassionate outcomes.

We'll explore:

- Why ER culture often breaks down
- What a high-functioning team really looks like
- How culture affects your HCAHPS scores (and your bottom line)
- What it means to partner with a staffing agency that prioritizes culture over convenience

And we'll show you how **culture-first staffing** can restore not just efficiency, but energy — in your ER and in your community.

# Chapter 1: The Culture-Pain Gap in Emergency Departments

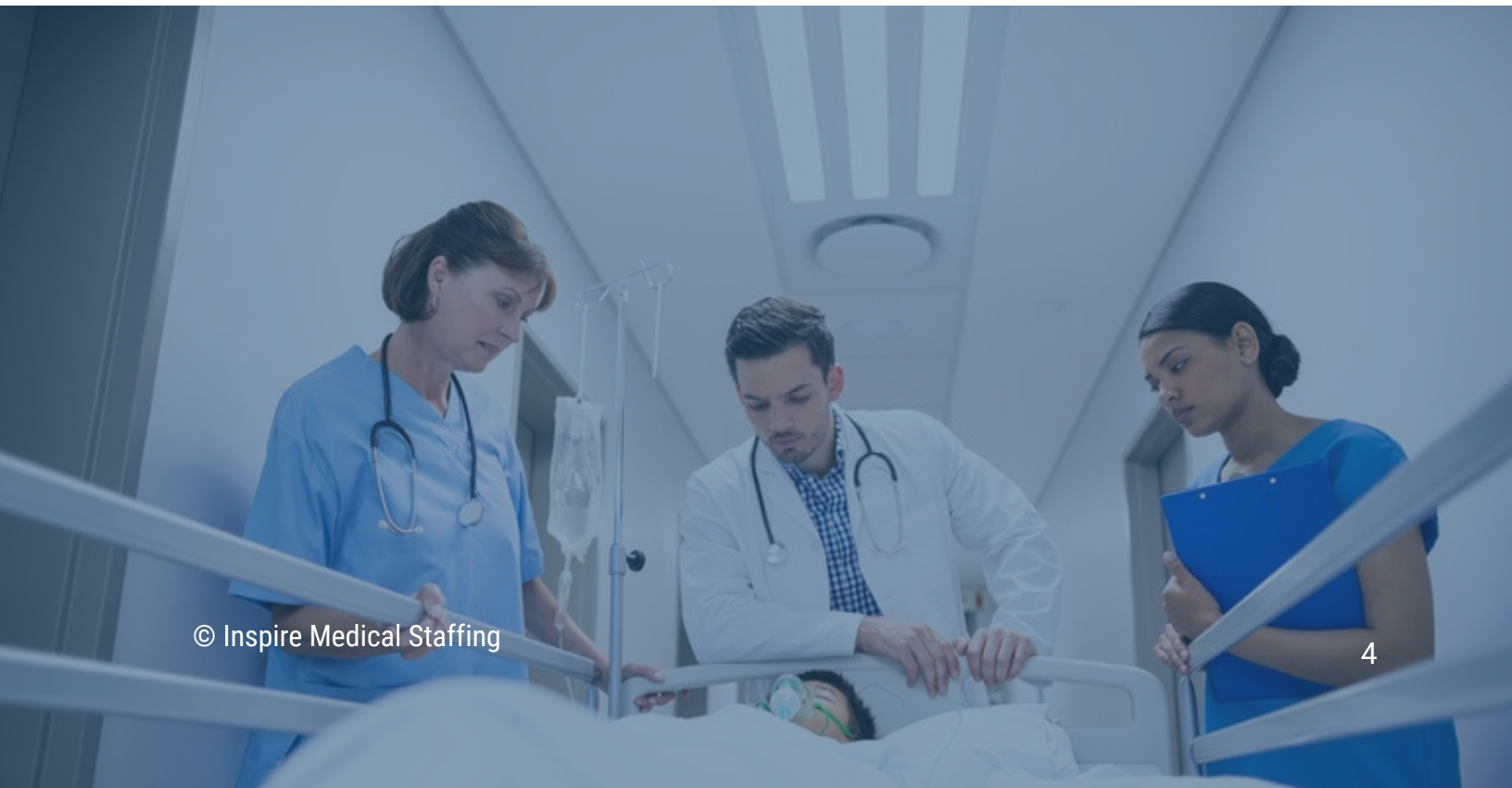
In the high-stakes environment of the emergency room, teamwork isn't optional—it's lifesaving. But too often, culture is an afterthought.

Many hospitals are so focused on coverage that they overlook cohesion. Physicians are slotted into open shifts without consideration for how they interact with existing teams. Nurses find themselves explaining the same protocols again and again. And patients, in their most vulnerable moments, witness disjointed communication and inconsistent care.

This misalignment comes at a cost. According to [AHRQ's review of Joint Commission reports](#), communication failures are implicated in over 70% of sentinel events—serious, often preventable patient harm. When communication breaks down, so do wait times, satisfaction, and safety.

Culture breakdowns don't just affect metrics—they affect morale. Staff burnout increases. Trust erodes. Turnover rises. And the cycle continues.

But when culture is prioritized, even the busiest ERs can feel calm, collaborative, and clear. Patients are seen faster. Staff are more engaged. And everyone moves with a shared sense of purpose.



## Indicators of Culture Challenges

Walk into any ER during shift change and you'll see it immediately — the unspoken tension, or lack thereof, that defines the next eight hours.

In some departments, team members move in sync, exchanging updates quickly but calmly.

There's eye contact—a shared understanding.

In others, the energy is fractured. Handoffs are clipped. There's second-guessing, whispering, and frustration. And often, it has nothing to do with clinical skill.

### The Hidden Cost of Culture Clashes

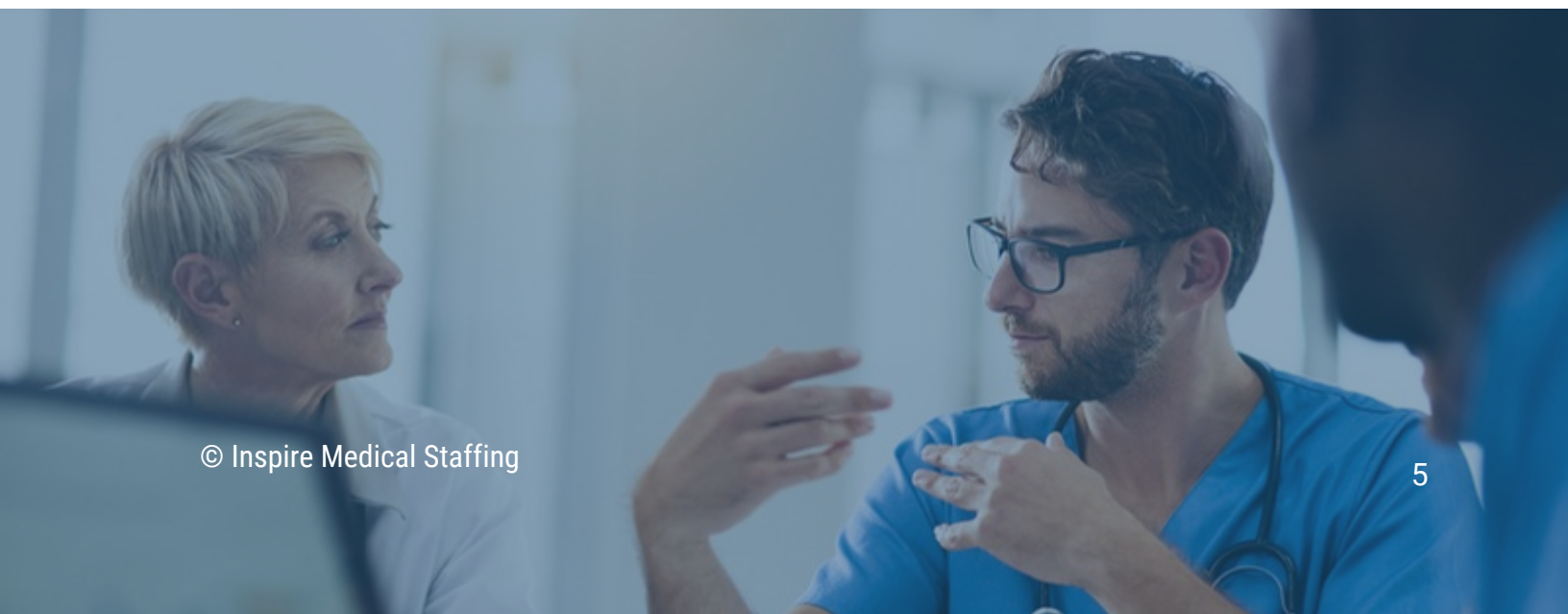
Many rural hospitals don't have the luxury of deep benches or long onboarding processes. The need is immediate: "We just need a doc to cover the weekend."

But when hospitals prioritize availability over alignment, they may be trading short-term relief for long-term dysfunction.

Here's what that dysfunction can look like:

- **Physician-nurse conflict:** When communication styles clash, care coordination suffers.
- **Resentment around scheduling:** Last-minute changes, unclear expectations, or "outsiders" being favored cause internal divisions.
- **Low trust environments:** New clinicians walk in blind, without support or context — leading to defensive behavior.

And while your clinical staff might grit their teeth and get through it, **your patients don't miss a thing.**



## How Patients Feel It

Patients in emergency situations are uniquely sensitive to emotional tone. They notice:

- Staff who appear stressed or avoidant
- Delays in care or confusing instructions
- Lack of empathy at the bedside

In HCAHPS and Press Ganey surveys, patient satisfaction often correlates less with clinical outcomes and more with how they *felt* — seen, heard, and cared for. A dysfunctional team, even if clinically competent, sends the wrong message.

“We’re in the business of trust — and patients decide in seconds whether to give it.”

## Culture Isn’t a Luxury. It’s a Lever.

Some hospital leaders still view workplace culture as an HR problem — a bonus, not a baseline. But in the ER, culture directly impacts:

- **Retention** — Doctors and nurses are more likely to stay where they feel respected and supported.
- **Productivity** — A coordinated team can move faster, with fewer errors.
- **Satisfaction** — For both staff and patients, culture shapes experience.

Culture isn’t a soft measure. It’s a clinical one.

In the chapters ahead, we’ll explore what makes a healthy ER culture, how to staff for it, and how the right partnership can help you build — and keep — it.

**Next up:** What does a positive ER culture really look like?

# Chapter 2: What Makes ER Culture Truly Positive

## *What Makes ER Culture Truly Positive*

Positive ER culture isn't created by accident. It's built intentionally—and it starts with people.

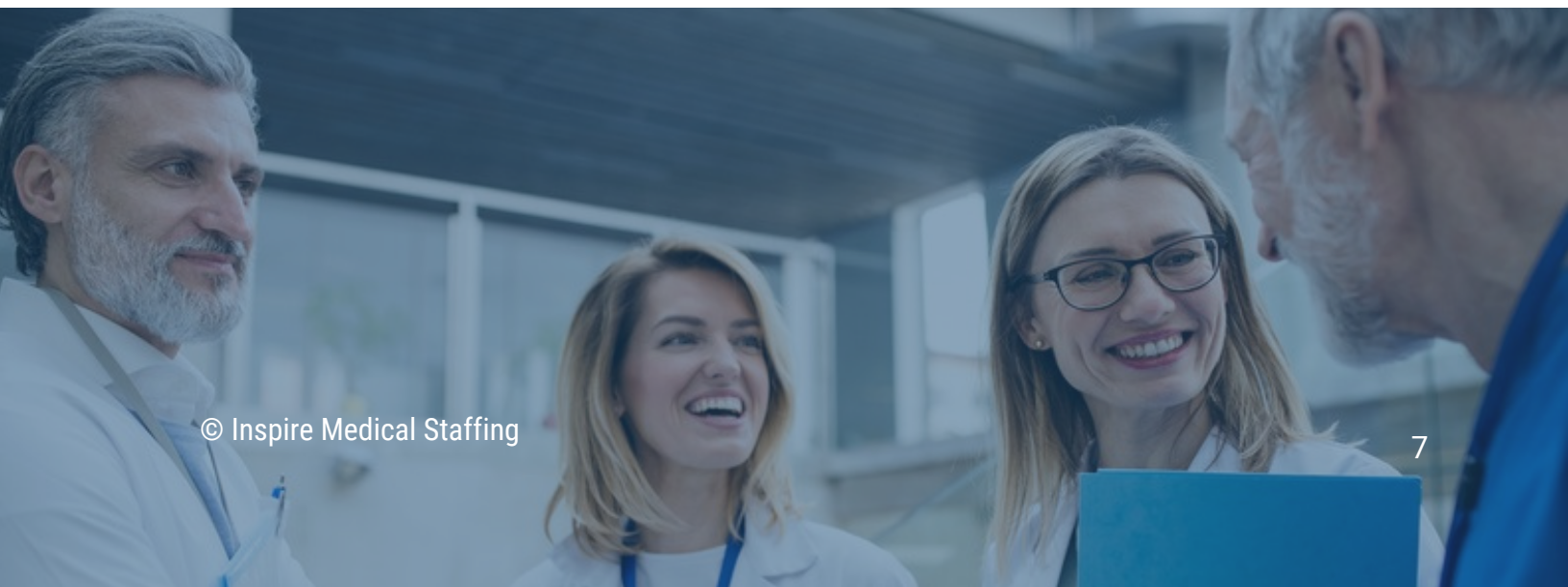
In high-functioning emergency departments, communication flows easily. There are defined handoff protocols. Roles are clear. Team members feel safe asking questions, offering input, and supporting one another. This psychological safety is essential to both quality care and job satisfaction.

Predictability also matters. When schedules are chaotic, even the most committed clinicians struggle. But when staff know what to expect—when they can plan, rest, and recharge—they show up more fully. Patients notice the difference.

Most importantly, thriving ERs share a sense of mission. In rural communities especially, providers often talk about being more than just employees. They're caregivers, neighbors, and advocates. When everyone is aligned around a purpose, culture becomes a living, breathing part of the ER.

One study of emergency teams in Stockholm found that reorganizing staff into dedicated teamwork modules led to shorter wait times and improved patient outcomes. The difference wasn't new equipment or more funding—it was culture.

**Below are the elements that set thriving ER cultures apart, with real data showing why they matter.**





## What Sets Thriving ER Cultures Apart

### 1. Clear Communication & Teamwork

Nothing trips up care more than miscommunication: wrong handoffs, assumptions made, nobody quite sure who's doing what.

- In a study of emergency departments, efficient work environments with strong teamwork correlated with better staff satisfaction and improved patient outcomes. [SAGE Journals](#)
- A BMJ Open study found that teams reporting higher quality communication and interprofessional collaboration had fewer adverse events and higher patient satisfaction. [BMJ Open](#)

**In practice, this means:**

- Defined roles in shift handovers
- Regular short briefings or “huddles”
- Open channels for feedback — everyone from paramedics to doctors to nurses feels heard

### 2. Psychological Safety & Mutual Respect

ERs are high-pressure, chaotic environments. Mistakes happen. What matters is whether people feel safe owning up to them, asking for help, or suggesting process improvements without fear.

- When psychological safety is high, teams are more likely to catch errors early, collaborate, and maintain consistency in patient care.
- Studies show that staff who feel respected and supported report better well-being, which then reflects in how they treat patients.



### 3. Predictable, Sustainable Work Structure

Nothing undermines culture faster than unpredictability.

- Physicians in the U.S. report extremely high rates of burnout. In 2021, about **62.8%** of physicians reported at least one symptom of burnout; by 2023 that number had dropped to around **45.2%**, but it's still dramatically higher than in many other professions. [MedicalEconomics](#)
- Burnout isn't just a metaphor—it's linked to medical errors, lower patient satisfaction, and poor staff retention. [Stanford Medicine](#)

#### What helps:

- Consistent schedules (not being told at the last minute where you're working)
- Avoiding frequent on-call or back-to-back shifts when possible
- Ensuring staff get off-duty rest and work-life balance

### 4. Shared Purpose & Alignment with Values

People stay when they believe in *why* they're doing the work.

- Especially in rural settings or community-oriented hospitals, mission-driven values matter: serving underserved populations, teamwork, and integrity.
- When hospital leadership, staff, and external partners (like staffing agencies) are aligned around core values, people make choices with the mission in mind — even under strain.



## 5. Support Systems & Responsive Leadership

Even the best teams need support.

- Administrative support, simple logistics, clarity about credentialing -- when these tasks are handled smoothly, clinical staff can focus on patients.
- Responsive leadership that listens and adjusts (rather than enforcing “this is how it’s always been done”) helps maintain morale.

## Tying It All to Patient Satisfaction

Why does all this culture talk matter *for patients*?

- Patients don’t just judge outcomes; they judge *experience*. Did they feel heard? Did staff seem cohesive or chaotic? Was their care coordinated?
- When doctors and nurses collaborate well and feel supported, they communicate more clearly with patients, reduce wait times, and make fewer errors. All of which show up in satisfaction surveys.

# Chapter 3: The Role of a Culture-First Staffing Partner

## *The Role of a Culture-First Staffing Partner*

Culture doesn't just happen inside hospital walls. It starts with how new team members are brought in.

At Inspire Medical Staffing, we take a culture-first approach to physician placement. That means we don't just verify credentials and send someone in cold. We interview every doctor to understand their values, communication style, and goals. We get to know the hospitals and

the teams they'll be joining. And we don't just make introductions—we walk in with them on day one.

How a staffing agency can do more than fill shifts — it can shape, sustain, and strengthen the culture that drives patient satisfaction.

When hospitals partner with staffing agencies, the risk is often that doctors are slotted in and forgotten. But the right partner treats culture not as a checkbox, but as a core value. Here's how it works — and how Inspire Medical applies this approach.

## **Fit First, Paperwork Second**

- Instead of simply verifying credentials, we interview every physician to understand how they communicate, how they handle pressure, what their expectations for teamwork and patient interaction are.
- We ask questions like: *"Tell me about a time you had to cover for a colleague last minute — how did you handle it?"* or *"How do you unwind after a long night shift?"* to gauge values and compatibility.
- Physicians placed with us often say they felt more prepared going into their first shift, because they already had a conversation about what to expect — not just from the hospital, but from the team.



## **Knowing the Hospitals & The People in Them**

- Because Inspire is physician-founded and locally oriented, we take time to understand each hospital's workflows, leadership style, communication norms, and challenge points.
- We connect new physicians with key hospital contacts before their first shift — scheduling, nursing leadership, department coordinators — so the transition is smoother.

This reduces the “who do I go to if something goes wrong?” anxiety that many doctors report when entering new ERs.

## **Predictability & Sustainable Scheduling**

- No one thrives under unpredictability. When your schedule is constantly changing, when shifts are added or pulled at the last minute, it wears people down.
- Inspire builds schedules well in advance where possible, keeps off-duty expectations clean, and respects rest time.
- We also make sure our physicians know when they are off — avoiding “on call creep” and respecting personal time so physicians can recharge.

## **Proactive Support & Leadership Responsiveness**

- We don't wait for complaints to escalate. We monitor regular feedback from physicians and hospital partners. If things seem off — perhaps handoffs are inconsistent, or morale seems low — we check in.
- Our risk management or administrative support teams help remove friction: paperwork issues, credentialing delays, and scheduling conflicts.

Physicians tell us that when those “small bureaucracies” are resolved quickly, their ability to focus on patients improves.

## Continuous Partnership, Not One-Off Placements

- Culture changes over time. Hospitals shift leadership, change procedures, and see turnover. We remain in touch rather than assume “placement done = success.”
- Periodic reviews happen: how is the pairing going? Are there adjustments needed? Is there feedback from nurses and staff about collaboration or integration?

If a physician isn't fitting the style or rhythm of a hospital, we explore realignment rather than forcing through a mismatch.

## Inspire Medical's Approach

- Inspire Medical's approach to staffing contributes to the culture present in our hospital partner emergency departments by:
- Focusing on the person and values in placement, not just credentials.
- Investing in the “soft” onboarding: orientation, expectations, team introduction.
- Maintaining ongoing feedback loops to identify drift and correct it.
- Predictable schedules that reduce stress, confusion, and last-minute shifts.



## Chapter 4: The Culture-to-Patient Satisfaction Pipeline

### ***The Culture-to-Patient Satisfaction Pipeline: Evidence from the Field***

Patients may not fill out surveys thinking about team dynamics—but those dynamics shape every answer.

In a recent study at Mayo Clinic Health Systems, staff who reported high alignment with organizational values saw better patient ratings across 10 out of 11 care domains.

Another study in Saudi Arabia found that after implementing empathy training and staff recognition programs, patient experience scores increased by over 4% across emergency and inpatient settings.

The evidence is clear: when staff feel supported, patients feel safe. When teams collaborate, care improves. Culture isn't a soft skill—it's a clinical one.

So far, we've defined what healthy ER culture looks like, and how a partner like Inspire Medical can build and sustain it. In this chapter, we'll connect culture to patient satisfaction more directly—with real-world examples and data. When culture improves, patients notice—and so do satisfaction scores.

## Case Example: Interprofessional Teamwork in Stockholm, Sweden

### *The Culture-to-Patient Satisfaction Pipeline: Evidence from the Field*

Setting: Södersjukhuset, a busy teaching hospital's adult Emergency Department in Stockholm (~110,000 patient visits annually). [BioMed Central](#)

Intervention:

- They reorganized ED care into teamwork modules. Rather than separate triage, physicians, nurses, and support staff were grouped into modules that worked together. [BioMed Central](#)
- Over nearly five years, the hospital implemented and sustained these modules. It wasn't a short experiment—it was a long-term redesign. [BioMed Central](#)

Outcomes:

- Patient waiting time and ED length of stay dropped significantly in the first year post-implementation. [BioMed Central](#)
- Health professionals reported better clarity in roles, improved cooperation and communication. Staff engagement increased. [BioMed Central](#)

### **Why It Matters:**

By creating stable teams, aligning roles, and reducing ambiguity, the hospital improved both staff experience and patient outcomes. Patients benefitted from shorter waits, likely better coordination, and clearer communication.

## Case Example: King Abdul-Aziz Armed Forces Hospital (Saudi Arabia)

### *The Culture-to-Patient Satisfaction Pipeline: Evidence from the Field*

**Setting:** King Abdul-Aziz Armed Forces Hospital, Dhahran. This included work in the inpatient wards, outpatient settings, *and* the Emergency Department.  
[bmjopenquality.bmj.com](http://bmjopenquality.bmj.com)

#### **Intervention Elements:**

- Leadership engaged patients and families via advisory councils, interviews with leadership. [bmjopenquality.bmj.com](http://bmjopenquality.bmj.com)
- Empathy training and patient experience (“PX”) champions. They also recognized staff for behaviors aligned with patient-centered culture. [bmjopenquality.bmj.com](http://bmjopenquality.bmj.com)
- Use of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey data to highlight priority touchpoints, especially in the ED.  
[bmjopenquality.bmj.com](http://bmjopenquality.bmj.com)

#### **Outcomes:**

- After implementing these culture-change strategies, the hospital saw an average increase of **more than 4%** in patient experience (PX) scores across dimensions in inpatient, outpatient, and ED settings. [bmjopenquality.bmj.com](http://bmjopenquality.bmj.com)
- Not only did patients report better experience, but staff involvement in patient care increased. Staff felt more recognized. [bmjopenquality.bmj.com](http://bmjopenquality.bmj.com)

# Case Example: Mayo Clinic Health Systems – Organizational Culture, Staff Engagement & Patient Satisfaction

**Setting:** Mayo Clinic Health Systems (community hospitals / outpatient units) in the United States. [Dove Medical Press](#)

## What They Studied:

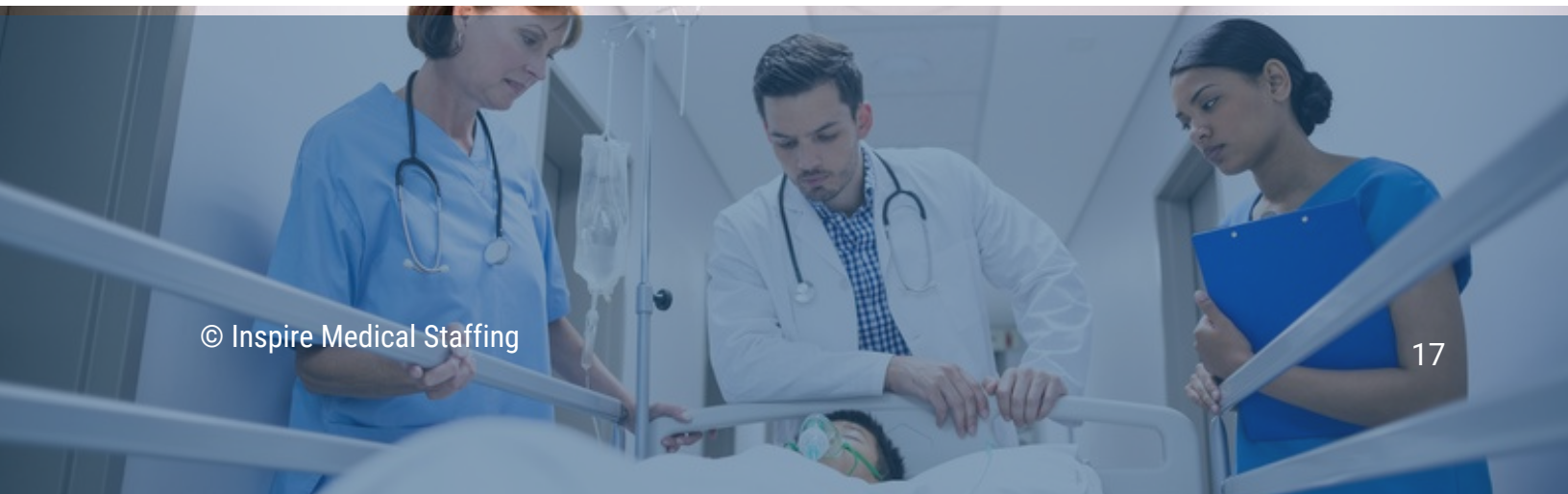
- Organizational values, leadership, staff engagement, and well-being.
- How these outcomes are related to patient satisfaction (Press Ganey) scores across multiple outpatient units. [Dove Medical Press](#)

## Key Findings:

- Shared values of excellence and innovation among staff were strongly correlated with higher patient satisfaction across 10 out of 11 patient satisfaction measurement domains. [Dove Medical Press](#)
- Staff perception of fairness and organizational values mattered a lot—when staff felt these values were real and lived (not just in mission statements), patient satisfaction was measurably higher. [Dove Medical Press](#) the time you do spend in the ED—so that each shift builds your skills, not just checks a box.

## Other Supporting Evidence

- A scoping review in 2024 found *several positive statistical relationships* between patient safety culture (measured among staff) and patient experience, with **communication and teamwork** consistently among the strongest factors. [BioMed Central](#)
- Another study reviewing caring culture models showed that interventions like leadership-patient interviews, staff recognition, patient/family advisory councils, and empathy training produced improvements in patient experience across care settings. [bmjopenquality.bmj.com](http://bmjopenquality.bmj.com)



## Lessons & Insights: What These Cases Teach Us

From these case examples, patterns emerge. Here are lessons that Inspire Medical Staffing (or hospital leadership) can draw:

### What Culture Feature Improved & How It showed up in Patient Experience

Interprofessional teamwork modules (Sweden)

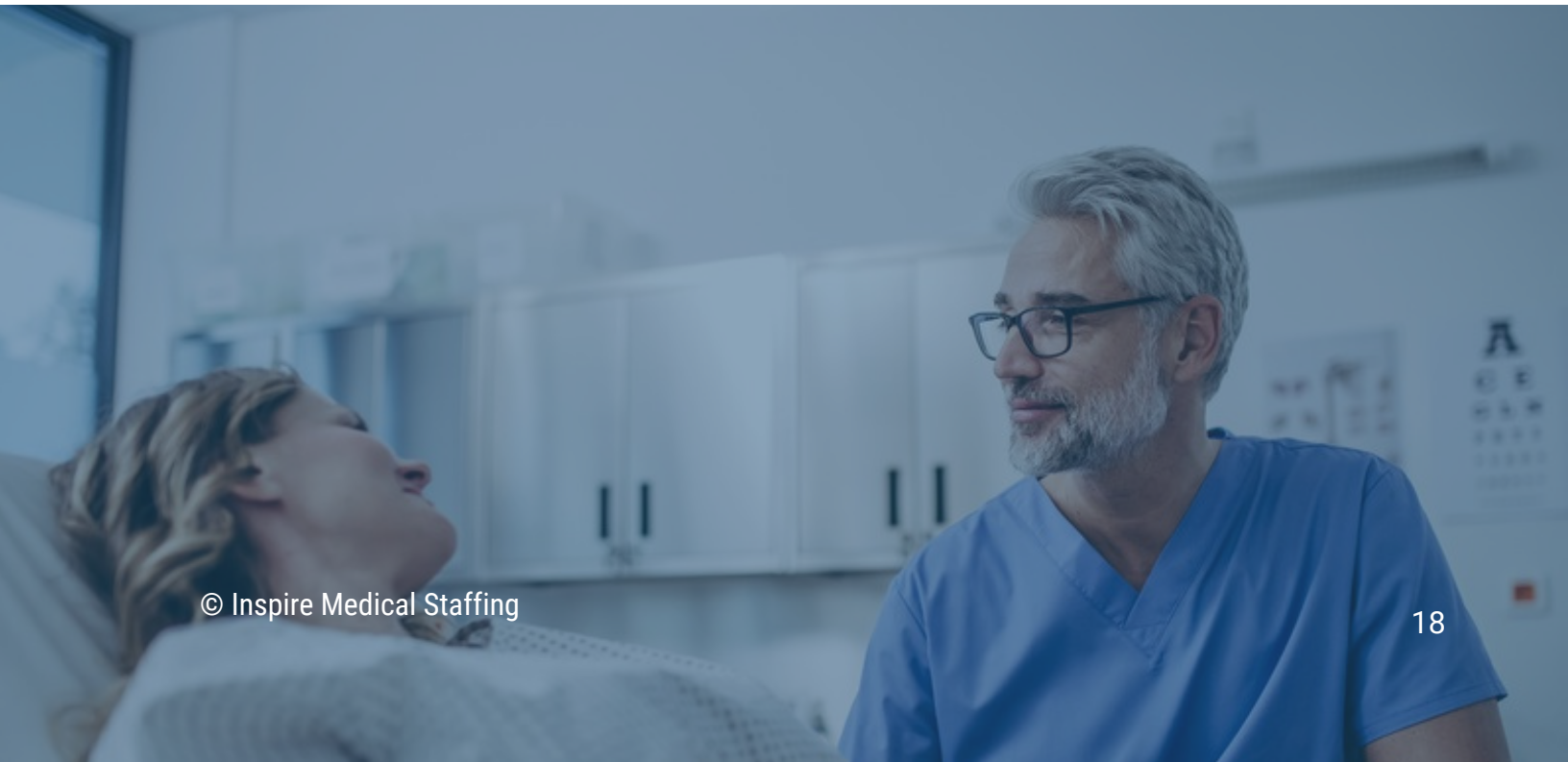
Shorter waiting times, improved staff communication → patients likely felt more attended to. [BioMed Central](#)

Patient & family advisory councils + empathy training (Saudi Arabia)

Better scores in experience surveys; patients felt more engaged and respected. [bmjopenquality.bmj.com](#)

Shared organizational values & staff fairness (Mayo Clinic)

Higher satisfaction across many service areas; improved trust in care providers. [Dove Medical Press](#)



## Statistical Snapshot: How Much Culture Moves the Needle

To make this real, consider these numbers:

- In the Stockholm case with teamwork modules, waiting times and ED length of stay dropped significantly in year one. [BioMed Central](#)
- At King Abdul-Aziz AF Hospital, patient experience scores rose on average by **4%+** across settings after culture interventions. [bmjopenquality.bmj.com](#)

In the Mayo Clinic analysis, *excellence* and *innovation* values were significantly correlated with higher satisfaction in **10 of 11 domains**. [Dove Medical Press](#)

## Summary

- Culture isn't vague; it shows up in measurable outcomes.
- Communication, teamwork, leadership, predictability — these aren't "nice extras," they are key levers.
- Hospitals that invest in culture change see improvements in both staff experience and patient satisfaction.
- For ERs — where stakes are high, first impressions matter, and stress is inevitable — culture determines whether chaos or compassion is the default.

# Chapter 5: What Hospitals Can Do Today

## ***What Hospitals Can Do Today to Build a Culture That Boosts Patient Satisfaction***

You don't need a new building, a million-dollar initiative, or years of planning to improve culture. You can start right now—with intention.

Run a culture audit. Ask your team: Do you feel safe speaking up? Are handoffs consistent? Do new hires fit well? Even a few "no" answers can highlight areas for improvement.

When interviewing new physicians, go beyond experience. Ask how they handle pressure, how they collaborate, how they recharge. Bring nurses into the interview process. They often see red flags that administrators miss.

Stabilize your schedules. Even a modest improvement in predictability can reduce stress, improve morale, and support better patient care.

And finally, create feedback loops that work. Ask two simple questions every month: "What's working?" and "What's not?" Share the themes. Make changes. Let your team see that their voice matters.

Culture isn't changed by edict. It's changed by example.

This chapter outlines practical steps hospitals can take to improve ER culture and, by extension, patient satisfaction. Whether you're facing burnout, turnover, low survey scores, or just want to strengthen what's already working, these strategies are designed to help.

## Conduct a Simple ER Culture Audit

You can't fix what you don't measure. Here's a quick self-assessment tool you can run in a single staff meeting or distribute anonymously via a survey.

### Ask your ER team:

- Do you feel psychologically safe speaking up or reporting near misses?
- Are shift handoffs smooth, or do you regularly feel unprepared?
- Do you know what your colleagues expect of you during high-stress moments?
- When new physicians are introduced, do they integrate well—or disrupt flow?
- Do you feel seen and valued by leadership, or just plugged into a role?
- Are off-duty hours respected, or do boundaries get blurred?

**Scoring tip:** If three or more of these get negative responses, it's a signal that culture needs attention—urgently.

## Embed Culture Fit Into Hiring & Onboarding

Even when you're hiring fast, you can screen for alignment—not just credentials.

### Suggestions:

- In interviews, ask behaviorally revealing questions like:
  - “How do you handle tension during shift transitions?”
  - “Tell me about a time you advocated for a colleague.”
  -
- Involve nurses or other ER staff in final interview rounds—they'll spot red flags others might miss.
- Create a one-pager for all incoming clinicians explaining your ER's unwritten “rules of the road” (e.g., how huddles work, who makes final calls, preferred communication style).

**Pro tip:** Include values in the onboarding process—not just EMR logins and locker locations.

## Stabilize Schedules Wherever Possible

Nothing wears out morale like uncertainty. You might not control emergencies, but you can reduce chaos with structure.

### Quick wins:

- Lock schedules 6–8 weeks out whenever possible.
- Create “first-call” physician backup rotations, so staff know who covers what if someone calls out.
- Avoid stacking stressful shifts back-to-back—especially weekends or holiday rotations—without decompression days.

When people can plan their lives, they show up more fully at work.

## Start Small With Recognition & Peer Feedback

Don’t underestimate what a single positive comment can do in a high-stress workplace.

- Give staff 30 seconds at the end of each shift to name one colleague they saw do something helpful or admirable.
- Share patient compliments with the team—especially when they mention communication, not just outcomes.
- Use sticky notes, whiteboards, or even a Slack channel to normalize peer recognition. Culture is shaped by what gets noticed.



# Implement a Feedback Loop That Actually Gets Used

Hospitals often gather feedback, but don't act on it—or staff don't see the follow-up.

- Ask for regular, short feedback—two questions max:
  - *“What’s helping you thrive here?”*
  - *“What’s getting in your way?”*
- Summarize the themes (anonymized), present them at monthly huddles, and share what changes are being made (or why not).

Feedback without follow-up kills trust. Feedback with transparency builds it fast.

## Partner Strategically — Not Just Tactically

If you're stretched thin or already trying to rebuild culture, consider bringing in help—just make sure it's the right help.

What to look for in a staffing partner:

- Do they understand and prioritize culture?
- Do they interview physicians for values, not just skills?
- Do they meet your team on-site before placing someone?
- Will they walk in with new physicians on their first shift?
- Can they provide support if a placement isn't working?

Not every agency will do this. But the ones that do will help you protect your culture, not risk it.



## Summary: Start Small, Lead Loud

Culture isn't shifted in one day. It's built in micro-moments, reinforced in decisions, and modeled by leadership.

You don't need to overhaul your whole system to begin. **Here's a 7-day challenge:**

- Day 1**      Ask your ER staff: "What's one thing we could change that would improve culture fast?"
- Day 2**      Review your next round of physician interviews—add one values-based question.
- Day 3**      Choose a shift and personally recognize someone out loud at handoff.
- Day 4**      Survey staff with the two-question feedback loop. Share results transparently.
- Day 5**      Audit the next two weeks of scheduling—where can you reduce chaos?
- Day 6**      Meet with a nurse lead to ask: "What's working—and what's wearing people out?"
- Day 7**      Identify a culture-first partner who can help. (We know one if you need a suggestion.)

## Ready to Build a Culture That Shows Up in Your Scores?

Inspire Medical Staffing can help hospitals like yours improve ER culture by placing doctors who align with your team, values, and mission.

No shift left unstaffed. No doctor left unsupported.

**Schedule a Consultation →**



# Conclusion: Culture Is a Clinical Outcome

Culture doesn't show up on an EKG. It's not listed in your charting system. But it's there. It's there in how your team communicates. It's there in how new hires are welcomed. It's there in the way your patients feel—safe, rushed, confused, cared for.

## **Culture isn't abstract. It's operational.**

It affects how quickly patients are seen, how thoroughly they're heard, how calmly they're treated — and ultimately, how safe they feel.

The chapters you've read outline a truth that's becoming harder to ignore:

## **Patient satisfaction is inseparable from team satisfaction.**

When culture thrives, performance follows.

When physicians are aligned, supported, and known by their teams, patients trust them faster. And when that trust is established, satisfaction rises — as do outcomes, morale, and retention.

At Inspire Medical Staffing, we believe that ER culture is one of the most powerful, yet overlooked, drivers of patient satisfaction. And it starts with how you staff.

## Where Do You Go From Here?

Start with one shift.

One conversation.

One staffing decision that prioritizes fit over convenience.

Whether you're building a new ER team, stabilizing a stretched schedule, or just looking for a better way to serve your community — we'd love to walk with you.

## Let's Build a Thriving ER Culture — Together

At Inspire Medical Staffing, we help hospitals staff ERs with doctors who aren't just credentialed — they're compatible.

That means:

- ✓ Values-based interviews
- ✓ Predictable schedules
- ✓ Culture-aligned onboarding
- ✓ Personal introductions on shift one
- ✓ Admin support that protects your time
- ✓ Rapid conflict resolution and long-term partnership

If you're ready to strengthen your ER culture — and see it reflected in your patient experience — we're ready to help.

### → Schedule a Culture-First Staffing Consultation

Let's talk about what your ER needs, and how we can meet you there.





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