



UNION GENERAL
HOSPITAL



Rural Hospital Stabilization Pilot Project

Union General Hospital
November 2016



School & Daycare / Telemedicine

Budget: \$118,731

- **Purchased**: Telemedicine Equipment installed at all schools and daycare
 - Have transitioned Suches location to the new Suches Clinic – so will now support the school and the community.
- Letters sent home with all students with their school paperwork
- Have already received >1000 enrollment packets this school year
- Superintendents very supportive / Enhanced relationship with schools

Challenges:

- Paperwork returned from students (beginning of year easiest time)
- PCP Relations (need to include them as much as possible)
- School Nurses too busy or not available

* ***Plan to continue this initiative.*** It will grow and be an asset.

Decrease Hospital Readmissions

Budget: \$196,100

- **Purchased**: EMS monitoring equipment / Paramedicine salaries
 - Continuing to monitor frequent-flyer patients on list for frequent ED visits / admissions
 - Consult with **Case Management** / PCP's as needed to help direct care / prevention of readmission / ED visits
 - **EMS Home Visits (Paramedicine)** for Well Checks to prevent readmissions / ED visits
 - Identify high risk patients / establish schedule for visits
 - Will be extremely useful as we move into the Population Health Era
 - Utilize **Telemedicine in the field** for consultation with ED physician to direct care of patient (stay home, come to ED, etc)
- ****Plan to continue this initiative*** as long as financially feasible.



UNION GENERAL
HOSPITAL

Community Care Team

- Currently Enrolled: 23 patients
 - Challenges: NC residents – unable to see
 - Successes: 5 total; 3 frequent fall patients with less than 2 falls in past 2.5 months, previously multi-calls per week. 1 frequent EMS transport decreased to 2 transports in previous 60 days from former weekly caller. 1 frequent ER visitor decreased in past 3 weeks, given info about behavioral services available to help anxiety, decreased visits > 1/2.





Results of Interventions So Far...

1	UGH Rural Hospital Stabilization Pilot Project Dashboard						
2	PROJECT NAME:	BASELINE	QTR 3	QTR 4	QTR 1	QTR 2	QTR 3
3	<i>Decreasing Readmissions</i>	QTR and Year to Date	2015	2015	2016	2016	2016
9							
10	Number of readmissions from High						
11	risk group-						
12	Quarterly	10	5	4	4	6	8
13	Year to Date	40	5	9	13	19	22

Decrease ED Utilization

Budget: \$24,375

- **Purchased**: Telemedicine equipment / telemedicine fees
 - Continuing to monitor frequent-flyer patients on list for frequent ED visits
 - **Opioid Policy** - Continue to implement limiting treatment of chronic pain with narcotics in the ED, encourage treatment by PCP / Pain Clinic – one provider to prescribe opioids (not ED)
 - Analyzing **Behavioral Health** patient data
 - Delays in patient placement
 - Repeat visits from known mental health patients – Avita helping us
 - **NH Telemedicine** - Decrease NH to ED transfers utilizing telemedicine / treat at NH instead when possible
 - NH to Physician Office being utilized
 - Challenges: NH Staffing shortage making this initiative more difficult
- *Plan to continue this initiative.** All have proven to be effective.



Results of Interventions So Far....

1							
2	UGH Rural Hospital Stabilization Pilot Project Dashboard						
3	PROJECT NAME:	BASELINE	QTR 3	QTR 4	QTR 1	QTR 2	QTR 3
4	<i>Decrease ED Utilization</i>	QTR and Year to Date	2015	2015	2016	2016	2016
5							
6	Number of ED Visits from High						
7	utilization patients-						
8	Quarterly	119	67	48	48	39	51
9	Year to Date	476	67	115	163	202	186
10							
11	Total Charges for						
12	High utilization patients-						
13	Quarterly	\$ 140,386.00	125,862.05	93,906.59	108,926.04	68,714.38	62,477.57
14	Year to Date	\$ 561,546.00	125,862.05	219,768.64	328,694.68	397,409.06	334,024.58
15							
16	Total Number of Nursing Home to ED						
17	Quarterly	44				26	51
18	Year to Date	177					

Right Patient / Right Place

Budget: \$83,495

- **Purchased**: EMS and Neuro Telemedicine equipment / telemedicine fees
- Utilize telemedicine via EMS in the field to help determine appropriate disposition / treatment of patients
- Utilize **Stroke / Neuro telemedicine** to access neuro experts at tertiary stroke center for accurate disposition / treatment of patients
 - Equipment installed in ambulances and ED
 - In process of credentialing neuro physicians

****Plan to continue this initiative.***

Patient Perception / Reduction in Outmigration

Budget: \$327,299

- **Purchased**: Salaries for Patient Advocate, Customer Service Training, Employee Satisfaction Survey, and ED Renovations
- Implemented **Fast Track** and added 4 small Fast Track Rooms in ED - renovated existing space
 - Added 3rd provider
 - Patient Advocates 7 days / week during busiest hours
- Implemented “**Nurse First**” **Reception / Triage**, mobile Registration
- **Customer Service Training** for staff
 - Studer group speaker / coach
- * ***Plan to continue initiative*** given the significant improvements made in the ED.



Results of Interventions So Far....

UGH Rural Hospital Stabilization Pilot Project Dashboard							
PROJECT NAME:	BASELINE QTR and Year to Date	QTR 3 2015	QTR 4 2015	QTR 1 2016	QTR 2 2016	QTR 3 2016	
<i>Patient Perception/Reduction in Outmigration</i>							
Average Triage Time							
Quarterly	17 mins		6 min	6 min	8 min	9 min	
Year to Date							
Average Length of Stay							
Quarterly	287 mins		183 min	176 min	178 min	182 min	
Year to Date							
Would You Recommend (H17) ED-CAHPS score							
Quarterly	64%	77.50%	80%	76.10%	75.30%		
Year to Date							
ED Wait Times (YE5D2) ED-CAHPS score							
Quarterly	68.2%	73.90%	89.80%	83.60%	88.80%		
Year to Date							

Results of Interventions So Far....

- Quarterly LWOT's prior to changes = **58**
4th Q = **14** 1st Q = **10**
2nd Q = **15** 3rd Q = **38**
- Quarterly LWBS's prior to changes = **76**
4th Q = **28** 1st Q = **22**
2nd Q = **32** 3rd Q = **31**

**** ER Volumes ↑ 4% YTD. ****