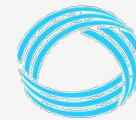




LIBERTY REGIONAL
MEDICAL CENTER



SORH

State Office of Rural Health
A Division of the Georgia Department of Community Health

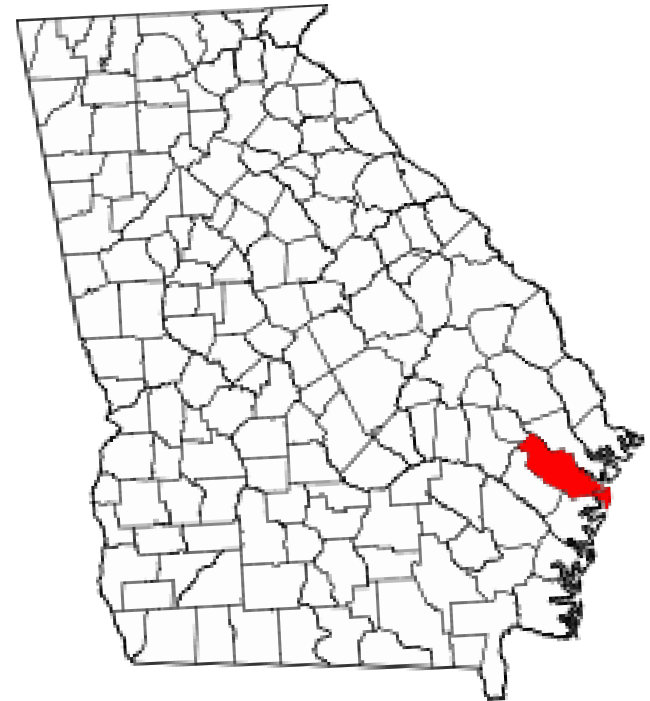
Rural Hospital
Stabilization Project
Grant Number: 18033G

Walk-In Clinic

Van Loskoski
Project Manager

Liberty County

- Population: 61,386
- Home to Fort Stewart
 - Largest military installation in the Eastern US
- 9,655 Veterans
- Approx 20,000 active duty military and family members
- 32 miles SW of Savannah





LIBERTY REGIONAL

M E D I C A L C E N T E R



Liberty Regional Medical Center

- 25 bed CAH
- 108 bed SNF
- 4 Primary Care Clinics
 - Hinesville
 - Midway
 - Ludowici
- General Surgery
- Pediatrics
- OB/GYN
- Member of Bayou Basin Medicare ACO

Annual Statistics

- 27,100 ED Visits
 - 53% Triage Non-urgent
- 340 Deliveries
- 3,100 Inpatient / Observation Admissions
 - 30 Day Readmission Rate: 3.2%
- 5,900 Lives Attributed to Primary Care
- 240 Swing Bed Days

Rural Hospital Stabilization Grant

- Phase III
- \$250,000 awarded
 - \$25,000 Hospital buy-in
- Awarded September 20, 2017
- Where do we spend?
- Too much and not enough?

Internal and External Needs Assessment

- Needs of Hospital
 - Areas of the hospital creating instability
- Needs of Community
 - How the community is actively using our healthcare system
 - Why the community may not be using our healthcare system

Areas of Instability

- **Non-urgent ER utilization**

- Drives up cost to patients
- Increases cost to department
- Increased wait times, leads to bad PR

- **1013 Holds**

- 220 patients in the last year
- Ties up staff, rooms, resources

- **Referral Sources and Regional Competition**

Community Needs

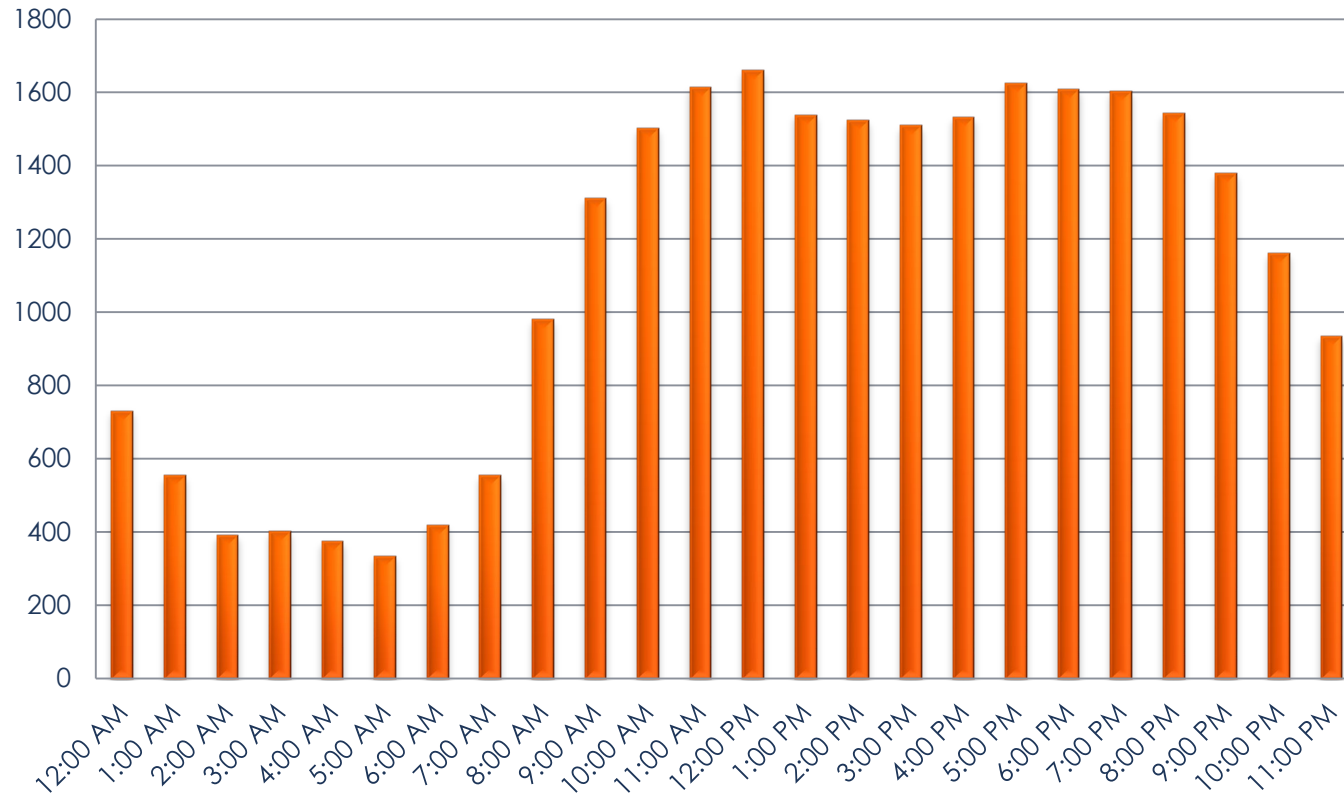
- Non-urgent ER use indicates:
 - Need for convenient access to care
 - After hours care
 - Appointments
 - Difficulty paying for healthcare
 - 1/3 of Non-urgent ER Visits were self pay
 - Lack of options
 - Lack of awareness of resources in the area

ER Utilization

- Area of greatest opportunity
- Keep patients in system
- Reroute to more appropriate setting
- Level out cost to patient and costs of organization

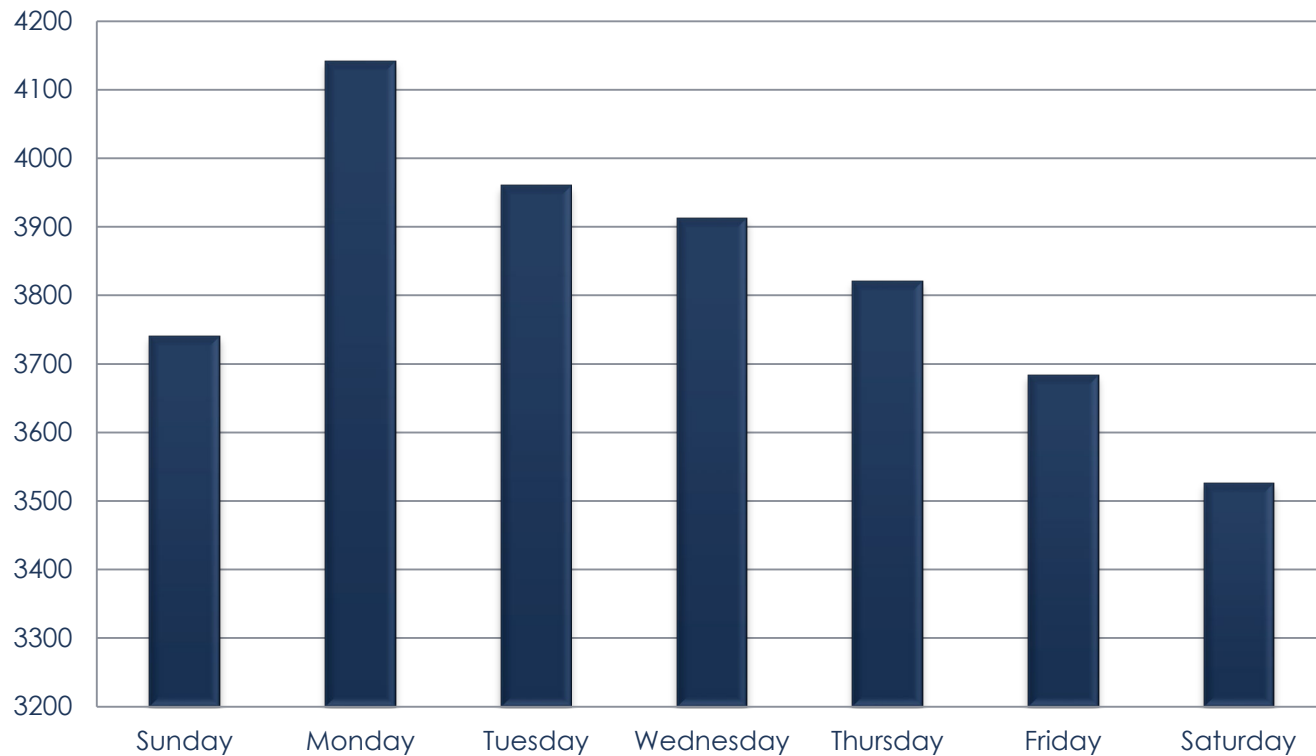


ER Visits by Time of Day



- Examined each day of week
- Spikes at lunch time and end of work day

ER Visits by Day of Week



Non-urgent ER Visits

- 13,400 Visits Annually
- 34,000 hours of patient care
- \$16 Million in Charges
- \$2.3 Million in Reimbursement
- 4,538 visits not reimbursed accounting for \$5.4 Million in Charges

TOP CHIEF COMPLAINTS

SKIN RASH

SORE THROAT

BACK PAIN

EARACHE

DENTAL PAIN

ABDOMINAL PAIN

COUGH

HEADACHE

FALL

FEVER

VOMITING

Non-urgent ER Utilization (beyond the numbers)

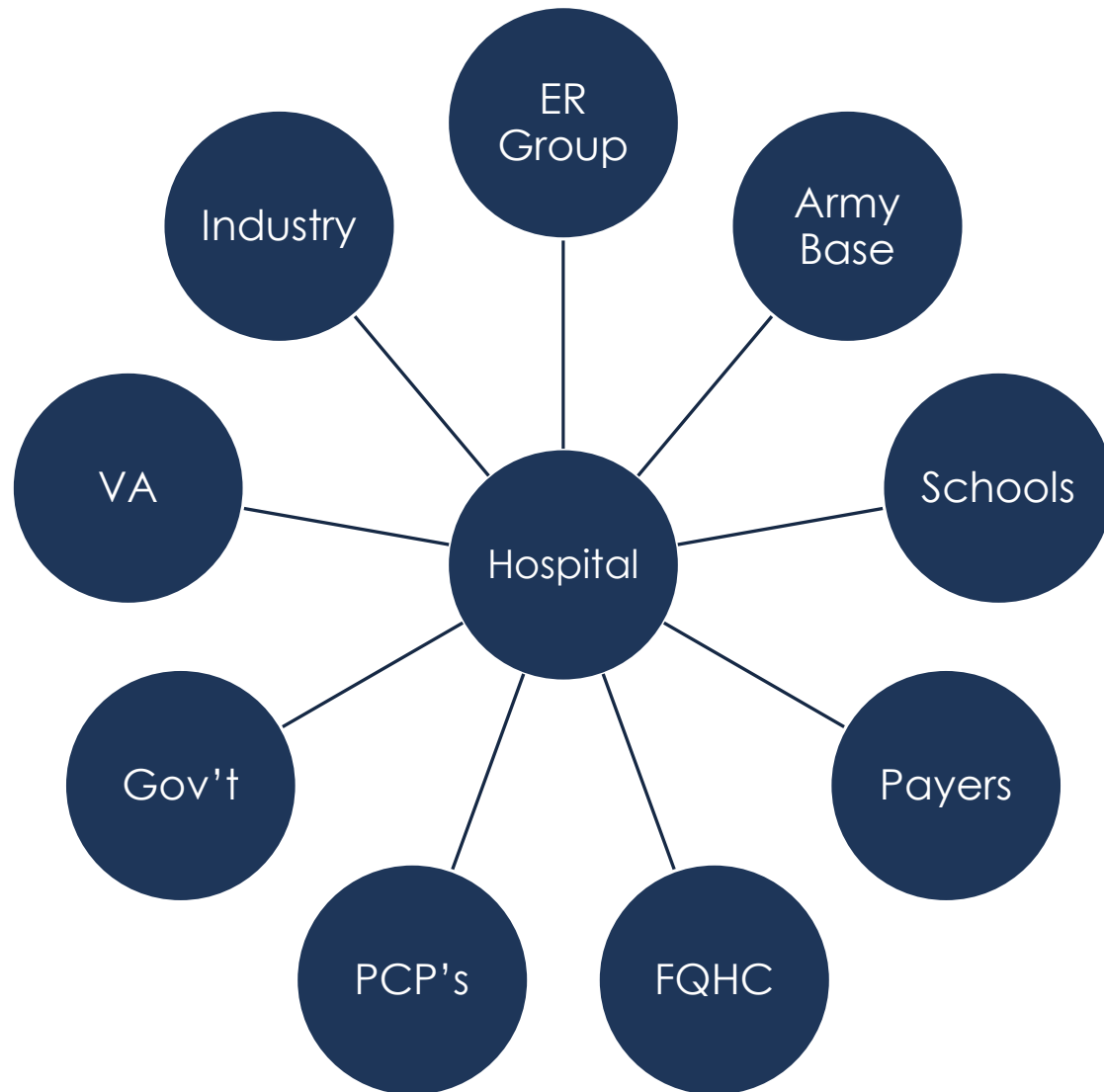
- Problem focused vs comprehensive care
 - Patients with multiple chronic conditions
- Reactionary care vs preventive care
 - Leads to more visits, hospital readmissions
- Case Management
 - Follow-up is often impossible

We are not alone

- Anthem BCBS takes stance against Non-emergent ER utilization
- Other Healthcare systems facing similar issues
 - What have they done?
 - Site visits with RHS Phase I and Phase II hospitals

Considerations

- Removing Patients = Removing Revenue
 - Must be cost effective
 - Must return reimbursement in another setting
- Relationship with ER providers
 - Must be invested in the process
 - Create benefit for provider, patient, and organization
- Retaining Patients
 - Must ensure patients stay within our system





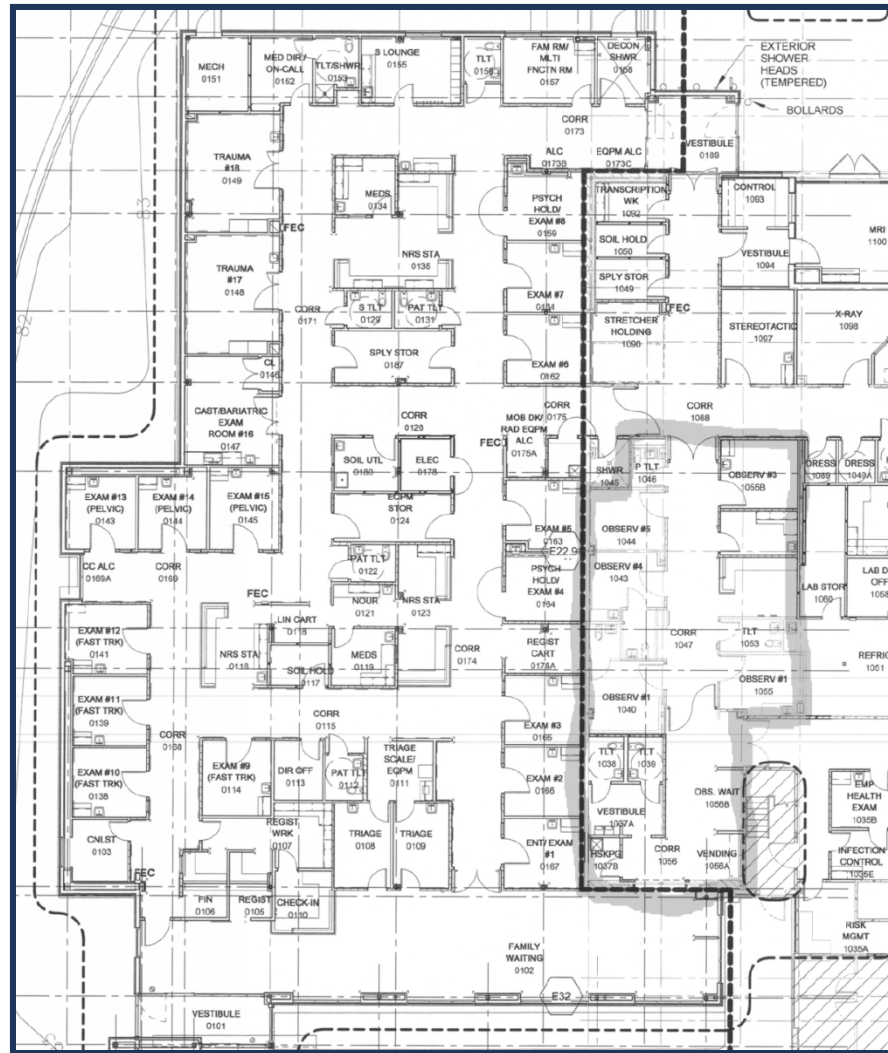
Solution:

Get patients out of ER and
into a more appropriate
setting

What is that setting?

Unused Space Adjoining ER

- 5 Rooms built for Observation
- Large ER Waiting Area
- Nurse's station already built
- Med Room
- Two restrooms



Walk-In Clinic

- Primary Care Clinic
- Hours of Operation mapped to ER Utilization
- Location mapped to be visible from ER
- No appointments = no hassle

Result:

- Reduced cost to patient
- Reduced organizational expenses
- Better patient outcomes
- Reduce ER wait times
- Increased Access to Care
- Positive PR Builds primary care base
 - Feeds hospital services
 - Builds need for specialist service lines
 - Connects patient to provider for hospital admissions

Walk-In Clinic Budget

- **\$235,647**

- Staffing: \$92,508

- 120 Day contract for Mid-level and MD coverage
 - 4 MA's hired

- Equipment and Supplies: \$54,952

- Furniture
 - Exam Tables
 - Medical Supplies

- Construction: \$88,187

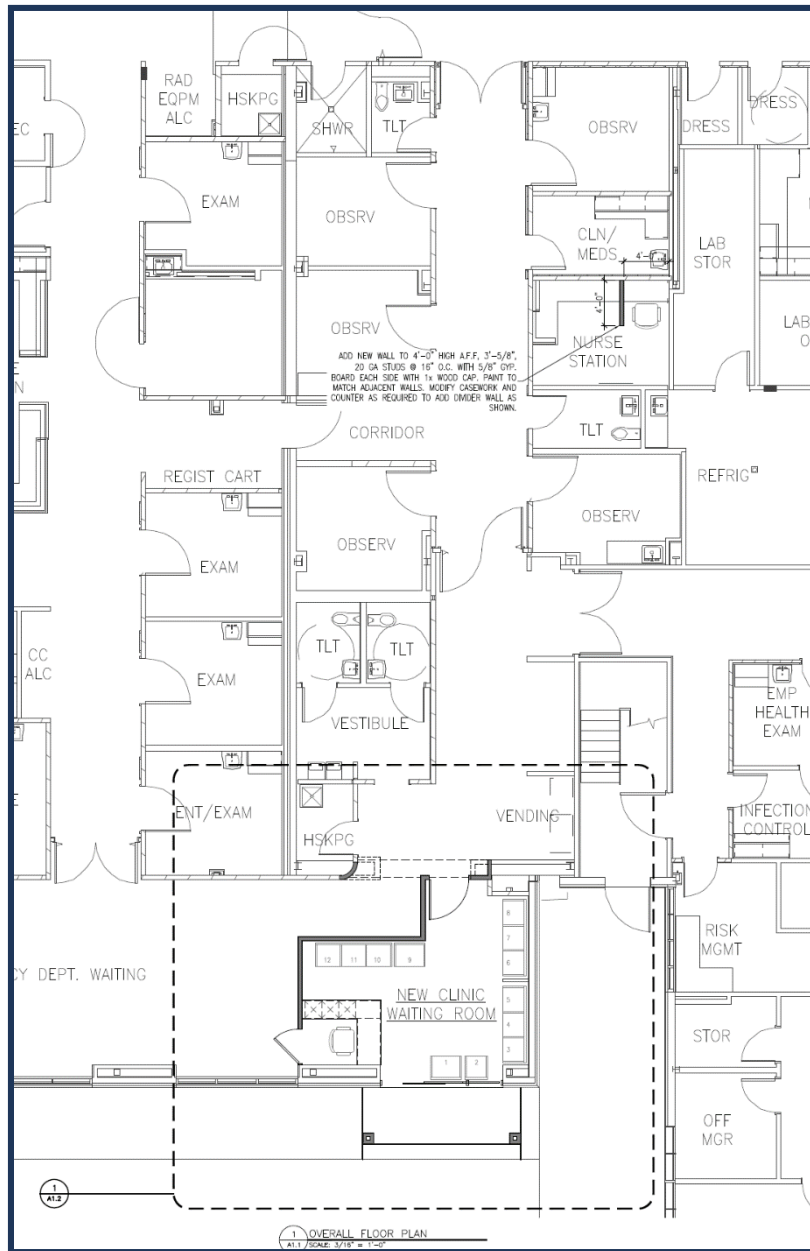
- Renovation
 - Signage

Three Year Forecast

3 Year Forecast	Year 1	Year 2*	Year 3**
Clinic Visits / Day	15	19	26
Total Pt's Seen in Clinic per YR	3,840	4,864	9,360
Clinic Charges per Year	\$814,080	\$1,031,168	\$1,984,320
Clinic Reimbursement* per Year	\$307,277	\$389,217	\$748,987
Clinic Costs per Year	\$375,781	\$394,789	\$483,335
Direct Clinic Revenue per Year	-\$68,504	-\$5,572	\$265,653
RHSP Grant Reimbursement	\$114,712	\$0	\$0
Clinic Revenue	\$46,208	-\$5,572	\$265,653
Ancillary Hosp Charges	\$788,160	\$998,336	\$1,921,140
Ancillary Hosp Costs	\$87,475	\$110,802	\$213,221
Ancillary Hosp Reimb	\$190,042	\$240,719	\$463,226
Ancillary Hosp Revenue	\$102,566	\$129,917	\$250,006
Total Revenue	\$148,774	\$124,345	\$515,658

**Extend weekday hours to 10PM*

***Open on Saturday and Sunday*



- Utilize existing unused observation rooms as exam rooms
- Build out a portion of ER Waiting Area to create clinic waiting room
- Entrance of clinic side-by-side with ER entrance



Clinic Operations

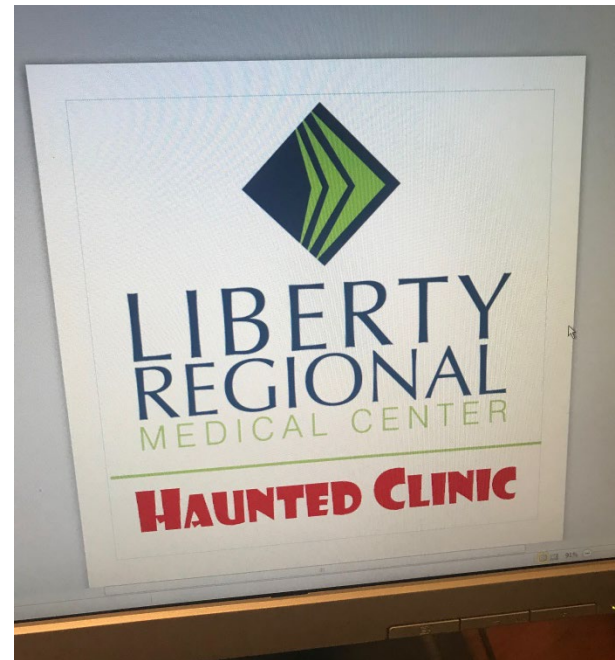
- Open Monday – Friday, 9AM – 9PM
 - HOO captures timing of 83% of non-urgent ER visits
- 2 Mid-level Providers, Supervising MD
 - Provided by Southland MD
 - Allows for continuous Physician Coverage from ER
- 4 Certified Medical Assistants
 - All new hires
- All staff rotate 12 hour shifts

Changes to Organizational Operations

- Increase Self-Pay discount from 40% to 60%
- Deposits for care
 - \$75 for new patients
 - \$50 for established patients
- Changes to Lab and Radiology registration

What do we call this clinic?

- Hundreds of creative ideas, all are taken



Keep it Simple...

“Walk-In Clinic”



- Explains clearly what the clinic is
- Location clearly visible from Hwy 196, Hospital Entrance, and ER Entrance

Location, Location, Location



- **RED = EMERGENCY**
- **GREEN = NOT EMERGENCY**

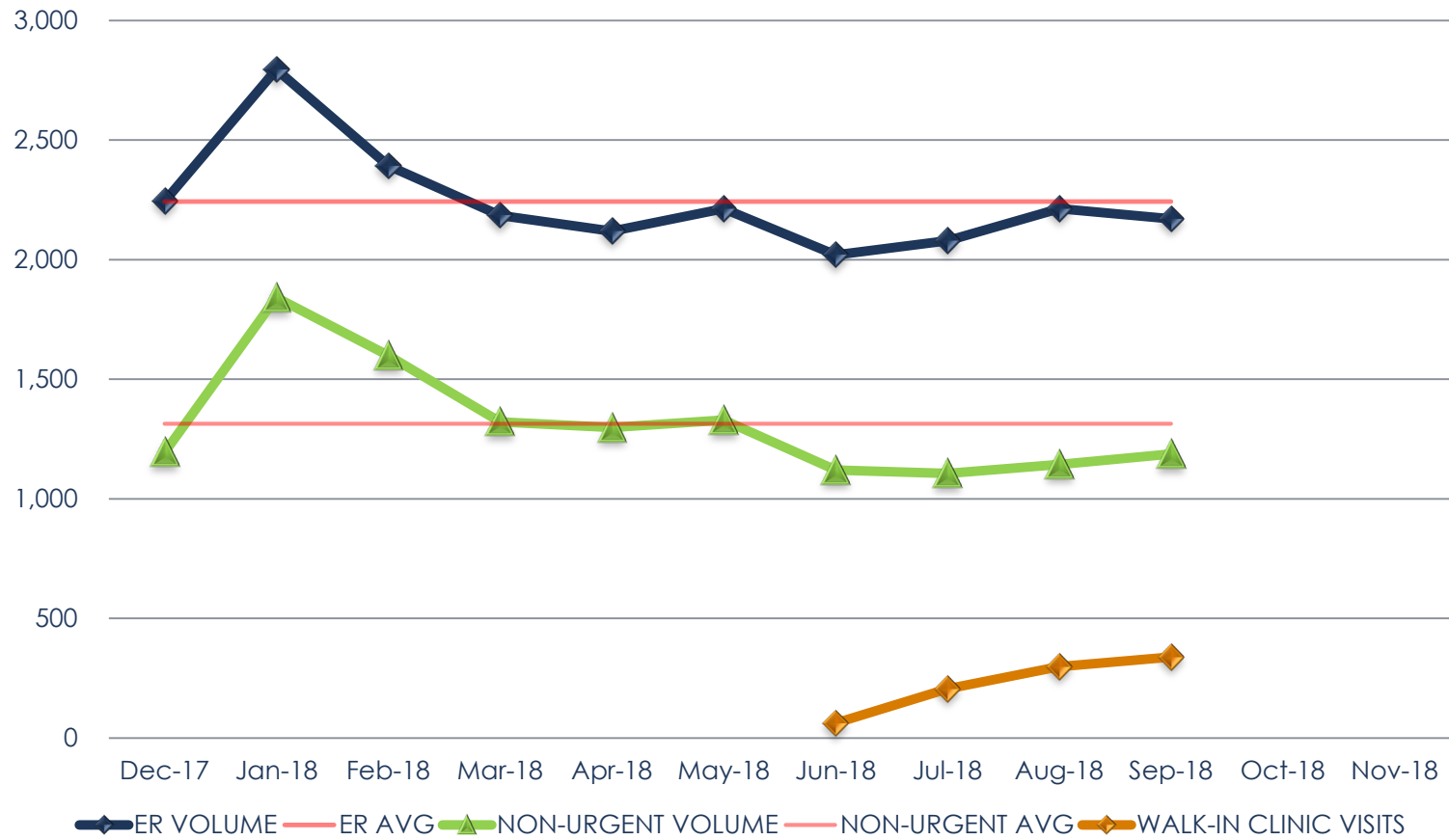
Grand Opening June 19, 2018



Impact to Date

- 6 Employees hired
- 1,300 Patient Visits
- Current Daily Avg: 19
- 61 patients established care
 - 241 PCP visits
- Non-urgent ER Visits down 12%
- Overall ER AVG steady
- Fewer LWBS

ER Volume



Positive Feedback

- “I HAD AN ANKLE INJURY THAT WAS NOT AN URGENT EMERGENCY SO I VISITED THE NEW LIBERTY WALK-IN CLINIC. I WAS VERY IMPRESSED. I HAD EXCELLENT SERVICES AND MOST IMPORTANTLY, NO LONG WAIT”
- “I went to the walk in clinic and I was very impressed with the nurse and doctor! They quickly examined my kids and we were sent home within an hour !”

Challenges

- Internally agreeing on procedures / policies
- Backlash from other local healthcare providers
- Difficulty remitting buy-in
 - Cash-flow shortage
 - Delayed start date
- The beam
- Staffing late hours
- Confusion with other clinics



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