



CRISP REGIONAL HEALTH SERVICES

GROWING • REACHING • TEACHING • SERVING

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Crisp Regional Health Services

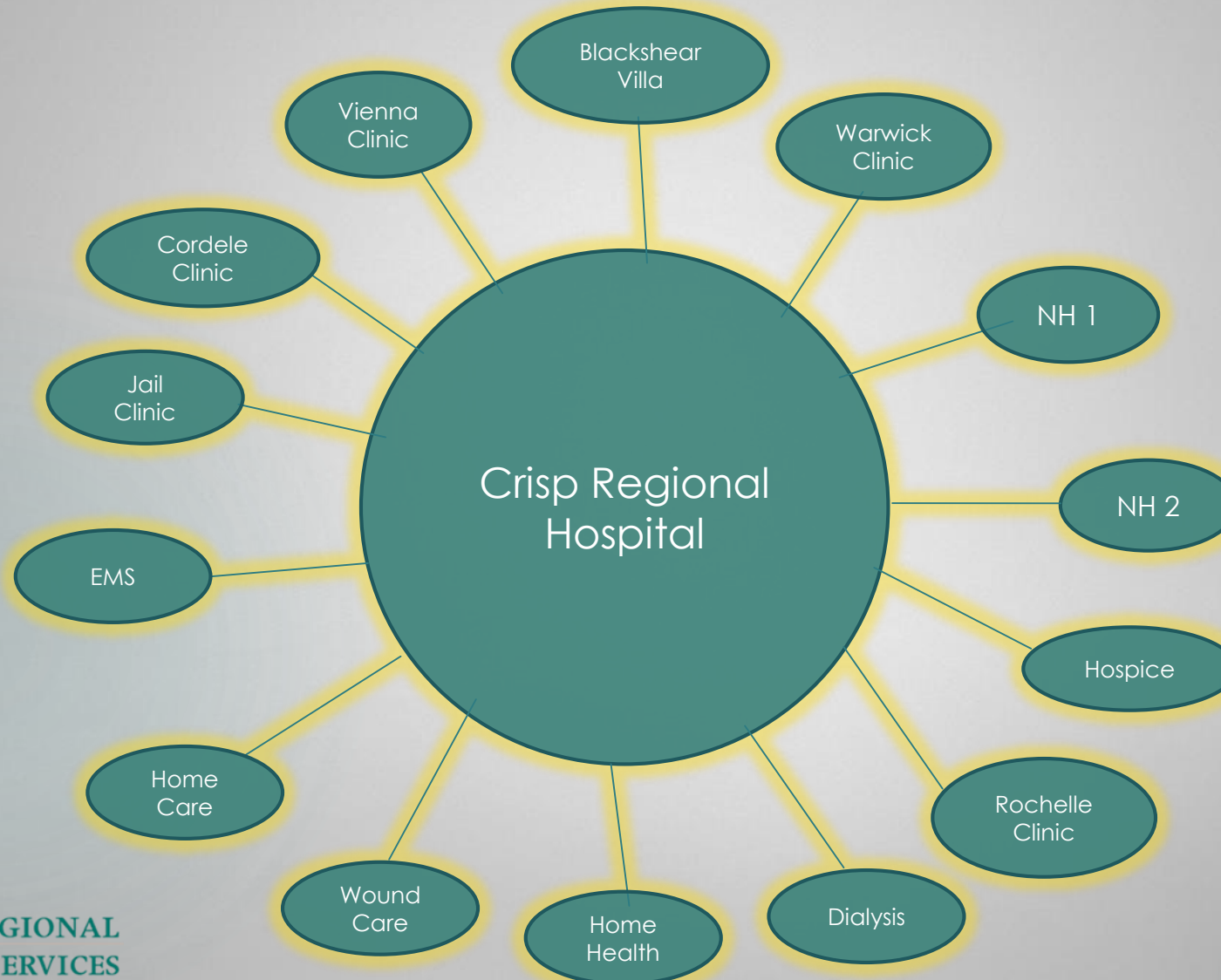
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Our mission is to provide appropriate, quality care and assistance in maintaining good health in an efficient and caring manner to all who need our services and as near their home as possible.



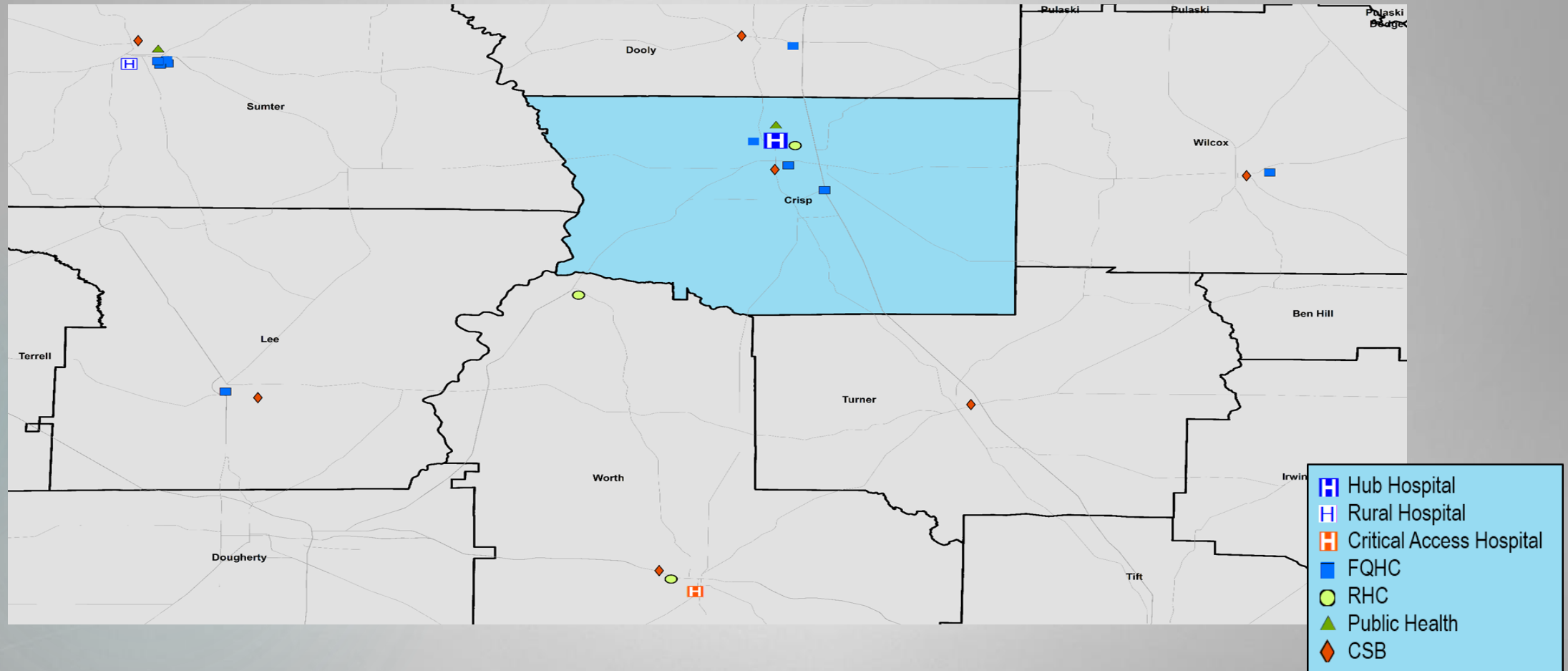
Crisp Regional Health Services

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Crisp Regional Hospital Service Area

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Crisp Service Area Demographics

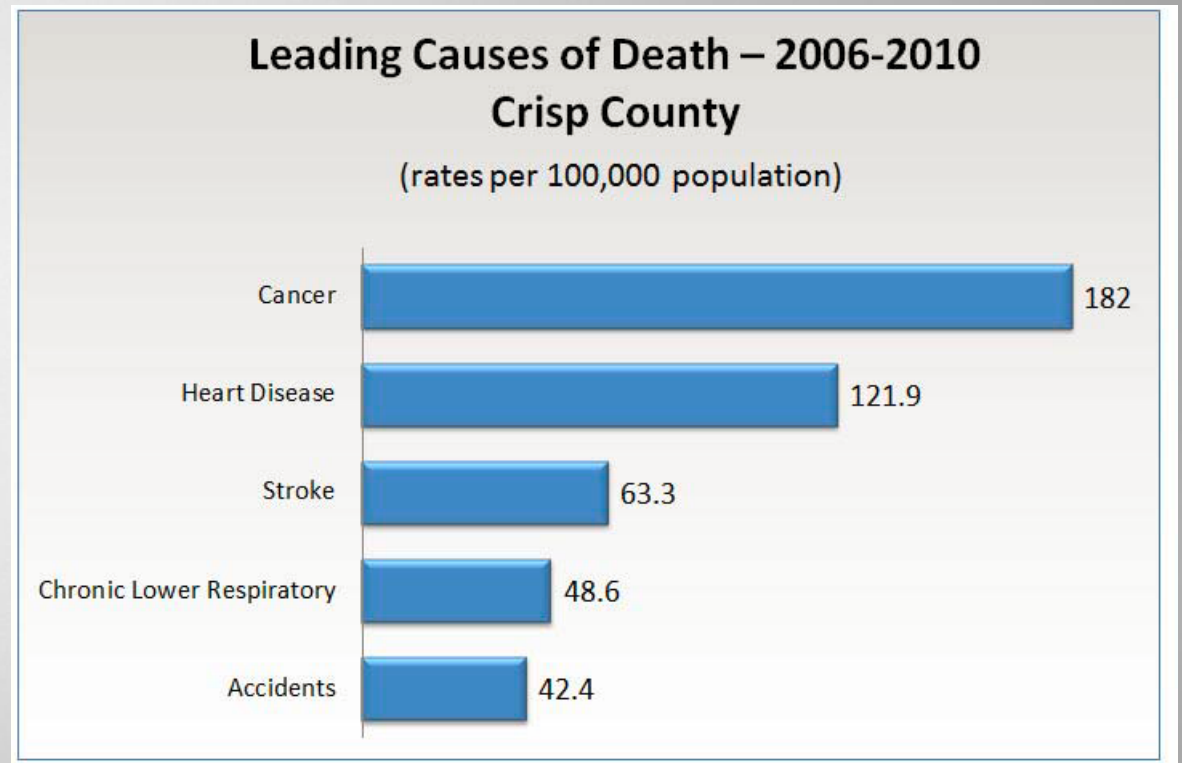
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Column1	Crisp County	GA	% Difference	US	% Difference	Rank
Health Outcomes						155
Length of Life						141
Premature Death	10,890	7,314	49%	5,200	109%	
Quality of Life						156
Poor of fair health	29%	16%	81%	10%	190%	
Poor Physical Health Days	4.6	3.5	31%	2.5	84%	
Poor Mental Health Days	4.6	3.3	39%	2.3	100%	
Low Birthweight	14.30%	9.50%	51%	5.90%	142%	
Health Factors						135
Health Behaviors						
Teen Birth	88%	45%	96%	20%	340%	
Social & Economical Factors						150
High School Graduation	63%	70%	-10%			
Unemployment	12%	8.2%	40%	4%	188%	
Children in Poverty	49%	27%	81%	13%	277%	
Children in Single Parent Households	60%	37%	62%	20%	200%	

Major Health Disparities

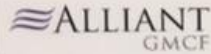
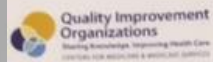
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The leading causes of death in Crisp County were cancer, heart disease, stroke, chronic lower respiratory disease, and accidents.



Readmissions

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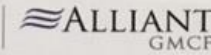
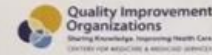
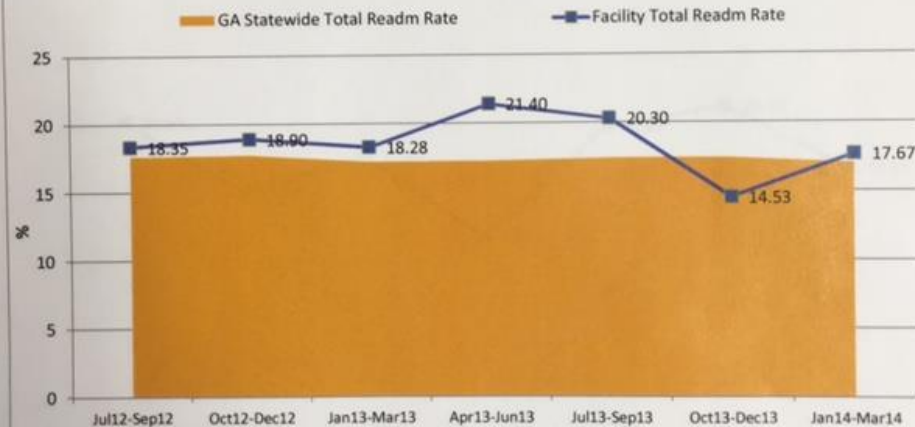
Last Updated: 7/22/2014

30-Day Medicare Re-hospitalization Measure Report Crisp Regional (110104)

Table 1. Hospital-Specific 30-Day Readmission Rates for All Medicare Patients Discharged from Hospital

Three-Month Period by Date of Discharge	Jul12-Sep12	Oct12-Dec12	Jan13-Mar13	Apr13-Jun13	Jul13-Sep13	Oct13-Dec13	Jan14-Mar14
All-Cause Re-hospitalization							
Facility # of live discharges	267	291	268	257	202	234	232
Facility # of readm. to same hospital	42	50	40	41	32	23	26
Facility # of readm. to other hospitals	7	5	9	14	9	11	15
Facility # of total readm.	49	55	49	55	41	34	41
Facility readm. rate to same hospital	15.73	17.18	14.93	15.95	15.84	9.83	11.21
Facility Readm. rate to other hospitals	2.62	1.72	3.36	5.45	4.46	4.70	6.47
Facility Total Readm Rate	18.35	18.90	18.28	21.40	20.30	14.53	17.67
Facility Readm Rate Rank out of 105 GA hosp	63	68	67	97	83	23	68
GA Statewide Total Readm Rate	17.66	17.75	17.22	17.28	17.44	17.42	17.05

Medicare All-Cause Hospital-Specific 30-Day Total Readmission Rates (%)



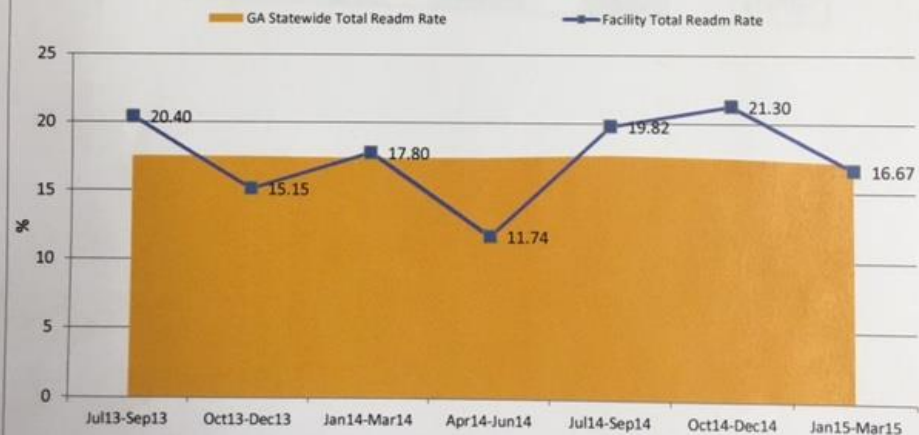
Last Updated: 11/09/2015

30-Day Medicare Re-hospitalization Measure Report Crisp Regional (110104)

Table 1. Hospital-Specific 30-Day Readmission Rates for All Medicare Patients Discharged from Hospital

Three-Month Period by Date of Discharge	Jul13-Sep13	Oct13-Dec13	Jan14-Mar14	Apr14-Jun14	Jul14-Sep14	Oct14-Dec14	Jan15-Mar15
All-Cause Re-hospitalization							
Facility # of live discharges	201	231	236	230	222	230	228
Facility # of readm. to same hospital	32	24	27	21	36	42	25
Facility # of readm. to other hospitals	9	11	15	6	8	7	13
Facility # of total readm.	41	35	42	27	44	49	38
Facility readm. rate to same hospital	15.92	10.39	11.44	9.13	16.22	18.26	10.96
Facility Readm. rate to other hospitals	4.48	4.76	6.36	2.61	3.60	3.04	5.70
Facility Total Readm Rate	20.40	15.15	17.80	11.74	19.82	21.30	16.67
Facility Readm Rate Rank out of 103 GA hosp	81	29	63	12	82	86	48
GA Statewide Total Readm Rate	17.55	17.53	17.44	17.48	17.71	17.51	17.16

Medicare All-Cause Hospital-Specific 30-Day Total Readmission Rates (%)



Crisp RHSC Pilot Community Partners

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- ❖ Crisp County EMS
- ❖ Dooly County EMS
- ❖ Crisp County School System
- ❖ Albany Area Primary Healthcare Center (FQHC)
- ❖ CareSouth Homecare Professionals
- ❖ Crisp Regional Nursing & Rehab
- ❖ Cordele Health and Rehab

How We Decided on Projects

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- ❖ Assessed high cost patients
- ❖ Determined our loss leaders
- ❖ Greatest opportunity for financial security
- ❖ How can we offer more specialized care to patients right here in their community?

Project 1: Chest Pain Center Designation

Budget: \$265,558.84

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Identified need/demand: 70% of non-STEMI Patients are transported away from Crisp Regional

Goal: Reduce time to treatment of non-STEMI patients, either at Crisp or in transport. And most importantly, improved patient outcomes.

Action Steps:

1. Purchase LifeNet Premium Receiving Station, LifePak 15s for Crisp EMS and Dooly EMS
2. Achieve Chest Pain Center certification
3. Partner with local physicians to manage risk factors for patients with cardiovascular disease.

Project 1: Chest Pain Center Designation

Budget: \$265,558.84

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Major Resources & Activities

LifeNet Premium Receiving Station

- ❖ Installation of the receiving station and training to educate physicians and employees

LifePak 15s

- ❖ Install LifePaks in ambulances for Crisp County EMS and Dooly County EMS

Important to have equipment that can communicate with the receiving station. Set up a system for communicating cardiac assessments.

Targeted Outputs and Outcomes

Outputs:

- ❖ Number of patients treated
- ❖ Percentage increase of appropriate patients treated at Crisp Regional
- ❖ Decrease of inappropriate patient transfers

Outcomes:

- ❖ Number of patients identified in the field as a result of advanced equipment
- ❖ Percentage of outmigration reduced
- ❖ Reduction of the average door to balloon time

Performance Measures:

- ❖ Financial Stabilization
- ❖ Appropriate Market Share

Project 2: School Based Clinic/Telemedicine

Budget: \$74,267.28

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- ❖ 3,945 children visited the ED last fiscal year (almost 20% of our total ED visits)
- ❖ 97% were purely ED visits, only 3% were admitted as inpatients or observation patients
- ❖ Over 80% of those ED visits were either Medicaid (69%) or Self-Pay (12%)
- ❖ The majority of these visits were between 6 pm and 10 pm

Project 2: School Based Clinic/Telemedicine

Budget: \$74,267.28

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- ❖ 70% of the TOTAL pediatric ED visits were Medicaid patients. These patients had a total loss of \$130 per visit creating a total loss of \$351,913 for the year.
- ❖ 86% of all Ped. ED patients did not have diagnosis with serious complications. That 86% of patients created a total loss of \$269,966 for fiscal year 2015.
- ❖ Top 2 diagnoses were ear ache and fever resulting in a loss of over \$50,000.

Project 2: School Based Clinic/Telemedicine

Budget: \$74,267.28

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Major Resources & Activities

Telemedicine Equipment

- ❖ Install telemedicine equipment in school and train those who will be using the equipment

Albany Area Primary Healthcare Center

- ❖ Partner with AAPHC
- ❖ Renovate existing school clinic

Targeted Outputs and Outcomes

Outputs

- ❖ Compliance with HIPAA and OSHA regulations
- ❖ Number of visits
- ❖ Number of absentees

Outcomes

- ❖ Decrease the number of non-emergent pediatrics using the ED as a physicians office, thus decreasing the amount of money lost on these patients
- ❖ Increase learning opportunities for these children by providing healthcare options to them at school
- ❖ Reduce student absenteeism

Project 3: Nursing Home Readmissions

Budget: \$77,000

- ❖ Last year CRH had 128 admissions from both NH. Resulted in loss of \$266,818 on 56 of those admissions.
- ❖ Implement mid-level practitioner in the NH to provide earlier, more aggressive treatment for patients.
- ❖ Goal is to treat patient in their residential setting without moving them to a higher cost facility
- ❖ Reduce loss by 1/3

Project 3: Nursing Home

Budget: \$77,000

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Major Resources and Activities

Mid-Level Practitioner

- ❖ Implement the use of a Mid-Level Practitioner part time at both nursing homes

Coker Group

- ❖ Provide insight to best practice for mid-level implementation

Targeted Outputs and Outcomes

Output

- ❖ Number of NH referrals for ED and/or acute care reduced
- ❖ Reduce days patient is absent from NH

Outcomes

- ❖ Reduced readmission rates by NH patients
- ❖ Increased patients days for NH residents

Project 4: Remote Treatment Stroke Center Designation

Budget: \$151,943.88

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- ❖ In 2014, 62 Patients from Crisp Co. were admitted to other hospitals with a diagnosis of stroke.
- ❖ 78% of those patients had Medicare or commercial insurance.
- ❖ Goal to improve treatment time for patients
- ❖ Increase positive outcome for patient
- ❖ Become Remote Treatment Stroke Center

Project 4: Remote Treatment Stroke Center Designation

Budget: \$151,943.88

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Major Resources & Activities

Neurology Telemedicine Equipment

- ❖ Implement a Neurology Telemedicine program in the ED and ICU

Contract with 24/7 Emergency Neurology Group

- ❖ Educate all providers on this process
- ❖ Promote this service in the community

Targeted Outputs and Outcomes

Outputs

- ❖ Percentage increase in stroke patients served at CRH
- ❖ Increase usage of thrombolitics for CRH in stroke patients
- ❖ Reduce the percentage of out-migration

Outcomes

- ❖ Increase the number of stroke patients we are able to treat. Eliminate most all transports to larger, more specialized facilities. Become a stroke center for people in our region. Be viewed as a strong spoke for larger hospitals. This will also increase the revenue we generate off of these patients by not having to out-migrate.

Project 5: Frequent Fliers Budget: \$109,230.00

- ❖ Over 20% of our ED patients make up more than 50% of our ED visits.
- ❖ The majority of these visits are non-emergent.
- ❖ Number of patients with 6 or more visits: 517=4,696 total visits, 525 of these visits resulted in admission (11% of our total admissions for the year)
- ❖ Number of patients with 12 or more visits: 87=1,517 total visits, 155 of these visits resulted in admission

Focus onright patient, right place, right time.

Project 5: Frequent Fliers Budget: \$109,230.00

Major Resources and Activities

EMS

- ❖ Develop a Community Paramedic Program to address frequent fliers.
- ❖ Develop protocol for follow up with those patients. Make sure they are following discharge instructions, getting Rx filled, are in appropriate environment for recovery, make follow up MD appointments, etc...

Telemedicine Equipment

- ❖ Physician evaluation of patient when in question to ensure appropriate call is made for patient

CareSouth Home Health

- ❖ Address frequent fliers to determine those who may fall under Home Health scope of care.

Targeted Outputs and Outcomes

Outputs

- ❖ Number of patients served via care management
- ❖ Number of patients evaluated via telehealth
- ❖ Number of patients evaluated for Home Health admissions criteria to improve quality patient life

Outcomes

- ❖ Reduce number of non-emergent patients in the ED
- ❖ Number of patients educated on appropriate settings for their healthcare needs
- ❖ Treat qualifying patients through home health when possible

Crisp Regional Health Services Summary

- ❖ Equipment has been purchased for all projects
- ❖ Plans have been drafted for renovations for school clinic and preparations for clinic opening underway
- ❖ Contracted with Coker Group; facilitations of protocols and relationships between mid-level and admitting physicians underway.
- ❖ Hiring a Community Paramedic & Accreditation Coordinator



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For more information contact Leigh Bailey, 229-276-3284.