RURAL HOSPITAL STABILIZATION PILOT PROJECT

EMANUEL COUNTY TEAM

Mel Pyne, CEO
Damien Scott, COO
Emanuel Medical Center
Emanuel Medical Center

- Located in Swainsboro, Emanuel County with a population of ~23,000
- Average census = 21
- ER visits ~1100-1200/month
- Opened new Senior Behavioral Health, an inpatient Gero-psychiatric unit, in 2015
Emanuel County Health Data

- County Health Ranking = 112/159
- Adult Obesity = 32%
- Uninsured = 24%
- Children in poverty = 50%

*data from countyhealthrankings.org*
Emanuel County Health Data

- COPD, Endocrine Diseases = ~2x the Georgia Age-Adjusted ER visit rate
- Heart Disease = #1 cause of death and 1.5x the Georgia average
- COPD = #2 cause of death and 2x the Georgia average
- CVA = #4 cause of death and 1.5x the Georgia average

*data from oasis.state.ga.us
Emanuel County Top Diagnoses All Hospitals

• High Cost Cohort – Percentage of admissions with these diseases in top 5 ICD-9 codes
  • CHF 22.9% (125/546)
  • Diabetes 15.4% (84/546)
  • COPD 13.0% (71/546)

• Cohort patients lack a single, predominate entity. Limited “specialty” diseases. Causes spread across organ systems/processes

* Data supplied by Department of Public Health
Emanuel Medical Center ED
Diagnoses of Frequent Users (>5 visits/year)

• CHF
• COPD
• DM
• Renal Failure
Rural Hospital Stabilization Pilot
Emanuel County Team

- Emanuel Medical Center
- East Georgia Health Center (FQHC)
- Emanuel County Health Department
- Ogeechee Behavioral Health
- Southeastern Technical College
- Pineland Telephone

- Georgia Regents University
- East Georgia College
- Emanuel County School System
- Emanuel County EMS
- Emanuel Medical Center Physicians
Emanuel: (Care Coordination) Budget: $167,544

Major Resources & Activities:
1. Hired and trained care coordinator
2. Collaborated with local health care providers to develop care coordination model with policies and procedures
3. Developed network of telemedicine tools to enhance communication between providers and increase access to specialty care

Targeted Outputs and Outcomes:
Enrolled Patients will
1. Use the healthcare system more appropriately
2. Have a reduction in healthcare costs
3. Have improved clinical metrics
4. Along with their providers have satisfaction with the program as evidenced by survey.

Performance Measures:
1. Access to care – Potentially Preventable Hospital stays
2. Access to care – Inappropriate utilization of ED care
Emanuel: (Tele-EMS)

Major Resources & Activities:
1. Install telemedicine and tele-health equipment on ambulance(s).
2. Standardize Cardiac Care equipment equipped with telemedicine capabilities to match local hub and regional hubs.
3. Develop community para-medicine program

Budget: $192,385

Targeted Outputs and Outcomes:
1. Number of people who connect via tele-health
2. Percentage reduction in non-emergent patients requiring transport to ED from prior year
3. Reduce the time from STMI recognized until patient arrives at Cath Lab as compared to prior year.
4. Increase market share of non-STMI admissions to EMC in comparison to prior year
5. Reduce number of EMS transportation to EMC ED then transferring to Cardiac facility by directly transferring to “right” place in comparison to prior year

Performance Measures:
1. Access to care
2. Market Share
Emanuel: (Tele-nephrology)  

Budget: $294,035

Major Resources & Activities:

1. Collaboration with Sanderling Renal Services and GRU nephrologists to offer nephrology services and Inpatient dialysis to our patients and medical community via telemedicine.

2. Emphasis on keeping patients that we would otherwise treat at our hospital but with the renal needs.

Targeted Outputs and Outcomes:

1. Improve access to specialty care (Nephrology) to Emanuel County

2. Decrease ambulance transport to facilities that provide inpatient dialysis

3. Improve revenue to EMC by capturing greater market share of renal-related diagnoses

Performance Measures:

1. Financial Stabilization

2. Market Share
THANK YOU!

----RHSP Emanuel County Team----