Rural Hospital Stabilization Pilot Project

Union General Hospital
Union General Hospital Profile

• Union General Hospital (UGH) is a 45-bed general acute care hospital located in Blairsville, North Georgia.

• UGH operates several health care facilities, including:
  • Union County Nursing Home
  • Union County Dialysis
  • The Clinic at Walmart (RHC)
  • Blue Mountain Family Practice (RHC)
  • Union General Wellness Center
  • Glenda Gooch House
  • Chatuge Regional Hospital & Nursing Home
  • Hayesville Family Practice Clinic (RHC)
UGH General Service Area Map
UGH General Service Area

- In 2014, approximately 95% of UGH discharges originated from Union, Towns and Fannin counties in Georgia, as well as Cherokee and Clay counties in North Carolina.

<table>
<thead>
<tr>
<th>Patient County</th>
<th>Discharges</th>
<th>Percent of Total</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union County</td>
<td>1,042</td>
<td>47.4%</td>
<td>47.4%</td>
</tr>
<tr>
<td>Cherokee County NC</td>
<td>331</td>
<td>15.0%</td>
<td>62.4%</td>
</tr>
<tr>
<td>Towns County</td>
<td>274</td>
<td>12.5%</td>
<td>74.9%</td>
</tr>
<tr>
<td>Fannin County</td>
<td>239</td>
<td>10.9%</td>
<td>85.7%</td>
</tr>
<tr>
<td>Clay County NC</td>
<td>195</td>
<td>8.9%</td>
<td>94.6%</td>
</tr>
<tr>
<td>All Other &amp; Out of State</td>
<td>119</td>
<td>5.4%</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>Total Discharges</strong></td>
<td><strong>2,200</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: UGH Internal Data.
Union General Hospital 2014 Discharges by MDC

- UGH’s largest number of inpatient discharges are related to childbirth and respiratory system disorders.

Service Area Payor Mix

- In 2014, the majority of discharges generated by residents of Union, Towns and Fannin counties were covered under Medicare (54.2%).
- There is a large Medicaid and indigent population in the area, as Medicaid and Self-Pay discharges accounted for 23.9% of the total.

### 2014 Discharges by Payor

<table>
<thead>
<tr>
<th>Payer</th>
<th>Discharges</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>2,200</td>
<td>54.2%</td>
</tr>
<tr>
<td>Commercial/Third Party</td>
<td>783</td>
<td>19.3%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>679</td>
<td>16.7%</td>
</tr>
<tr>
<td>Self-Pay</td>
<td>292</td>
<td>7.2%</td>
</tr>
<tr>
<td>Other</td>
<td>86</td>
<td>2.1%</td>
</tr>
<tr>
<td>Other Government</td>
<td>14</td>
<td>0.3%</td>
</tr>
<tr>
<td>Workers' Comp</td>
<td>6</td>
<td>0.1%</td>
</tr>
<tr>
<td>Peachcare</td>
<td>1</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total Discharges</strong></td>
<td><strong>4,061</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Community Workgroup

- Union General Hospital
  - Leslie Daniel – Project Manager
  - Mike Gowder – CEO
  - Mike Johnston – COO
  - Tim Henry – CFO
  - Matthew Hunter - CIO
  - Julia Barnett – CNO
  - Wesley Rogers – EMS Director
  - Cheryl Curtis – Quality Director
  - Dr. Blocker – ED Medical Director
  - UGH Primary Care Physicians

- Doug Davenport – UC Nursing Home
- Dr. Quigley – Blue Mountain Family Practice (RHC)
- Glenda McGill - Union County Health Department
- Dr. Westfall - District Health Director
- Dr. Jeremy Williams – UC School System
- Steven Miracle – GA Mountain Health (FQHC)
- Avita
UGH Workplan Projects

• School / Daycare Telemedicine
• Decreasing Readmissions
• Decrease ED Utilization
• Right Patient / Right Place
• Patient Perception / Reduce Outmigration
School Telemedicine

Major Resources & Activities:
• Telemedicine equipment installed at each of 5 county schools and hospital daycare.

• Will see children and school staff via telemedicine in either our RHC or one of our PCP’s office.

Targeted Outputs and Outcomes:
• Decrease school absences in students and staff
• Increase in RHC visits

Performance Measures:
• Number of Students enrolled in telemedicine
• Number of Staff enrolled in telemedicine
• Number of telemedicine visits

Budget: $118,731
Paramedicine
Reduce Readmissions

Budget: $196,100

Major Resources & Activities:
• EMS Home Visits for Wellchecks on High Risk for Readmission patients
• Use of telemedicine in the field

Targeted Outputs and Outcomes:
• Decrease Readmissions and ED visits from High Risk group
• Decrease losses due to unpaid visit charges from these patients
• Decrease readmission penalties

Performance Measures:
• Number of patients enrolled
• Number of completed Home Visits
Decrease ED Utilization Budget: $24,375

Major Resources & Activities:
• Opioid Administration and Prescription Policy
• Nursing Home Telemedicine
• Engagement with Behavioral Health

Targeted Outputs and Outcomes:
• Decrease ED visits from identified high risk group
• Decrease in losses from unpaid visit charges
• Decrease LWBS patients
• Decrease in Behavioral Health patients

Performance Measures:
• Number of completed Nursing Home telehealth visits
• Revenue from telehealth reimbursement
• % Decrease in behavioral health visits
Right Care / Right Place  

Budget: $83,495

Major Resources & Activities:
- Neuro-telemedicine from ED to Erlanger (Stroke telemedicine)
- EMS Field to ED telemedicine

Targeted Outputs and Outcomes:
- Patients in right place sooner and getting appropriate care sooner – should result in a decrease in time to treatment

Performance Measures:
- Number of telemedicine transmissions Field to ED
- Number of Neuro-telemedicine transmissions
ED Improvements

Major Resources & Activities:
• Implement Fast Track in ED to improve patient flow and throughput
• Nurse First Triage and Mobile Registration
• Staff training in Customer Service / Improved Employee Engagement

Budget: $327,299

Targeted Outputs and Outcomes:
• Improvement in ED Quality Scores – including Core Measures and Patient Satisfaction
• Improvement in LWBS
• Improvement in ED Throughput Times – Decrease ED LOS

Performance Measures:
• Average Triage Time
• Patient Satisfaction Score – Would You Recommend on ED-CAHPS
• Patient Satisfaction Score – Satisfaction with Wait Time on ED-CAHPS
• Average ED LOS
Summary

• As a community hospital, we are excited to see this project, including our telemedicine program, make a difference in access to care for our school children and for our community.

• We have already seen an almost 50% reduction in unnecessary ED visits from the focus group with our initial interventions and expect this to continue to decline.

• Improvements already realized in the ED with improvements from our Fast Track and changes in flow:
  • Average LOS – Baseline 287 min → 4th Q 183 min
  • Average Triage time – Baseline 17 min → 4th Q 6 min
  • LWBS – Baseline 3rd Q 76 → 4th Q 28
  • LWOT – Baseline 3rd Q 58 → 4th Q 14
Contact for more information:

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  • 706-745-2050