



UNION GENERAL  
HOSPITAL



# Rural Hospital Stabilization Pilot Project

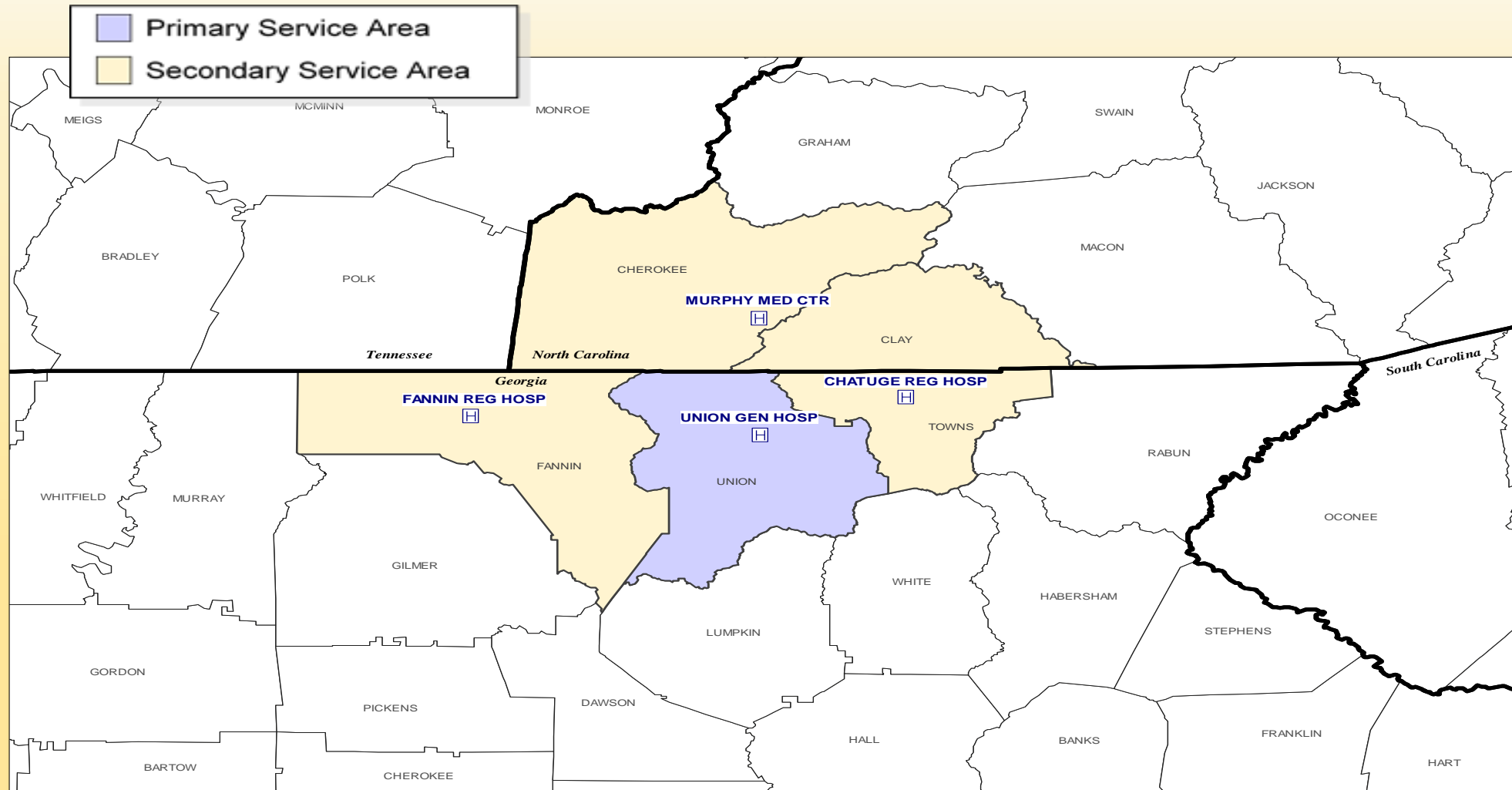
Union General Hospital

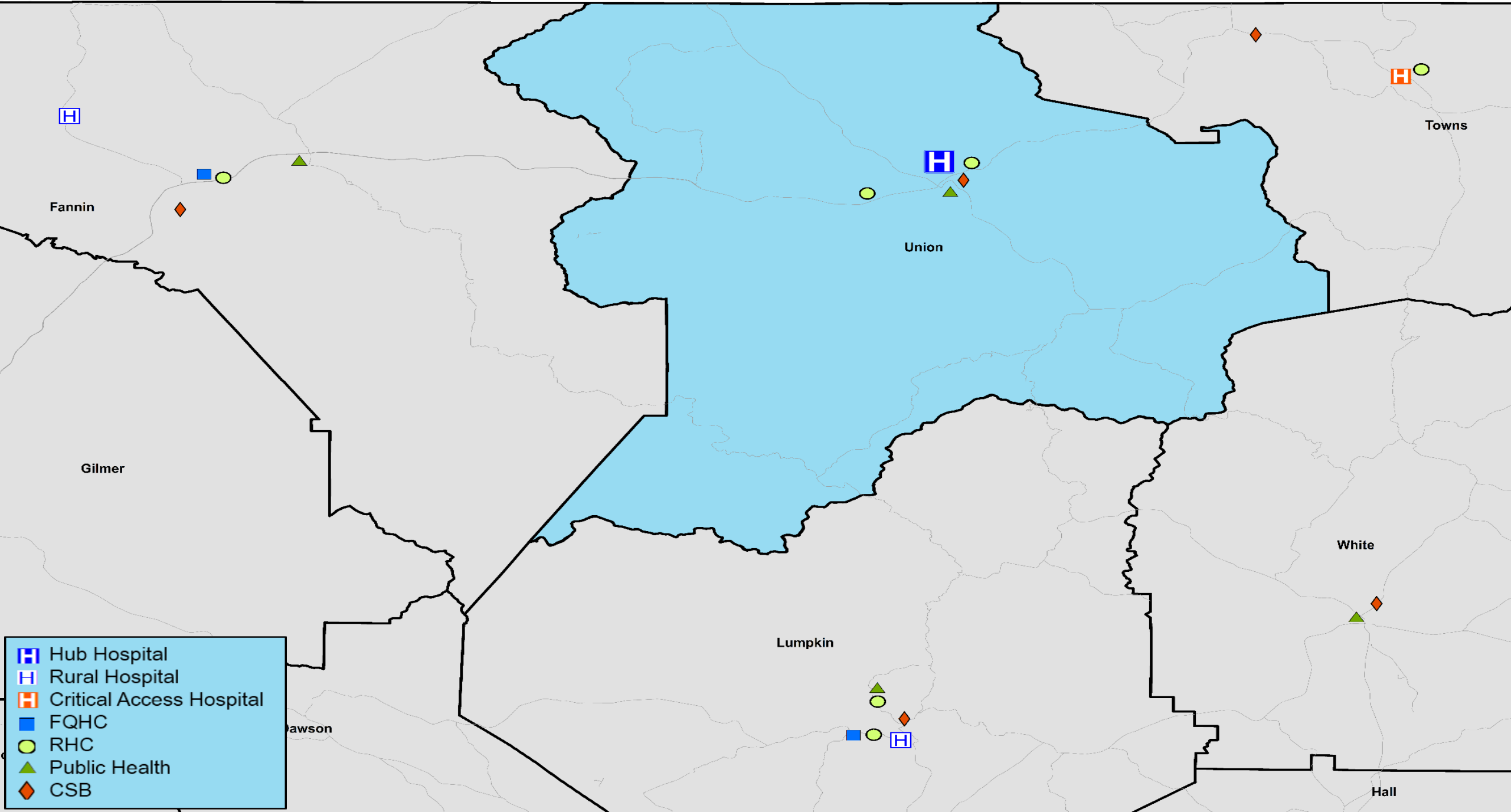
# Union General Hospital Profile

- 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





- Hub Hospital
- Rural Hospital
- Critical Access Hospital
- FQHC
- RHC
- Public Health
- CSB

# UGH General Service Area

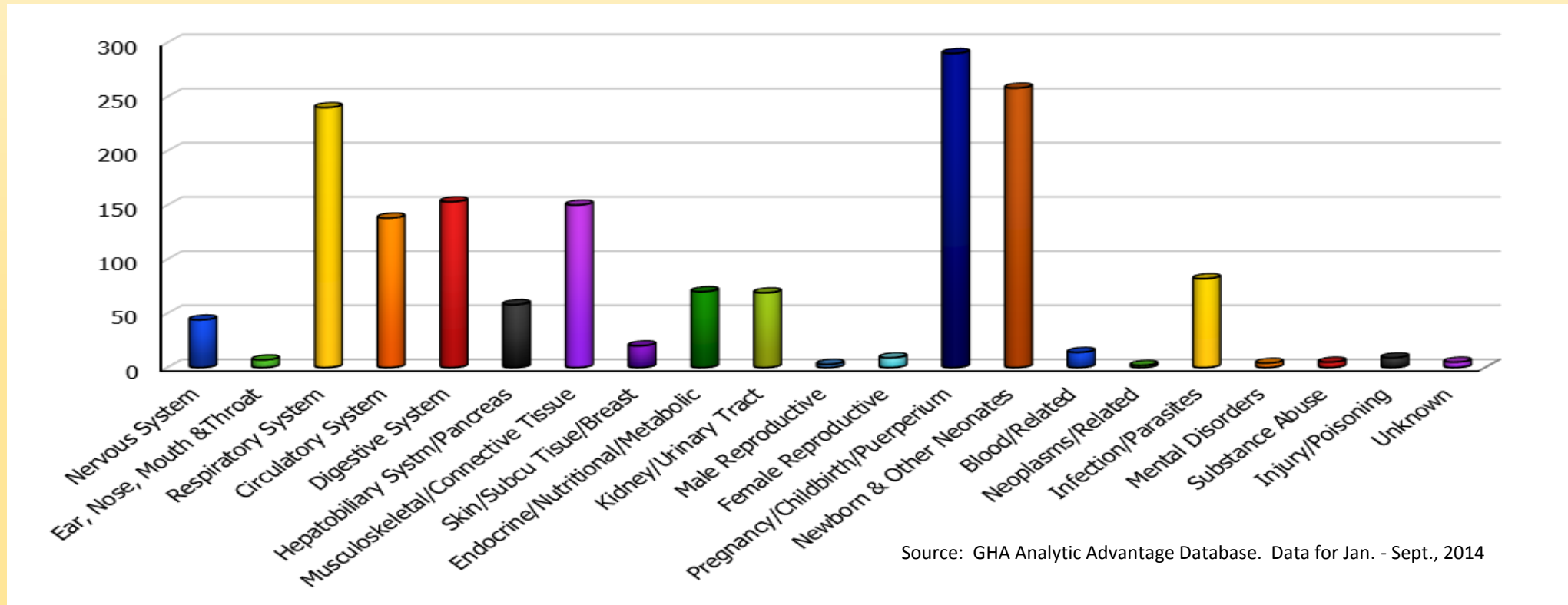
- In 2014, approximately 95% of UGH discharges originated from Union, Towns and Fannin counties in Georgia, as well as Cherokee and Clay counties in North Carolina.

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

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

### Union, Towns and Fannin Resident Discharges

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

Source: GHA Analytic Advantage Database. Data for Jan-Sept 2014.

# 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

**Budget: \$118,731**

## 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



# 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

# Budget: \$327,299

## 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

## 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 → 4<sup>th</sup> Q 183 min
  - Average Triage time – Baseline 17 min → 4<sup>th</sup> Q 6 min
  - LWBS – Baseline 3<sup>rd</sup> Q 76 → 4<sup>th</sup> Q 28
  - LWOT – Baseline 3<sup>rd</sup> Q 58 → 4<sup>th</sup> Q 14



# Contact for more information:

- Leslie Daniel
  - [mchf@uniongeneral.org](mailto:mchf@uniongeneral.org)
  - 706-745-2050