Habersham Medical Center

- 53-bed not-for-profit acute care hospital
- Inpatient/Outpatient services
- Emergency Department
- Maternity Care
- Occupational Health
- Pain Management

- 2 Nursing Homes
- 1 HomeCare Agency
- 6 Employed Physicians – 4 Physician Practices
- PrimeCare
- Physical Rehabilitation
- Sleep Medicine

Habersham County Health Data

- Habersham County has 43,996 residents as of July 2015.

- Discharges for 2015:
  2,427 Inpatients
  1,019 Observations.

- ER Visits 2015 – 26,416 visits
  ≈$10,900,000 total charges

- Readmission Rate 2015 – 17.19%

- PCP to Population Ration – 1 to 4,304

- Rate of Uninsured – 29% of adults & 12% of children.

- Diseases of the Respiratory System was highest Major Diagnostic Category behind Maternity Care

- 22% or 5,884 visits were for pediatric patients

- Readmission Penalty 2.8% ≈ $150,000

Rural Hospital Stabilization Pilot Habersham County Team

- Habersham Medical Center

- EmCare

- Hospital Authority Board

- Habersham EMS

- Habersham Home

- Habersham HomeCare

- Community Providers – Dr. Weaver, Dr. Jones, Dr. Fordham

- MedLink Habersham

- Avita Community Partners

- Habersham County Schools

- North Georgia Technical College

- Habersham County Commissioner

- Community Resident

Habersham: ER Screen / PrimeCare Expansion   Budget: $407,950.20

Major Resources & Activities:

1. Construction in ED and PrimeCare

2. Hire and train additional staff for PrimeCare

3. Develop policies and procedures to medically screen patients who present to the Emergency Department

4. Train existing staff on new policies and procedures

Targeted Outputs and Outcomes:

Emergency Department Patients will

1. Use the healthcare system more appropriately

2. Have a reduction in healthcare costs

3. Increase access to care
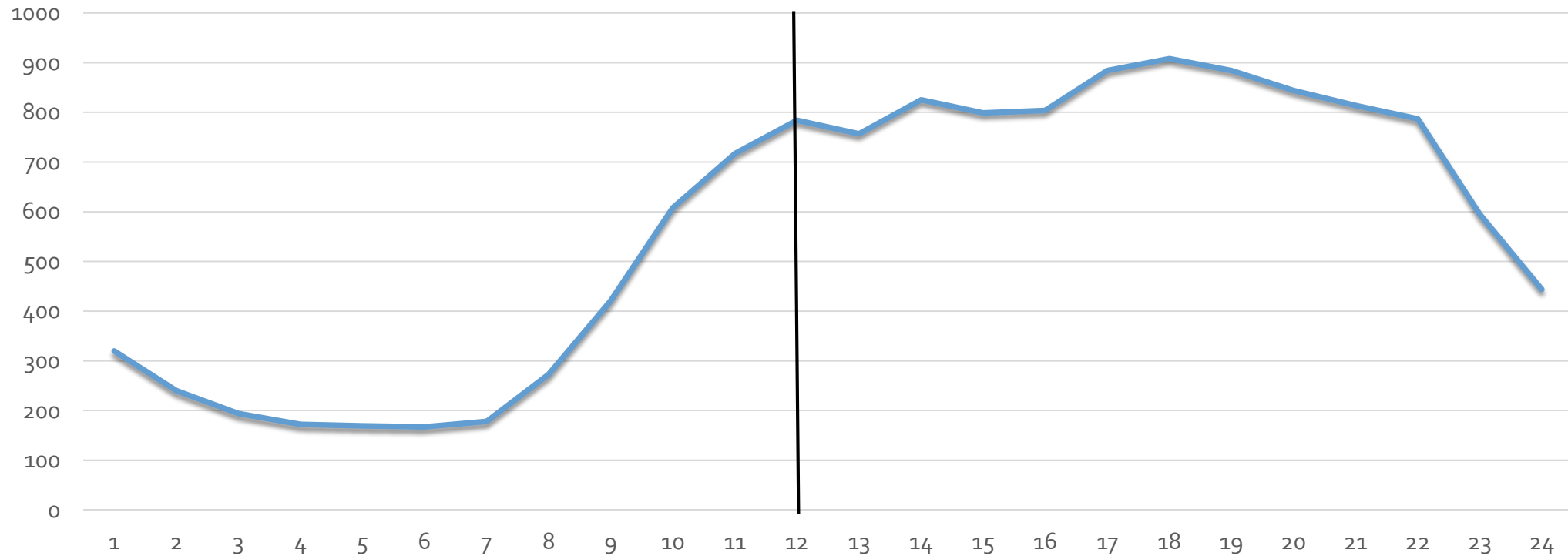
4. Financial Stability

Performance Measures:

1. Access to care – Inappropriate utilization of ED Care

2. Financial Stabilization

3. Market Share

ER Arrival Times

January 2016 – June 2016

Habersham: Telemedicine   Budget: $215,794.00

Major Resources & Activities:

1. Install telemedicine in schools
2. Install telemedicine in ambulances
3. Install telemedicine in hospital
4. Develop provider networks
5. Train staff on use of telemedicine

Targeted Outputs and Outcomes:

1. Percentage reduction in number of pediatric visits to ED
2. Percentage reduction in non-emergent transports to ED
3. Percentage reduction in 1013 mental health hold times
4. Percentage reduction in readmission rate
5. Increase market share for MFM patients

Performance Measures:

1. Access to care – Inappropriate utilization of ED Care
2. Readmission Reduction
3. Market Share
4. Mental Health

Habersham: 340B Pharmacy Program   Budget: $181,452.60

Major Resources & Activities:

1. Licensure and Accreditation

2. Installation of hardware and software

3. Reconfigure current pharmacy space

4. Develop policies and procedures for new program

5. Hire and train additional staff

Targeted Outputs and Outcomes:

1. Percentage reduction in the number of hospital readmissions

2. Percentage reduction in the number of patients who do not get their medications

3. Increase HCAHPS Scores for hospital inpatients

4. Percentage reduction in preventable hospital stays due to medication non-compliance

Performance Measures:

1. Readmission Reduction

2. Access to Care – Potentially Preventable Hospital Stays

3. Improved Fidelity – HCAHPS Scores

Habersham Medical Center

Habersham: Community Paramedicine   Budget: $134,803.20

Major Resources & Activities:

1. Hire experienced paramedic and case manager RN to be Community Paramedicine team

2. Define patient populations and cohorts to be seen by community paramedicine

3. Educate community residents and community partners on the use of the community paramedicine program.

Targeted Outputs and Outcomes:

1. Percentage reduction in readmission rates

2. Percentage reduction in non-emergent ER visits

3. Increase HCAHPS scores for Habersham Medical Center

4. Increase health literacy for patients in the cohort

5. Increase financial stability

Performance Measures:

1. Access to care – Inappropriate utilization of ED Care

2. Financial Stabilization

3. Monitor of chronically ill patients

4. Readmission Reduction