Rural Hospital Stabilization Project
Grant Number: 18033G

Walk-In Clinic
Van Loskoski
Project Manager
Liberty County

- Population: 61,386
- Home to Fort Stewart
  - Largest military installation in the Eastern US
- 9,655 Veterans
- Approx 20,000 active duty military and family members
- 32 miles SW of Savannah
Liberty Regional Medical Center

- 25 bed CAH
- 108 bed SNF
- 4 Primary Care Clinics
  - Hinesville
  - Midway
  - Ludowici
- General Surgery
- Pediatrics
- OBGYN
- Member of Bayou Basin Medicare ACO
Annual Statistics

- 27,100 ED Visits
  - 53% Triaged Non-urgent
- 340 Deliveries
- 3,100 Inpatient / Observation Admissions
  - 30 Day Readmission Rate: 3.2%
- 5,900 Lives Attributed to Primary Care
- 240 Swing Bed Days
Rural Hospital Stabilization Grant

- Phase III
- $250,000 awarded
  - $25,000 Hospital buy-in
- Awarded September 20, 2017
- Where do we spend?
- Too much and not enough?
Internal and External Needs Assessment

- Needs of Hospital
  - Areas of the hospital creating instability

- Needs of Community
  - How the community is actively using our healthcare system
  - Why the community may not be using our healthcare system
Areas of Instability

- **Non-urgent ER utilization**
  - Drives up cost to patients
  - Increases cost to department
  - Increased wait times, leads to bad PR
- **1013 Holds**
  - 220 patients in the last year
  - Ties up staff, rooms, resources
- **Referral Sources and Regional Competition**
Community Needs

- Non-urgent ER use indicates:
  - Need for convenient access to care
    - After hours care
    - Appointments
  - Difficulty paying for healthcare
    - 1/3 of Non-urgent ER Visits were self pay
  - Lack of options
  - Lack of awareness of resources in the area
ER Utilization

- Area of greatest opportunity
- Keep patients in system
- Reroute to more appropriate setting
- Level out cost to patient and costs of organization
Examined each day of week
Spikes at lunch time and end of work day
ER Visits by Day of Week
Non-urgent ER Visits

- 13,400 Visits Annually
- 34,000 hours of patient care
- $16 Million in Charges
- $2.3 Million in Reimbursement
- 4,538 visits not reimbursed accounting for $5.4 Million in Charges

<table>
<thead>
<tr>
<th>TOP CHIEF COMPLAINTS</th>
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<tbody>
<tr>
<td>SKIN RASH</td>
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<tr>
<td>SORE THROAT</td>
</tr>
<tr>
<td>BACK PAIN</td>
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<tr>
<td>EARACHE</td>
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<tr>
<td>DENTAL PAIN</td>
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<tr>
<td>ABDOMINAL PAIN</td>
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<tr>
<td>COUGH</td>
</tr>
<tr>
<td>HEADACHE</td>
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<tr>
<td>FALL</td>
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<tr>
<td>FEVER</td>
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<tr>
<td>VOMITING</td>
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Non-urgent ER Utilization (beyond the numbers)

- Problem focused vs comprehensive care
  - Patients with multiple chronic conditions

- Reactionary care vs preventive care
  - Leads to more visits, hospital readmissions

- Case Management
  - Follow-up is often impossible
We are not alone

- Anthem BCBS takes stance against Non-emergent ER utilization
- Other Healthcare systems facing similar issues
  - What have they done?
  - Site visits with RHS Phase I and Phase II hospitals
Considerations

- Removing Patients = Removing Revenue
  - Must be cost effective
  - Must return reimbursement in another setting

- Relationship with ER providers
  - Must be invested in the process
  - Create benefit for provider, patient, and organization

- Retaining Patients
  - Must ensure patients stay within our system
Solution:

Get patients out of ER and into a more appropriate setting

What is that setting?
Unused Space Adjoining ER

• 5 Rooms built for Observation
• Large ER Waiting Area
• Nurse’s station already built
• Med Room
• Two restrooms
Walk-In Clinic

- Primary Care Clinic
- Hours of Operation mapped to ER Utilization
- Location mapped to be visible from ER
- No appointments = no hassle
Result:

- Reduced cost to patient
- Reduced organizational expenses
- Better patient outcomes
- Reduce ER wait times
- Increased Access to Care
- Positive PR Builds primary care base
  - Feeds hospital services
  - Builds need for specialist service lines
  - Connects patient to provider for hospital admissions
Walk-In Clinic Budget

- **$235,647**
  - Staffing: $92,508
    - 120 Day contract for Mid-level and MD coverage
    - 4 MA’s hired
  - Equipment and Supplies: $54,952
    - Furniture
    - Exam Tables
    - Medical Supplies
  - Construction: $88,187
    - Renovation
    - Signage
## Three Year Forecast

<table>
<thead>
<tr>
<th>3 Year Forecast</th>
<th>Year 1</th>
<th>Year 2*</th>
<th>Year 3**</th>
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<tbody>
<tr>
<td>Clinic Visits / Day</td>
<td>15</td>
<td>19</td>
<td>26</td>
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<tr>
<td>Total Pt's Seen in Clinic per YR</td>
<td>3,840</td>
<td>4,864</td>
<td>9,360</td>
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<tr>
<td>Clinic Charges per Year</td>
<td>$814,080</td>
<td>$1,031,168</td>
<td>$1,984,320</td>
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<tr>
<td>Clinic Reimbursement* per Year</td>
<td>$307,277</td>
<td>$389,217</td>
<td>$748,987</td>
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<tr>
<td>Clinic Costs per Year</td>
<td>$375,781</td>
<td>$394,789</td>
<td>$483,335</td>
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<tr>
<td>Direct Clinic Revenue per Year</td>
<td>-$68,504</td>
<td>-$5,572</td>
<td>$265,653</td>
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<tr>
<td>RHSP Grant Reimbursement</td>
<td>$114,712</td>
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<tr>
<td>Clinic Revenue</td>
<td>$46,208</td>
<td>-$5,572</td>
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<tr>
<td>Ancillary Hosp Charges</td>
<td>$788,160</td>
<td>$998,336</td>
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<tr>
<td>Ancillary Hosp Costs</td>
<td>$87,475</td>
<td>$110,802</td>
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<td>Ancillary Hosp Reimb</td>
<td>$190,042</td>
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<tr>
<td>Ancillary Hosp Revenue</td>
<td>$102,566</td>
<td>$129,917</td>
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<tr>
<td>Total Revenue</td>
<td>$148,774</td>
<td>$124,345</td>
<td>$515,658</td>
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*Extend weekday hours to 10PM
**Open on Saturday and Sunday
- Utilize existing unused observation rooms as exam rooms
- Build out a portion of ER Waiting Area to create clinic waiting room
- Entrance of clinic side-by-side with ER entrance
UNDER CONSTRUCTION
Clinic Operations

- Open Monday – Friday, 9AM – 9PM
  - HOO captures timing of 83% of non-urgent ER visits

- 2 Mid-level Providers, Supervising MD
  - Provided by Southland MD
  - Allows for continuous Physician Coverage from ER

- 4 Certified Medical Assistants
  - All new hires

- All staff rotate 12 hour shifts
Changes to Organizational Operations

- Increase Self-Pay discount from 40% to 60%
- Deposits for care
  - $75 for new patients
  - $50 for established patients
- Changes to Lab and Radiology registration
What do we call this clinic?

- Hundreds of creative ideas, all are taken
Keep it Simple…
“Walk-In Clinic”

- Explains clearly what the clinic is
- Location clearly visible from Hwy 196, Hospital Entrance, and ER Entrance
Location, Location, Location

- **RED** = EMERGENCY
- **GREEN** = NOT EMERGENCY
Grand Opening
June 19, 2018
Impact to Date

- 6 Employees hired
- 1,300 Patient Visits
- Current Daily Avg: 19
- 61 patients established care
  - 241 PCP visits
- Non-urgent ER Visits down 12%
- Overall ER AVG steady
- Fewer LWBS
ER Volume

- ER VOLUME
- ER AVG
- NON-URGENT VOLUME
- NON-URGENT AVG
- WALK-IN CLINIC VISITS
Positive Feedback

- “I HAD AN ANKLE INJURY THAT WAS NOT AN URGENT EMERGENCY SO I VISITED THE NEW LIBERTY WALK-IN CLINIC. I WAS VERY IMPRESSED. I HAD EXCELLENT SERVICES AND MOST IMPORTANTLY, NO LONG WAIT”

- “I went to the walk in clinic and I was very impressed with the nurse and doctor! They quickly examined my kids and we were sent home within an hour!”
Challenges

- Internally agreeing on procedures / policies
- Backlash from other local healthcare providers
- Difficulty remitting buy-in
  - Cash-flow shortage
  - Delayed start date
- The beam
- Staffing late hours
- Confusion with other clinics
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