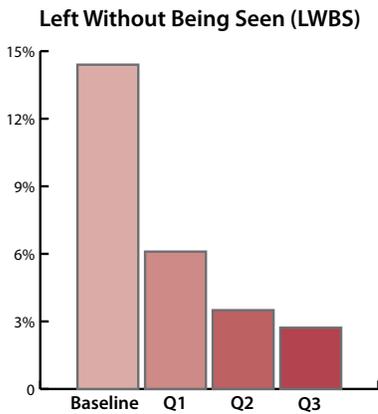




# IMPERATIVE: New Revenue

## CASE STUDY: Medical Center of Central Georgia, Macon



*“Revenues went through the roof making Administration very happy! We expect to finish \$20 - \$24 million more this year over last. I’d say we got our money’s worth.”*

*– Dr. DeLanor Doyle,  
Medical Director of Emergency Services*

### Medical Center of Central Georgia Achieves 40:1 Return

MACON, GEORGIA...The Medical Center of Central Georgia expects to increase its revenues by \$20 – \$24 million this year. After an improvement project in the Emergency Department that began in June 2008, the hospital has consistently increased its billable patient volume every month by 15%. Medical Center Management initiated the project after patient dissatisfaction with wait times in the Emergency Department became evident. Compirion Healthcare Solutions was engaged to assist in the process.

Barb Stickel, Senior Vice President and CNO, said, “Emergency Department throughput was way higher than the national benchmark. It was more like a holding center than an Emergency Department. We were not fully staffed and we were over capacity. We tried to fix things ourselves but the staff became discouraged, they wanted help.”

Dr. DeLanor Doyle, an Emergency Department physician at the time of the improvement project, commented, “We were aware of the problem but not really the size of it, or that patients were waiting up to 15 hours to be seen. We also didn’t know that hospitals of the same size had wait times as short as 2 hours.”

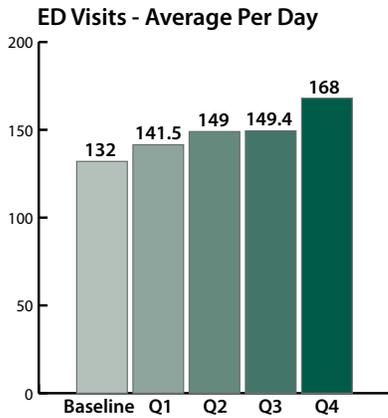
To help create a strategy for reducing patient throughput times in the department, hospital leadership hired Compirion Healthcare Solutions. Compirion was selected

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# Medical Center of Central Georgia Achieves 40:1 Return *(continued)*



*“Emergency Department throughput was way higher than the national benchmark. It was more like a holding center than an Emergency Department...we tried to fix things ourselves but the staff became discouraged.*

*They wanted help.”*

*– Barb Stickel,  
Senior Vice President, CNO*

upon referral by another regional medical center located in nearby Columbus. Medical Center management liked that Compirion worked on site, hand-in-hand with hospital staff, and that they guaranteed agreed upon goals would be met. Goals included: reduced length of stay from 16 hours to 8 for admitted patients and from 6.65 hours to 4.5 for discharged patients; increased billable volume from 132 to 150 per day; and elimination of diversion hours. The percentage of patients who left without being seen (LWBS) was 11.4%, almost triple the national standard. This represented a significant loss in hospital revenue. The goal for that metric was set at a maximum of 3.5%.

In June, a Compirion team of three consultants arrived on site. They began observing staff behavior and day-to-day processes along the entire Emergency Service Line including inpatient units and case management. After review, the Compirion team worked together with senior level management, Emergency Department staff, inpatient units, pharmacy, radiology, laboratory and physicians to set performance goals, identify pilot initiatives and to build Core Teams around these initiatives. Daily management, triage and bed control were identified early on as areas in need of improvement.

Compirion facilitated Core Teams, management and employees everyday, rotating through all shifts and weekends. Their consultants provided work flow and management training, real time proactive supervision, patient and staff rounding and service recovery. The Compirion team built a management system with hospital staff. This included a patient snapshot from triage, a shift management report, a Charge Nurse daily checklist, and a metrics dashboard. A constant process of piloting, implementing and evaluating became part of the daily regimen. Every Monday at 4:00 pm the steering team met and reviewed their progress. Everyone involved, including physicians, held each other accountable.

Doyle commented, “We realized we had to change our core processes. Triage became ‘triage and treatment,’ all in the front of the Emergency Department. We utilized unused areas as treatment areas. With a lot more happening, during high traffic times, it is almost like controlled chaos...but patients can appreciate that we are trying to see them.”

According to Lisa Bodell, Compirion Project Manager, “The front line management really took ownership. They retooled triage so that patients were being seen by a physician’s assistant, nurse practitioner or a physician up front. This was the most significant step toward reducing door to admit time. It also allowed non-emergent patients to be treated, given a prescription and to leave quickly, effectively increasing billable patient volume and revenue.”

By analyzing patient census and acuity data in 15 minute increments over a one-month period, personnel were rescheduled around peak hours, which also alleviated wait times. A by-product of the rescheduling was an increase in labor productivity. The shorter length of stay had the effect of reducing the number of patients who left without being seen (LWBS) from 14.4% to 2.72%.

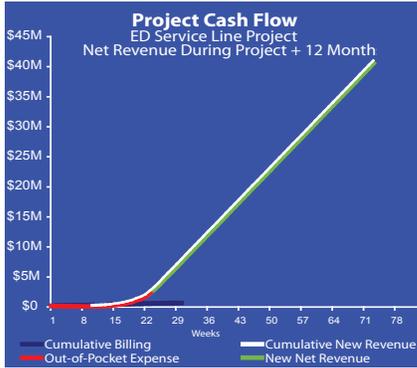
Next, the chest pain center, which was originally on another floor, was moved into the Fast Track area closer to the Emergency Department so that chest pain specialists could assist in the ED in case of a crisis. In this way, they improved physician productivity and eliminated the need to hire more physicians. From physicians to housekeeping, the entire staff began to take greater responsibility for patient comfort and care. Broad scale cultural change began to take place.

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# Medical Center of Central Georgia Achieves 40:1 Return *(continued)*



*“This was one of the most positive processes I have participated in and I have worked with a lot of consulting firms. I particularly liked the way they helped to change the culture into one where people take ownership of the process.”*

*– Barb Stickel,  
Senior Vice President, CNO*

As a result of improved throughput, billable patient volume grew from 132 to 151 patients per day. To handle the increase in the Emergency Department, more beds on the floors needed to be available during peak hours. Again, in a show of solidarity, hospital staff from the inpatient units pitched in to help the Emergency Department. They implemented several new bed management processes including one they named Code Consensus. During a Code Consensus, a signal or code is delivered throughout the facility to expedite patient discharge, housekeeping and bed availability.

Stickel added, “The current code is the theme to the Lone Ranger. The first time we played it, we opened up 20 - 25 beds in the first two hours.”

Contrary to hospital expectations, the elapsed time from patient registration in the Emergency Department to inpatient units had dropped by 50%. The goal for door to discharge for outpatients had been set at four and half hours. In January, they were holding at around 4 hours, well below the hospital’s target. As wait times dropped, patient satisfaction scores climbed from the 9th percentile to above the 90th percentile ranking. Physician satisfaction scores also climbed to the 90th percentile.

According to Doyle, “Revenues went through the roof making Administration very happy! And, things continue to improve. We are currently two million dollars more to the positive this month vs. the same month this quarter last year. We expect to finish \$20 - \$24 million more this year over last. I’d say we got our money’s worth.”

Stickel remarked, “This was one of the most positive processes I have participated in and I have worked with a lot of consulting firms. I particularly liked the way they helped to change the culture into one where people take ownership of the process. Now there is no blame. We have a big team working toward treating patients in a timely way. We can now handle 208 visits with few walkouts. The dashboard they provided is a constant monitor of our success on a daily basis.”

Bodell added, “What made the project unique and so successful was the level of commitment. Senior level management was always involved but it was the project leaders like Dr. Doyle that were the real champions. They truly embraced the project.”

Doyle, now Medical Director of the Emergency Department concluded, “Compirion was very hands on. They identified the problems and made us design our own processes to solve them. They watched and measured and kept raising the bar. It’s a good system and great to see the Medical Center decide to take ownership of it. We keep tweaking...that’s what it is all about.”

For more information on Compirion’s sustainable healthcare solutions call **1-866-661-4677**, or visit **[www.compirion.com/macon](http://www.compirion.com/macon)**

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