

IMPERATIVE: Management of Non-Emergent Patients **CASE STUDY:** Southern Regional Medical Center



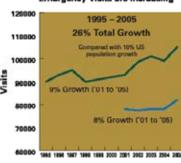
Emergency Visits are Increasing ATLANTA, GEORGIA... Like hospitals all over the U.S., the Emergency Department at Southern Regional Medical Center is suffering from an increased utilization of emergency services by both emergent and non-emergent patients. Southern Regional's ED has 39 staffed beds serving the Southern Crescent of Metropolitan Atlanta. SRMC is the sole provider in this predominantly urban area. The population in their primary service area has grown by almost 50% in the last 10 years. From 2004 to 2006, there has been an 8.5% rise in visits to an average of one patient arriving in the ED every 6.5 minutes. By 2015, the total of emergent and urgent visits to the ED National ---- SRMC is expected to increase 16% while the uninsured and underinsured percent of the population likewise continues to increase. The impact on the hospital so far has been an increasing volume of non-emergent patients (Triage levels 4 & 5), an increasing volume of self-pay patients, decreasing reimbursement, inadequate co-pay collections and growing mental health hold issues. Southern Regional's leadership realized that the hospital needed to change its

model of care.

To facilitate the change, Southern Regional's administration enlisted the help of Compirion Healthcare Solutions, a Milwaukee-based consulting firm. According to Senior Vice President of Operations Mary Kay Gardenier, who championed the project, Compirion was chosen for several reasons; the unique multi-disciplinary approach to their methodology; the focus of their

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Southern Regional Medical Center (continued)

past projects, which aligned well with Southern Regional's objectives; and because they were very hands-on, working on-site in the ED environment. Compirion sent a team of two to work with the hospital team, which consisted of the Chief Nursing Officers, Medical Directors, the CFO, and a representative from each department touched by the ED. Compirion was to work under hospital management, helping develop tools and processes in order to affect permanent change.

The primary project objective was to redirect the non-emergency patients to a setting more appropriate to the level of care they required while staying within regulatory agency guidelines. This would allow the ER to get back to its original intent – treating the seriously injured. Other objectives were to increase total net income to a set goal, improve patient flow, improve utilization, decrease ED turnaround time to 3 hours or less, and improve employee and patient satisfaction.

Compirion's key initiatives were to improve community care clinic interface/ utilization, increase co-pay collections and address mental health holds. In order to ensure progress, the Compirion team began by creating a daily dashboard. The dashboard allowed them to compare current performance to past performance every day.

Next, Compirion developed a medical screening examination to correctly and appropriately assess all patients who were triaged as Level 4 and Level 5 Acuity. The Compirion team then worked with local government and regulatory agencies to set up guidelines for determining which patients in these categories could be referred to a primary care physician, a community care clinic, a community based clinic, or minimally treated and released. Levels 1-3 and some Level 4's were routed directly back to the ED. The result was an annual reduction of 7,300 Level 4 and 5 non-emergent patients. The Compirion team determined the potential of reaching an annual reduction of 13,000 patients. The impact of this reduction has a potential savings to the hospital of \$511,000 annually. This had a welcome side effect of decreasing ED turnaround time and overall medical length of stay.

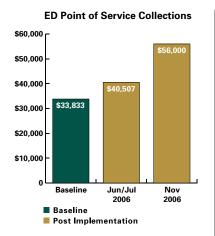
Increasing co-pay collections began with patient education. Compirion helped hospital staff educate patients on the value of services provided. A goal was set to achieve co-pay collections of \$60,000 per month. The result of these actions was a jump in collections from \$39,000 per month to \$56,000 within 5 months and climbing.

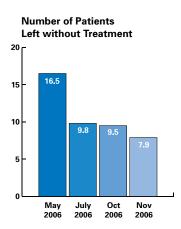
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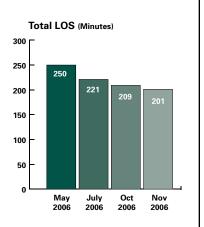
"What impressed me most with the Compirion team was their high degree of commitment to the project. Their unique methodology is behaviorally focused and resulted in facilitating change in hospital leadership which had the greatest impact of all."

> - Mary Kay Gardenier, Senior VP of Operations

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To address the final challenges, improving patient flow, throughput and overall length of stay, both Compirion and hospital management looked at setting up a safe, convenient location for mental health patients to be held prior to disposition. Next, they began establishing an STD/wound management clinic where qualified RN's could medically screen these patients and refer them to the proper resources. Finally, a suture removal clinic was established that helped eliminate volume from the ED and improved utilization of resources. Hospital staff and management have taken ownership of these projects and are making further progress.

Along with the improvements in co-pay from insured and uninsured patients, the Compirion project resulted in an increase in point-of-service collections by 32%, a 52% decrease in door-to-room time, a decrease in treatment-to-disposition of 12%, a decrease of 20% in overall length of stay and a 40% reduction in left-without treatment.

According to Gardenier, what impressed her the most with the Compirion team was "...their high degree of commitment to the project. Their unique methodology is behaviorally focused and resulted in facilitating change in hospital leadership which had the greatest impact of all."

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