

# Stopping the Bleeding in Your Emergency Department

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*REAL*

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# Lexicon of Southern Dialect

- “Yamamanim”
  - A group of familial members and/or friends
- “Guzinta”
  - The process of traversing from one local to another, also a mathematical term used in long division (also known as southern calculus.)
- Use: When yamamanim guzinta the ED, what will they say about their experience?

# Today's Agenda

- Managing Data in Your ED for Success
- Alternative Staffing Model
- Managing Your Self-Pay Volume

# Emergency Departments Matter

- Front door of the facility
- 70-80% of admissions
- Loss Leader
- Significant Source of Revenue Loss
- High-Litigation Area
- Manage Primary Care/ER Abuse

# The Right Providers

- Local physicians
- Staffing agency
- “Any Warm Body” Mentality

# The Right Information

**Wouldn't it be nice...**

...to be alerted to a patient issue & address it **BEFORE** the patient or personal physician calls to complain...and it is the first you've heard about it?

# The Right Information

**Wouldn't it be nice...**

...to know which physicians' admission and transfer patterns contribute to the hospital's goals?

# The Right Information

**Wouldn't it be nice...**

... to know how your ED compares to others  
of like size and complexity?

# The Right Information

**Wouldn't it be nice...**

...to be been notified about an unexpected complication in the ED on the day it happens?

# The Right Information

**Wouldn't it be nice...**

... to know if your overall ED length of stay is trending up or down?

# The Right Information

**Wouldn't it be nice...**

... to know that patients are receiving appropriate financial counseling at the time of the visit?

# The Right Information

**Wouldn't it be nice...**

... to be able to quickly look at ALL of this information for multiple categories including date range, physician, payor class, acuity....?

# The Right Standards

- Admission/Transfer rates
- 48 or 72 Hour Return Rates
- Emergent/Non-emergent
- Length of Stay
- Patient Satisfaction
- AMA/LWOT
- Imaging Discrepancy

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# Admission Rates

Goal: 10-12%

Low: Risk Management Opportunity

High: Over Utilization/RAC Audit Potential

Include Observation Admits

Benchmark Internally and Externally

# Transfer Rates

Goal: Depends on Specialty Depth

Too High: Lost Revenue/Lost Reputation

Track by Diagnosis Category

Track by Accepting Provider/Facility

Follow Up for EMTALA/Documentation

Correlate to Admission Rates by Provider

Evaluate Delays by Cause

# Return Rates w/in 72 Hours

Goal: 2%

Too High: Risk Management/Primary Care

Generally Varies by Provider

Some are Appropriate

All Should be Reviewed

Correlate to Admission Rates by Provider

# Acuity Level

Goal: <50% High Acuity

Too High: Lost Revenue on Self Pay

Too Low: EMTALA/Risk Management

Compare Providers

Correlate to Coded Acuity Levels

# Length of Stay

Goal: <2 Hours on Average

Competitive Advantage over Urban

Key Area for Patient Satisfaction

Compare Providers

Evaluate Specific for Transfers

# AMA/LWOT

Goal: <4% Combined

Important to Know Why Patients Leave  
Review for Screen for EMTALA Issues  
Track Before and After Screening  
Not All Bad

# Imaging Discrepancy

Goal: None

PR/Risk Management Opportunity

Address Individually but...

Track by Provided/Identify Deficiencies/Trends

Over-utilization of NightHawk Service

Discrete Entry/EDManage+ Will Not ID

# The Right Information

- Overall AND Provider Specific
- Benchmark Providers
- Reliable Retrievable Data

# Patient Record Management

New Record

## Patient Information

Unique Identifier \*

Medical Record # \*  

Social Security #

First Name \*

Middle Initial

Last Name \*

Suffix

Date of Birth \*  

Race \*

Gender  Male  Female

Primary Care Provider

Allergies  Male  Female

Fall Risk  Male  Female

Address \*

City \*

State \*

Zip Code \*

Home Phone

Work Phone

Cell Phone

## Operations and Care Process

## Clinical Care and Treatment

## Discharge Information

Update

Archive

Clear

Delete

Record is Archived

# Patient Record Management

[New Record](#)

## Patient Information

## Operations and Care Process

Bergeron, Paul

Arrival \*



00 : 00



Select Arrival Mode



Medical Screening \*



00 : 00



Select Screener



Select Category \*



Nursing Start Time \*



00 : 00



Select Nurse



Room #

Provider Notified \*



00 : 00



Select Provider



Provider Began Visit \*



00 : 00



Provider Concluded Visit \*



00 : 00



Discharge \*



00 : 00



Patient Coded

Yes

No

Time to Screen	8 minutes
Time to Provider	14 minutes
Total Time in ED	102 minutes

## Clinical Care and Treatment

## Discharge Information

[Update](#)

[Archive](#)

[Clear](#)

[Delete](#)

Record is Archived

# Patient Record Management

[New Record](#)

## Patient Information

## Operations and Care Process

## Clinical Care and Treatment

## Discharge Information

Bergeron, Paul

Cash Collected

Mode of Payment

 [Print Receipt](#)

Payer Type

Condition on Discharge

Discharge Disposition

Admitting Provider

Facility Charge Level

Physician Charge Level

Transfer Facility

Accepting Provider/LIP

Transferred By

Notes

**Transfer Facility Detail**

Facility Name	
ED Contact	Smith, David
ED Contact Title	ED Director
ED Phone	(716) 652-6170

Record is Archived

# SAMPLE DATA



## ED Provider Summary Kings Daughters Hospital

Report Specifications: From Date 2/12/08;  
To Date 4/15/08; Discharge Disposition: Home  
or Self Care, Admitted to Inpatient, Admitted to  
Observation, AMA, LWOT (Pre-Screening), LWOT  
(Post-Screening)

Provider	Visits	MD Mgmt Duration (min)		Total Time in ED (min)	Admissions	Transfers	AMA	LWOT (Pre-Screening)	LWOT (Post-Screening)	Return within 72 Hours	Billing Profile (CPT Codes)					Distribution
											99281	99282	99283	99284	99285	
Jones, Michael	650	21	155		65 10%	26 4%	7 1%	7 1%	13 2%	13 2%	20 3%	78 12%	455 70%	78 12%	20 3%	
Smith, David	250	15	130		20 8%	8 3%	4 2%	5 2%	5 2%	5 2%	15 6%	25 10%	163 65%	40 16%	8 3%	
Johnson, Mark	600	20	128		60 10%	21 4%	12 2%	6 1%	6 1%	6 1%	18 3%	60 10%	408 68%	90 15%	24 4%	
Stephenson, Thomas	500	23	160		60 12%	23 5%	3 1%	5 1%	10 2%	10 2%	15 3%	60 12%	350 70%	70 14%	5 1%	
Paulson, John	325	25	170		23 7%	8 3%	3 1%	7 2%	3 1%	3 1%	13 4%	33 10%	234 72%	33 10%	13 4%	
Anderson, Matt	700	18	150		42 6%	21 3%	10 2%	7 1%	14 2%	14 2%	21 3%	77 11%	504 72%	77 11%	21 3%	
Lincoln, Steve	750	30	130		98 13%	34 5%	4 1%	8 1%	8 1%	8 1%	23 3%	90 12%	525 70%	90 12%	23 3%	
<b>Totals / Averages</b>	<b>3775</b>	<b>21.7</b>	<b>146.1</b>		<b>368 9%</b>	<b>141 3.5%</b>	<b>43 1%</b>	<b>45 1%</b>	<b>59 1.5%</b>	<b>59 1.5%</b>	<b>125 3.5%</b>	<b>423 11%</b>	<b>2366 69.5%</b>	<b>478 13%</b>	<b>114 4.5%</b>	

# ER/Hospitalist Hybrid Model

# ER/Hospitalist Hybrid Model

Is it right for you?

- Admission Rates too Low
- Local MDs Resist Admitting

# ER/Hospitalist Hybrid Model

## Potential Pitfalls

- Medical Staff Resistance
- Skill Sets (IM vs Trauma MD)
  - OB
  - Pediatrics
  - Ortho....
- Loss of Standby Time

# ER/Hospitalist Hybrid Model

## Safeguard Considerations

- ACLS
- ATLS
- PALS
- NALS
- Plus Relevant Experience

# The Right Contract Service

- Price isn't everything
- Do They Offer Hospitalist Model?
- Set expectations early and in writing
- Review Data with Providers and Staffing Agency Frequently
- Make Data-driven Decisions About Providers
- Don't Accept Mediocrity

# Managing Self-Pay in the ED

- “Redirect Program”
  - Non-emergent patients required to make a deposit toward their final bill
  - Sounds easy, but.....
  - Culture of care
  - Too many handoffs
  - Unpleasant Task

# Managing Self-Pay in the ED

- Keys to Success...
  - Beware of EMTALA
  - Get ALL players on board (physicians, nurses and admitting)
  - Provide Clear Policies and Expectations
  - Provide scripting for financial counselors

# Thank You!

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