SCP HEALTH

UNIFIED HOSPITAL, EMERGENCY, AND URGENT CARE IMPROVES ACCESS AND METRICS

CASE STUDY

PARTNERSHIP BACKGROUND

A 371-bed, not-for-profit facility in Arkansas was struggling with both the inadequate performance of their current Emergency Medicine (EM) local provider group as well as the lack of structure in their Hospital Medicine (HM) program. To address both of these challenges, the facility chose to partner with SCP Health (SCP).

GOALS

- Increase community access by reducing EM LWOT and door-to-provider times
- Build an organized HM program with improved LOS, case mix index, and wRVUs

STRATEGY

As SCP entered the partnership and began evaluating the facility's processes more closely, several inefficiencies were immediately flagged. The ER had been entirely siloed into equal parts critical and non-critical, meaning that many "trauma" ER beds were often left unoccupied and related providers seeing few patients, even though the waiting room was filled with patients needing care. Additionally, the HM program was undeveloped, with little to no focus on quality metrics, handoff best practices, or documentation.

SCP Health collaborated with leaders and providers to quickly implement several necessary changes:

- **EM**
  - Hired full clinician staff to replace local group after contract expiration
  - Eliminated siloes **on day one** and reestablished unity between providers
  - Opened a 12-hour urgent care center across the street to care for lower acuity patients, staffed with nurses (who performed medical screening exams) and led by a mix of physicians, NPs, and PAs
- **HM**
  - Recruited a Medical Director and three other high-performing physicians who had previously worked at this facility to be the foundation for a new, stable, engaged group of providers
  - Invested in Clinical Documentation Improvement certification for one physician to serve as an advisor and drive documentation education and transformation efforts for both providers and case managers
- **EM/HM**
  - Established a Joint Operating Committee which gathered clinical leaders together once a month to review metrics, develop action plans, and hold teams/individuals accountable for their performance and initiatives

IMPACT

- **EM**
  - **LWOT:** Decreased from 9% to 2%
  - **Door-to-Provider:** Decreased from 60 to 30 minutes
- **HM**
  - **LOS:** Reduced from 6 to 5 days (3.8, if outliers excluded)
  - **Case Mix Index:** Increased from 1.3 to 1.6
  - **wRVUs/visit:** Improved from 1.7 to 2.1

LWOT AVERAGE DECREASED FROM **9% TO 2%**

DOOR-TO-PROVIDER AVERAGE TIME DECREASED FROM **60 TO 30 MINUTES**

CASE MIX INDEX INCREASED FROM **1.3 TO 1.6**

AVERAGE wRVU/VISIT IMPROVED FROM **1.7 TO 2.1**

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