A Small CAH Doing Big Things in a Rapidly Changing Healthcare Environment

Presented by:
Doug McMillan, CEO
Keith Ungrund, CCO
Dr. Lenox Baker, Trustee

Rural Health Care Leadership Conference - Phoenix, Arizona
Introduction – Doug McMillan, CEO
Objectives

• Discuss enhanced value and growth through innovative partnerships, increased medical staff growth by 300%, and upgraded facilities.

• Discuss advances in Quality Improvement, Risk Management, and changes in Organizational Culture.

• Discuss Role of Trustees during time of change and organizational growth, describe challenges faced with successful outcomes.

To improve is to change; to be perfect is to change often.
~ Winston Churchill
Outline

• West Park Hospital
• Medical Staff Growth
• Innovative Partnerships
• Quality Growth
• Trustee’s Role in Organizational Change
• Challenges
• Continued Growth Ahead
• Questions

**Please note that the views expressed by the conference speakers do not necessarily reflect the views of the American Hospital Association and Health Forum.**
Cody, Wyoming – Yellowstone Country!
Where is West Park Hospital

- Cody, Wyoming
- Located 50 miles from Yellowstone National Park
- 3 Million Visitors Annually
- Largest Industry – Tourism
- Home of Buffalo Bill Center of the West
- Population – 10,000
West Park Hospital Service Area

- Larger than the state of Rhode Island
- Primary and Secondary Service Area – 52,000 Residents
- 6 CAH in Service Area
- Closest Tertiary Care Facility – Billings, MT 100 miles North
Who is West Park Hospital District

- 25 Bed CAH
- Hospital District
- $90 Million in New Facilities & Renovations since 2000
- 350,000 square feet
- 525 FTEs
- $2 Million Annual District Subsidy
West Park Hospital – Long Term Care Center

- 94 Intermediate/Skilled Beds
- Average Daily Census – 82
- 2,500 Patient Days Monthly
- Avg. Length of Stay – 318 Days
- 94% Admission from WPH
- 50% Residents Discharged to Home
- Ages Range from 21 - 104
West Park Hospital – Seedlings Center

- Opened – 2007
- Hospital Owned/Operated Daycare/Preschool
- Licensed for 30 children
- Located on hospital campus
- Lose $50,000-60,000 annually
- Recruiting/Retention Tool
- Good News/Bad News...We are FULL!
- Facility Master Plan – Expand capacity to 40-50 children
West Park Hospital – Spirit Mountain Hospice

- Built in 2009 with 100% Community Donations, Grants & Other Philanthropic Support
- 10,000 Square Feet
- 8 Beds
- 2015 ADC: 6.76
- Loss Leader
- Assists in reducing Hospital Diversions
West Park Hospital – Cedar Mountain Center

• 16 Beds
• Average Daily Census – 12
• Average Length of Stay – 42.5 days
• Services
  • Alcohol & Drug Dependency
  • Co-Occurring Mental Disorders
  • Family Members
West Park Hospital – Big Horn Basin Cancer Center
Cathcart Health Center

**Big Horn Basin Cancer Center**
- Built in 2000
- 12,000 Square Feet
- Full Service Radiation/Medical Oncology Center
- Partnership with St. Vincent’s Healthcare

**Cathcart Health Center**
- Built in 2009
- 95% Occupied
- 60,000 Square Feet
- Outpatient Rehab Services
- Medical Offices
- Urgent Care Clinic
- Coe Pharmacy
- Dialysis Clinic
- Laboratory
Innovative Partnerships

Thomas Cuisine
Planetree Library
Eagle Med

Northern Wyoming Surgical Center

Cody Medical Arts Complex

Radiation Oncology

Northwest College

Dialysis Clinic

Coming together is a beginning, staying together is progress, and working together is success.

~ Henry Ford
West Park Hospital – Medical Staff

Representing 20 Specialties

2000 – Twenty Physicians

2016 – Fifty-Six Physicians
Medical Staff Specialties

- Cardiology
- Emergency Medicine
- ENT/Allergy
- Medical Oncology
- Neurosurgery
- Orthopedics
- Rheumatology
- Urology
Planning Works!

• Facility Master Plan – Ensure Plan is Updated
• Strategic Planning – Every Three Years
• Management Action Plan - Annually

To map out a course of action and follow to an end requires some of the same courage that a soldier needs. ~ Ralph Waldo Emerson
Growth

Total Revenue

- Net Revenue
- Gross Revenue

- 163 Million in 2016
- 90 Million in 2015
- 15 Million in 1997
- 20 Million in 1996

A Small CAH Doing Big Things in a Rapidly Changing Healthcare Environment
Introduction – Keith Ungrund, CCO
Quality → Growth

Surgical Services Revenue Growth

• FY 2013 – $18,644,000
  • Recruitment of a Neuro Surgeon
  • Recruitment of ENT Physician
  • Recruitment of a 5th Orthopedic Provider
  • OR Assessment – Focus on Efficiency, Redefined Block Schedules
• FY 2015 – $24,308,000
Emergency Department Revenue Growth

- FY 2013 – $5,474,803
  - Occupied new ED space – Increased # of rooms from 4 to 12
  - ED – 1st department to hardwire Studer, developed “No Wait” model.
  - Regional Trauma Center Designation
- FY 2015 – $7,750,000
### WEST PARK HOSPITAL

#### HCAHPS OVERVIEW

**EMERGENCY DEPARTMENT**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentile Rank Oct - Dec 14</th>
<th>Percentile Rank Jan - Mar 15</th>
<th>Percentile Rank Apr - Jun 15</th>
<th>Percentile Rank Jul-Sep 15</th>
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<tbody>
<tr>
<td>Urgency Shown by staff treating patient</td>
<td>94</td>
<td>91</td>
<td>94</td>
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<tr>
<td>Coordination of care and services</td>
<td>96</td>
<td>76</td>
<td>95</td>
<td>90</td>
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<tr>
<td>Explanation of new medicines</td>
<td>95</td>
<td>76</td>
<td>98</td>
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<tr>
<td>Staff doing everything to help with pain</td>
<td>94</td>
<td>91</td>
<td>90</td>
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<tr>
<td>Comfort asking patient care staff questions about care/treatment</td>
<td>98</td>
<td>82</td>
<td>93</td>
<td>86</td>
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<tr>
<td>Doctors - overall rating</td>
<td>91</td>
<td>79</td>
<td>97</td>
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<tr>
<td>Amount of time spent in ED</td>
<td>94</td>
<td>74</td>
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<tr>
<td>Clear/complete discharge instructions</td>
<td>95</td>
<td>88</td>
<td>95</td>
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<tr>
<td>How much patient was helped by this visit</td>
<td>96</td>
<td>76</td>
<td>98</td>
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<tr>
<td>Overall rating of emergency department</td>
<td>97</td>
<td>85</td>
<td>93</td>
<td>94</td>
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<tr>
<td>Patient Advocacy (Likelihood to Recommend)</td>
<td>94</td>
<td>81</td>
<td>90</td>
<td>80</td>
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# West Park Hospital HCAHPS Results

<table>
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<tr>
<th></th>
<th>Percentile Rank Oct - Dec 14</th>
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<th>Percentile Rank Apr - Jun 15</th>
<th>Percentile Rank Jul-Sep 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Communication</td>
<td>65</td>
<td>47</td>
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<tr>
<td>Doctor Communication</td>
<td>86</td>
<td>93</td>
<td>92</td>
<td>84</td>
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<tr>
<td>Responsiveness of Hospital Staff</td>
<td>88</td>
<td>75</td>
<td>94</td>
<td>94</td>
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<tr>
<td>Cleanliness of Room/Bathroom</td>
<td>48</td>
<td>53</td>
<td>88</td>
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<tr>
<td>Quietness of Area Around Room at Night</td>
<td>31</td>
<td>45</td>
<td>75</td>
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<td>Pain Management</td>
<td>91</td>
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<tr>
<td>Communication about Medicines</td>
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<td>Discharge Information</td>
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<tr>
<td>Overall Rating of Hospital</td>
<td>46</td>
<td>64</td>
<td>96</td>
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<tr>
<td>Patient Advocacy (Likelihood to Recommend)</td>
<td>57</td>
<td>75</td>
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<tr>
<td>Transition of Care</td>
<td>97</td>
<td>96</td>
<td>96</td>
<td>92</td>
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Ancillary Services Growth

- Lab FY 2013 – $8,549,289
  - Hired Internal Medicine, ENT and Rheumatology Providers
  - Increase ED Volumes
- Lab FY 2015 – $10,858,990
Quality | Growth

Ancillary Services Growth

• Radiology FY 2013 – $17,692,445
  • OR Procedures | Pre-Op, Intraoperative and Post-Op Studies
  • MRI Volumes
  • CT Scan Volumes
  • Cardiac Imaging, Echo, Stress Echo and Nuclear Medicine
  • Transitioned from 18 hour to 24/7 In-House Staffing Model
  • New Service – Stereotactic Mammographic Biopsy Service

• Radiology FY 2015 – $23,882,704
Hospitalist Program – Developed in 2008

• First CAH in Wyoming to Adopt Hospitalist Model

Challenges
• Providing timely discharges and meeting average length of stay goals
• Inpatient volume not high enough to justify
• Provider burnout with current on call model

Solutions to Supplement Volume
• Hospitalist to make monthly LTC visits
• Pre-Op consults for high risk surgery patients

Result
• Successful model
• Decreased length of stay
• Increased provider, patient and nursing satisfaction
Rapid Growth Creates Challenges
Quality → Growth

QUALITY:
LEAN Rapid Improvement Events
Alignment to Achieve Results

• Medical Staff Committee restructured to include a Quality Improvement Council (QIC)
• QIC Includes
  • Administration Members
  • Board Members
  • Chairs of Medical Staff Committees
• QIC selects Rapid Improvement Events and results are reported to QIC
Rapid Improvement Event
ACU to LTCC Patient Transfer
November 2014

• Improve coordination and efficiency of transition

• Rapid Improvement Results:
  • Reduced Avoidable Days from 4.5 per month to < 3 per month
  • Reduce decision time from 2 days to 2 hours
  • Able to accept multiple transfers per day and on weekends/holidays
  • Average census for Long Term Care Center increased from 68 to 82
Rapid Improvement Event
Time Out
June 2015

• Challenges:
  • Lack of Standardized Time Out process

• Rapid Improvement Results:
  • Standardized process implemented for all applicable areas
  • Provider and Staff buy-in
Rapid Improvement Event
ED Admits to ACU
Direct Admit Process
December 2015

• Challenges:
  • Lack of standard process
  • Individual Hospitalist preferences created confusion and incomplete orders
  • Increased throughput times for admissions
  • Provider, Patient, Nursing dissatisfaction

• Rapid Improvement Results:
  • Standardized workflow established for hospitalists, ED providers and primary care providers
  • Continue to work on counter measures that were identified to increase efficiency
Quality ⟷ Growth

Rapid Improvement Event
Patient Financial Services
Coming in February 2016

• Challenges
  • Multiple registration access points that lead to patient frustration and confusion as well as registration inaccuracies.
Yellowstone Insurance Exchange

- Created in 2003 by Several WY, MT, ID, NM, UT Hospitals
- Benefits
  - Greater price stability and program availability due to owner controlled structure
  - Long term cost savings due to lower operational costs and taxes
  - Governed by the member facilities through the Subscribers Advisory Committee
  - Customized consulting available based on facility requests or concerns
Quality ➞ Growth

Risk Management

- YES – Yellowstone Event System
  - Incident reporting system
  - Credentialing
  - Liftserve
  - Webinars
- Annual R/M Action Planning
  - Onsite 3-6 times per year
  - R/M discounts for compliance
- R/M Annual Conferences
People & Quality
People & Quality

Transforming a Culture to become the Employer of Choice

Planetree Affiliate Since 2000

- Developed model of patient centered care
- Employees from all service lines involved in Planetree Committees
- Patient Partnership Council
- Focus on facility environment
- Community involvement in art throughout facilities
- Employee reward and recognition
People & Quality

Patient Centered Care

- Massage Therapy for Patients (Employees receive discount)
- Volunteer Program
- Aromatherapy
- Pet Therapy
- Chapel
People & Quality

Engaging Employees

- Monthly Roundings by managers
- Senior Leadership Rounding weekly on employees
- Lunch with CEO
- New Employee Onboarding
- Quarterly Employee Forums
- Quarterly Shades of Planetree
- Extraordinary Employee of the Month presented each Board meeting
Employee Retention
Key Component of Strategic Growth

• 196 Employees - 5+ Years Employment
• 77 Employees – 15+ Years Employment
• 46 Employees - 20 + Years Employment
Who is West Park Hospital

Doug McMillan, CEO
19 Years

Pat McConnell, CFO
17 Years

Keith Ungrund, CCO
13 Years

Nicole Hobbs, Physician Clinics
2 Years

Jeanne Kaiser, LTCC
30 years

Dick Smith, HR
11 Years

Janet McClain, Quality
3 Years

WPH has been a QHR Member Hospital since 1987
Introduction – Dr. Lenox Baker, Trustee

- **Trustee** – West Park Hospital • Cody, WY • 2013 to present
- **Cardiothoracic Surgeon** – Norfolk, VA • 1979 – 2010
- **Med Staff President** – Sentara Hospital • Norfolk, VA • 1991 – 1992
- **Trustee** – John Hopkins University • 1992 – 2012
- **Chairman of the Board** – John Hopkins Medicine • 2002 – 2005
- **Board of Directors** – Anthem, Inc. • 1985 - 2013
Introduction – Dr. Lenox Baker, Trustee
WPH Board of Trustees

7 Member Elected Board

• 4 Female / 3 Male
• 3 Physicians
• 1 Nurse
• 3 Business Professionals
  • Banker
  • Credit Union
  • Real Estate

Melissa Fraser, RN  Ty Nelson  Adair Bowlby, MD  Lenox Baker, MD

Jeff Parsons  Pamela Clegg, MD  Peggy Rohrbach
Role of Hospital Trustee During Change & Growth

• After thorough and transparent discussion, help bring Board and Administration to consensus solution

• Help with delivering this message to pertinent Medical Staff, Hospital Staff, and involved Community Leaders

• Help Hospital Foundation with raising necessary funds to support new programs and services
Recent Challenges

• Anesthesia Service

• Orthopedic Call Pay

• Pediatric Service Line
Anesthesia

Problems

• 4 Separate MD Practices

• 3 CRNAs

• Poor Hospital OR Schedule Management
Anesthesia

Solution #1

• Individuals formed 4 person group

Problems

• Increased incidence of Anesthesia “DIVERT” during Labor & Deliveries
• Request for large subsidy from the hospital

Solution #2

• Hired outside consultant
• Commitment for achieving:
  • Quality goals in hospital OR management
  • Hospital Subsidy
  • 5th anesthesia partner and CRNAs hired

Results

• OR service markedly improved
Orthopedic Call Pay

Problem

- 5 Orthopedic providers in 3 different practices
  - Aging physicians with 4 no longer required to take call due to bylaws
  - Increased Ortho “Divert” in the Emergency Dept.

Questions

- Is Call Pay Affordable and Sustainable?
- What other specialties will follow suit and request call pay?
Orthopedic Call Pay

Solution
- CEO surveyed other rural hospitals
- Hired a consultant who assisted in creating a plan for payment
  - Introduced Deferred Comp plan with Life Insurance on MD’s
  - Received pushback from providers – they wanted CASH $$$$$$$

Compromise
- Half CASH / Half Deferred Comp
- Life Insurance proceeds go back into the plan
  Also able to bring in General Surgery, OB, Pediatrics, and other specialties per visit

Results
- Ortho “DIVERT” virtually eliminated in the Emergency Dept.
Pediatric Service Line

Problem

• Local Pediatrician wanted WPH to hire pediatric hospitalist to relieve him of call

• After year of discussion regarding financial feasibility, Pediatrician announced he would no longer take call or come into the ER or hospital to see patients

• WPH still retained 2 Family Practice physicians who were willing to share call
Pediatric Service Line

Solution

- Hired full time Pediatrician and Pediatric Nurse Practitioner
- Collaborated with Billings Clinic to provide NP with additional experience
- Currently recruiting for second Pediatrician
- Currently building out new Pediatric office in WPH Outpatient Facility
Ongoing Efforts

- **Cath Lab** – joint venture with Billings Clinic
- **Accountable Care Organization**
  - 13 hospitals in Wyoming, Montana and Idaho
  - 5,000 Medicare patients
- **Community Paramedicine**: EMS providing Home Health Care
- **Wound Care** – joint venture with Healogics
- **Recruitment of CMO**
- **Hospitalist Program** – Expanding to 24/7 in house coverage
  - Hiring 2 Mid-Level Hospitalist Providers
A Small CAH Doing Big Things in a Rapidly Changing Healthcare Environment

Thank You!

West Park Hospital
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Cody, WY 82414

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