

Case Study



Client: A 600 bed not-for-profit hospital in the Midwest.

Engagement: Interim Director, Case Management

Issues to be Addressed:

- Accurately documenting case mix index
- Decreasing reimbursements
- Limited interdisciplinary collaboration
- Establishing accountability structure

B. E. Smith's Process for Success

Assessment

A thorough assessment was completed by the Interim Leader. The most crucial areas of concern were the extended length of stay at 8% and an observation rate of 14%. The department was lacking interdisciplinary collaboration. In addition, there was no formal accountability structure and an inaccurate case mix index with conversion to MSDRG.

Recommendations

The Interim Leader recommended transitioning the physician driven organizational culture to one of interdisciplinary team collaboration. Also, the Interim Leader focused on establishing a Physician Advisor role with the Medical Staff to increase communication between the staff and physicians. She recommended realigning Case Management roles and responsibilities to compliment the patient care delivery model. The Interim Leader suggested strengthening the role of the Utilization Management Committee. She concentrated on developing an infrastructure and processes to identify and manage length of stay with an initial focus on extended length of stay.

Action Plan Results

Within months, the Interim Leader was able to improve the Case Mix Index and identify substantial savings for the healthcare organization. Some of the success measurements include:

- Decreasing Extended Length of Stay to 1%
- Decreasing observation rate to 10%
- Increasing the Medicare CMI from 1.84 to 2.07