

healthcare **now**

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customer success story



Name and Location

Spartanburg Regional Medical Center
Spartanburg, South Carolina

Customer Overview

Spartanburg Regional Medical Center is a 480-bed acute care facility with more than 30,000 admissions per year.

Focus

Discharge Planning

Issue

Paper-intensive discharge planning process for patients being transferred to extended-care facilities with prolonged Average Length of Stay (ALOS)

Solution

Covisint

Results

- ALOS reduced by 1.6 days
- 75 percent reduction in extended-care facility requests for additional clinical information
- 1,683 saved patient days
- \$2.4 million potential cost avoidance

Health System Increases Patient Throughput by Reducing Average Length of Stay by 1.6 Days

Introduction

Health systems have difficult challenges. They must provide quality care to both the insured and uninsured within the confines of a small operating margin. Initiatives which drive down operating expenses or increase revenue—while keeping positive patient outcomes—mitigate this universal challenge. One initiative, driven by Spartanburg Regional Medical Center (SRMC) Health Management Department, helped to reduce the Average Length of Stay (ALOS) by 1.6 days. With this ALOS reduction, SRMC was able to increase patient throughput.

Challenge

The discharge planning process for patients being transferred to extended-care facilities is paper-intensive and time-consuming. Clinicians within the Health Management Department at SRMC spend a lot of time manually gathering patient information, detailing level-of-care assessments and filling out forms necessary for post-acute referrals. Oftentimes the information packets would be faxed to extended-care facilities, only to result in busy signals or “fax failed” messages. Once the referral information reached the extended-care facility, the admissions coordinators would need additional patient information to make a placement decision. On average, SRMC experienced callbacks for missing information on 20 percent of their post-acute discharges. This information request and response, handled through telephone and fax, was slow and involved many touch points.

The manual referral process increased patient length of stay because the information-gathering and communication components were lengthy.

The ALOS for patients being transferred to extended-care facilities was averaging 11 days. Closing the loop on referrals and discharges was important for the patient and families' well-being and the hospital's financial state. Angie Roberson, director of case management at SRMC, states, "We realized there was tremendous opportunity to improve the communication cycle between SRMC and extended-care facilities."

Solution

SRMC implemented Covisint to manage the discharge planning process. Now, all referral forms and supporting patient information, whether paper-based or an existing electronic medical record, are collected and communicated to extended-care facilities through Covisint. Audit trails of all communication events are easily viewed, showing who received what information and when.

SRMC also added several new positions to serve as information conduits between the medical center and extended-care facilities. Health management specialist extenders were tasked to use Covisint to expedite communications—increasing FTEs by freeing up clinicians to spend more time with patients.

Results

ALOS Reduction of 1.6 Days

Prior to implementation, the ALOS for patients being transferred to extended-care facilities was 11 days. After implementation and adding the new positions, the ALOS was reduced to 9.4 days—which was sustained for over three quarters.

1,683 Saved Patient Days;

\$2.4 Million Potential Cost Avoidance

On a patient volume of 1,052 per year—with an ALOS reduction of 1.6—SRMC will realize 1,683 saved patient days. With the

South Carolina average hospital adjusted expenses per inpatient day of \$1,435, these saved patient days can translate to a \$2.4 million cost avoidance.

"Our nursing home placement length of stay has been dramatically and positively impacted by the introduction of this technology to our discharge planning process. Communication is faster, more reliable and less redundant."

*Angie Roberson, Director of Case Management
Spartanburg Regional Medical Center*

75 Percent Decrease in Telephone

Follow-up Calls from Extended-care Facilities

Prior to implementation, the Health Management Department experienced a 20 percent callback volume from extended-care facilities requesting more information. Post-implementation, only 5 percent of discharges resulted in follow-up calls.

Compliance with Regulations

The audit trail function allowed a DHEC surveyor (state regulator) to easily view the extensive list of facilities that had been asked to accept a particular case, dispelling the perception by the family that the hospital did not attempt to search within a reasonable distance for a nursing home bed. This enabled SRMC to avoid DHEC non-compliance charges.

Ease of Staff Interchange

Staff can easily fill in for one another and quickly bring themselves to date on any patient discharge planning process. With a complete audit trail, staff can view—by patient—what information has been communicated to whom and when.

covisint ... helping people and systems work better together

Covisint enables the secure access to and the improved visibility of health information. Leading healthcare organizations and communities across the healthcare continuum leverage Covisint to exchange information and support real-time collaboration, including the automation and streamlining of basic clinical and administrative processes that are generally paper-based transactions today.

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