

Department Integration of a Community Hospital with a Large Urban Teaching Hospital: A Case Report

Jessica Shank, PT

Department of Rehab Services, Thomas Jefferson University, Philadelphia, PA

Purpose/ Background

Healthcare is rapidly changing and community hospitals are no longer able to keep up. Accountable Care Organizations (ACOs) are absorbing many of these hospitals. Rehab departments within these facilities are afforded the opportunity to impact the financial bottom line by removing inefficiencies and promoting higher quality patient care. The purpose of this quality improvement initiative was to develop a process to integrate departments focusing on efficiency, patient care, and employee engagement.

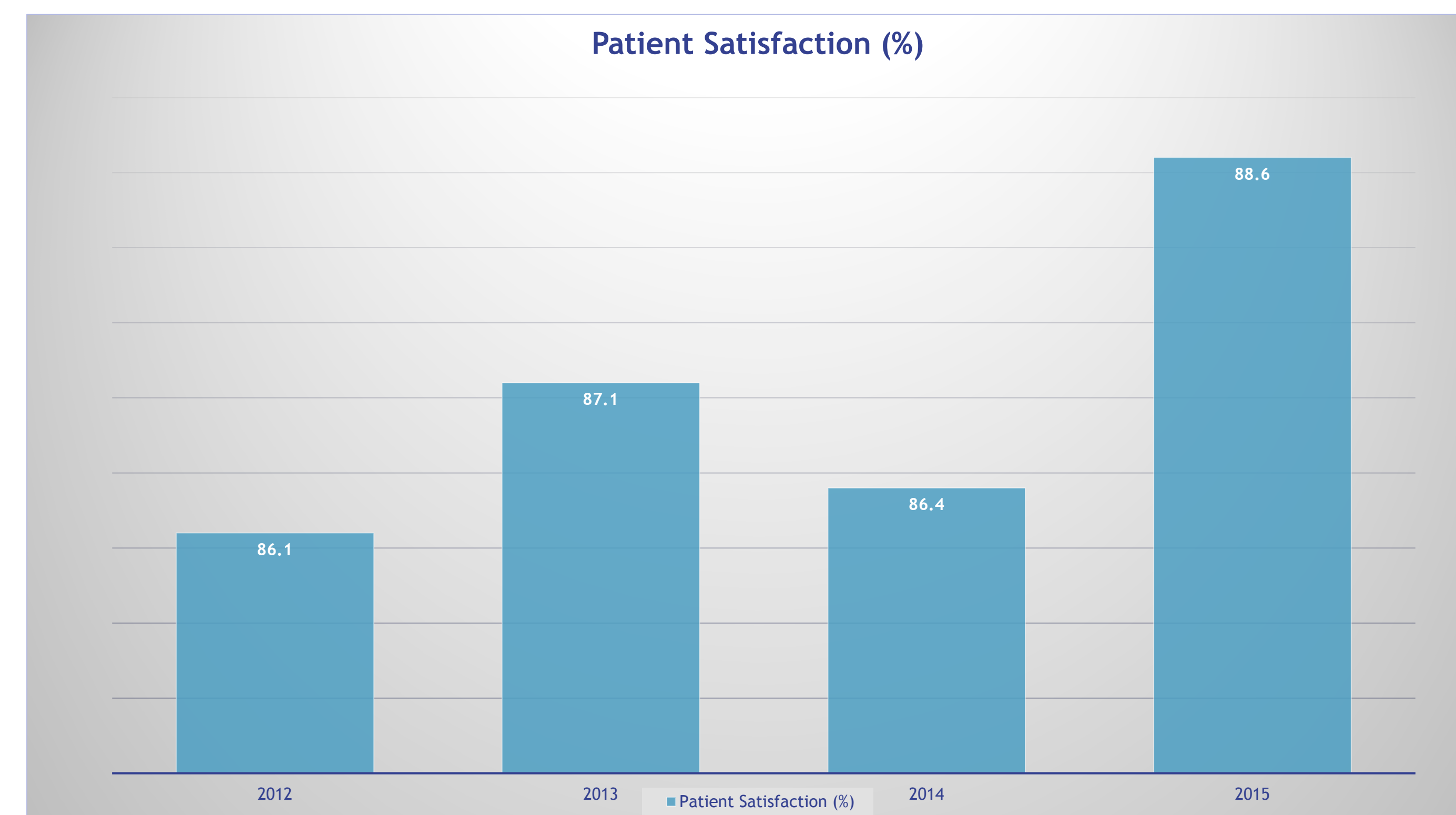
Case Description

In 2013, the rehab departments of Methodist Hospital, a community hospital and Thomas Jefferson University Hospital, a level I trauma center seized this as an opportunity to improve the quality and efficiency of patient care. **Phase 1:** Analyzed current workflow in each department determining opportunities for improvement. **Phase 2:** Developed a global strategy for the newly integrated department. Improved communication and collaboration. Decreased waste and inefficiency. Focused on value based care. **Phase 3:** Generated and implemented an action plan. Paired open and realistic communication with strong leadership to help our employees cope with the merger. Expanded the current structure adding a leadership role aimed at mentoring and establishing quality of patient care. Focused on quality and efficiency leading to a decrease in the use of per diem and contract Full-time Equivalents (FTEs).

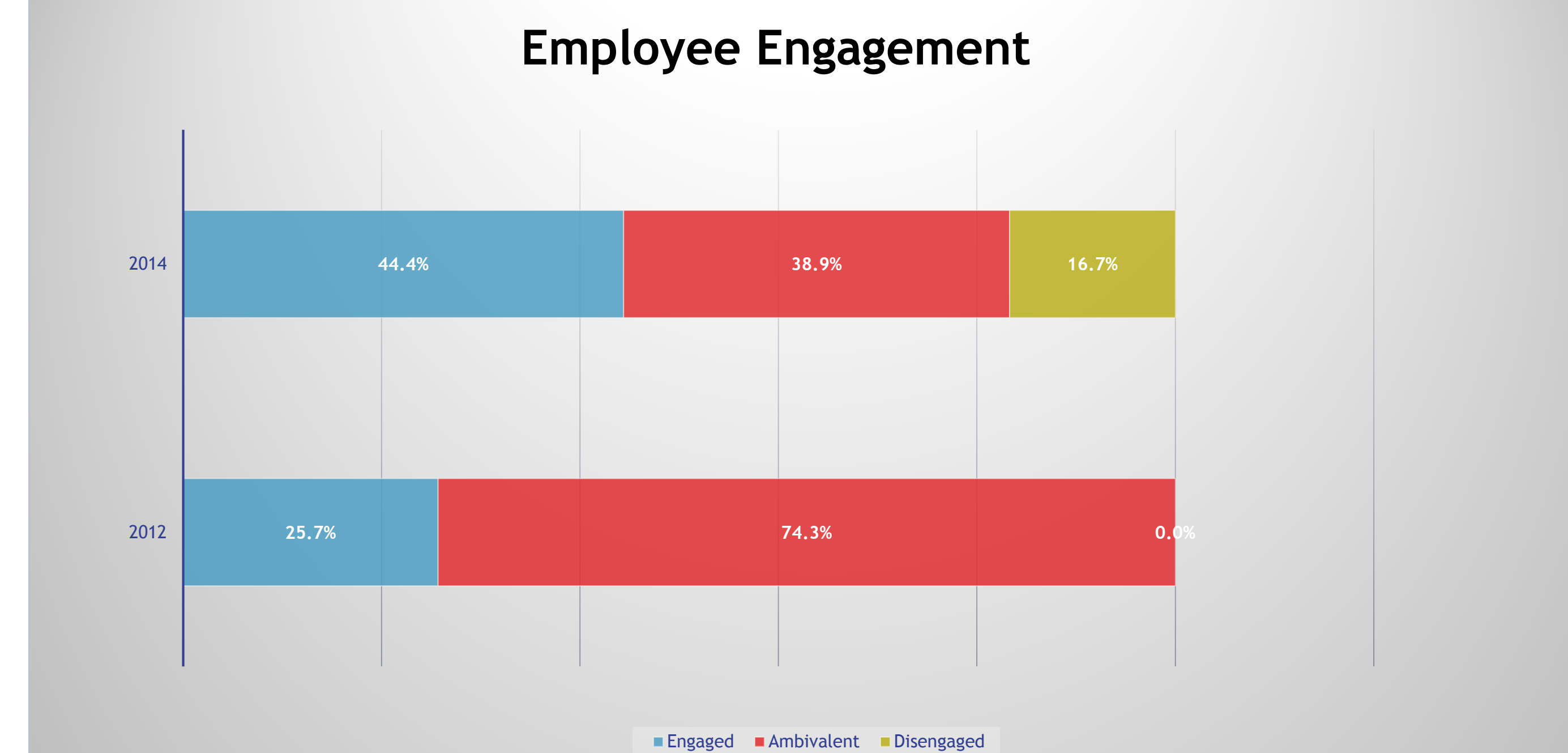
Methods

Prior to integration, only 35% of billable time was spent evaluating patients. During integration, we increased this number to 59% utilizing half of the FTEs. It was also a goal to maintain employee engagement during this time period. In 2012, we had 35.7% engaged and 0% disengaged employees while in 2014, 44.4% of employees were engaged and 16.7% were disengaged leading to an exodus of disengaged employees toward the end of 2014. The third and most important piece of data we chose to look at was patient satisfaction, which demonstrated an improvement of 2.5% during department integration.

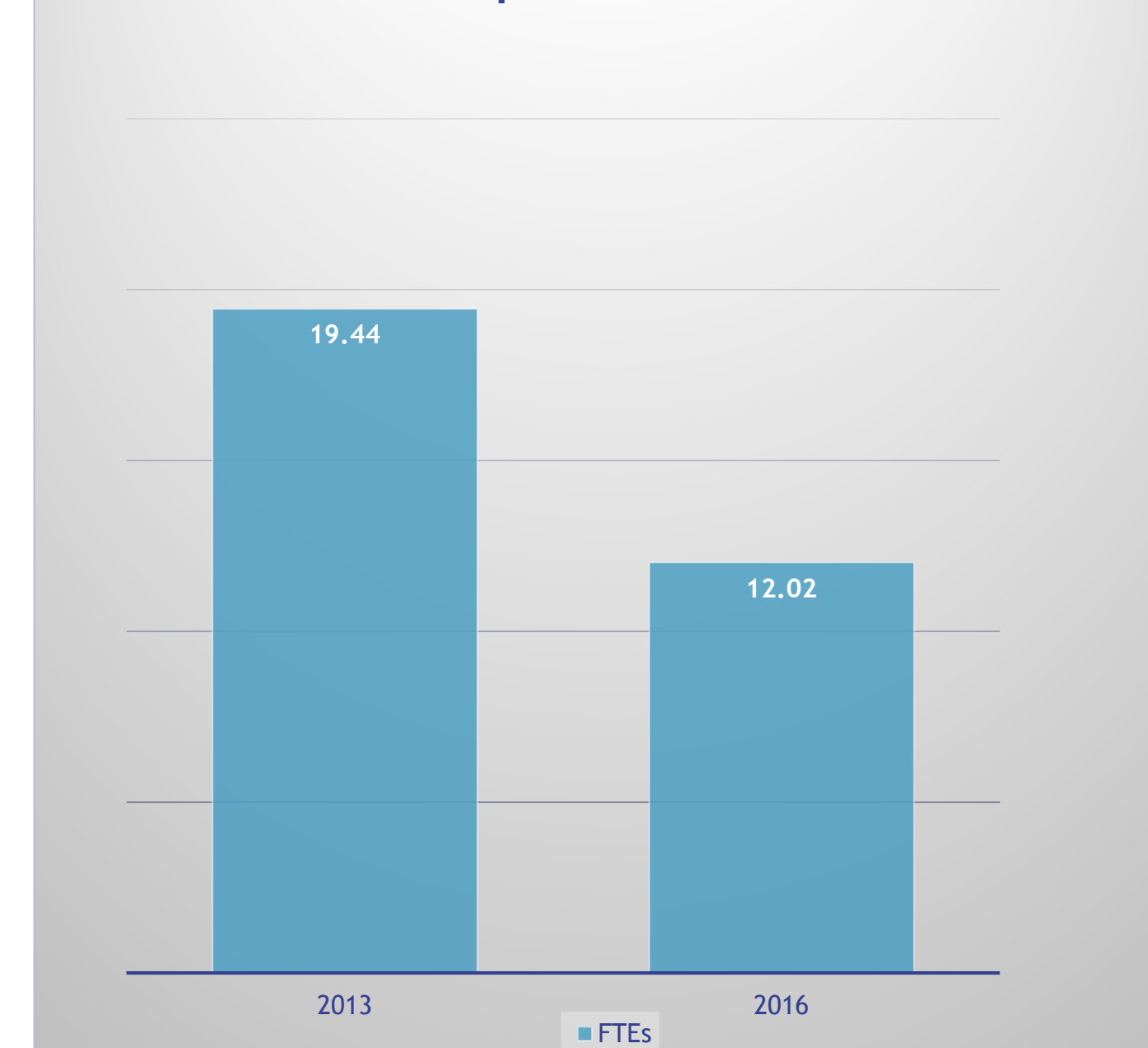
Results - Patients



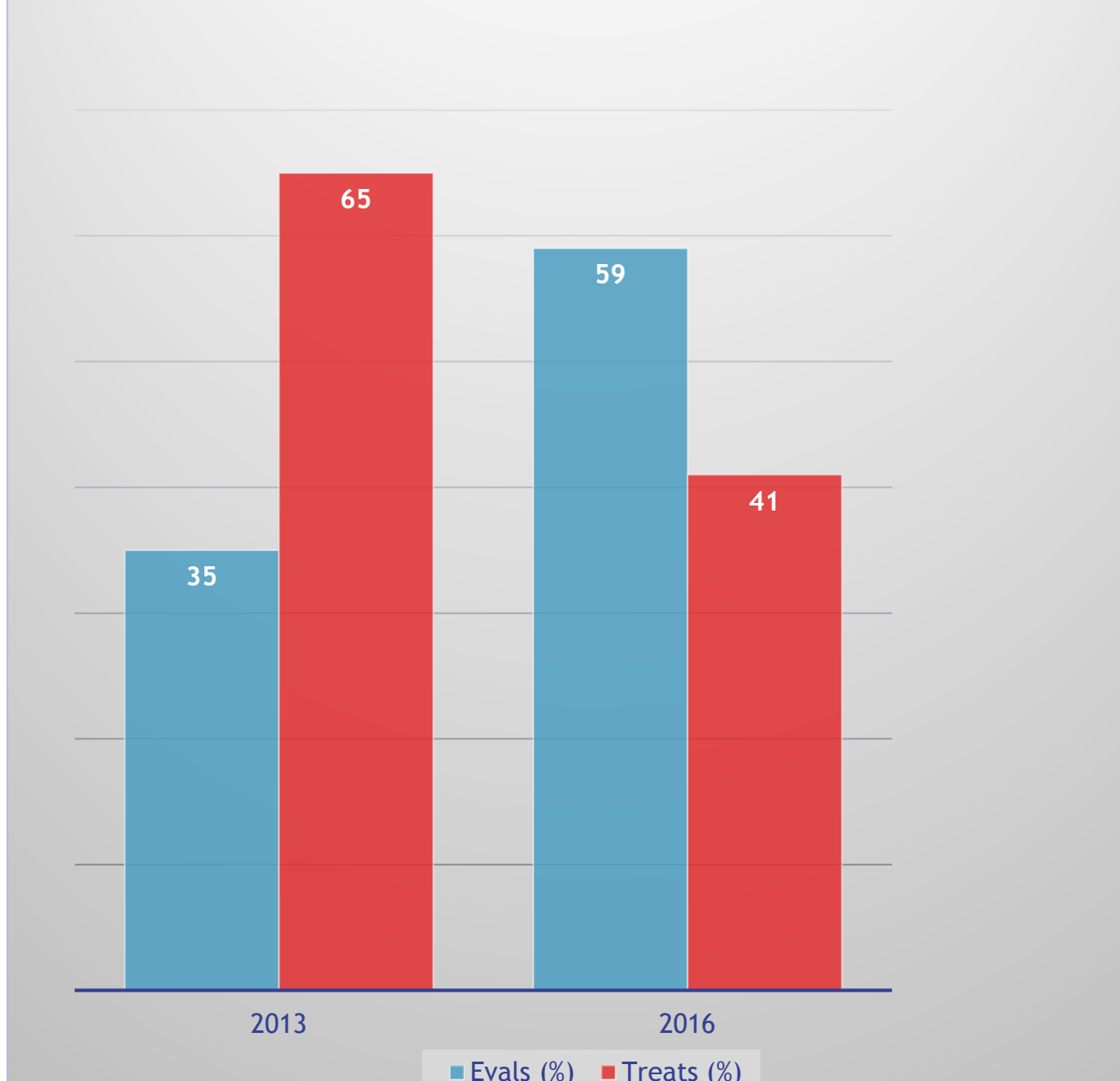
Results - Staff



Full-time Equivalents



Resource Utilization



Phase 1:
Data Analysis

Phase 2:
Development
Strategy

Phase 3:
Action Plan

Clinical Relevance

With the development of integrated healthcare systems, organizations are rapidly expanding requiring rehab departments to adapt. Openness to collaboration must be at the forefront. Analysis of processes at each site yielded improvements in quality of care and efficiency, which are keys to embracing the new environment of value based care. By enhancing the quality of care provided, we were able to improve efficiency of the staff and decrease the number of FTEs required while reflecting an improvement in patient satisfaction scores. Communication of change was difficult and encountered resistance from established employees. While the number of engaged employees increased in 2014, we also noted a small number of disengaged employees compared to our 2012 workforce. During this time, our patient satisfaction scores were also lower. By the end of 2014, there was an exodus of longstanding employees and a significant trend toward higher patient satisfaction scores. Ultimately, we found combining a purposeful strategy for integration with communication and quality patient care as keys to success when unifying departments within an organization.

References

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