



Case Study

Jersey City Medical Center

Jersey City, New Jersey

BACKGROUND

The Jersey City Medical Center (JCMC) is located on a 15-acre campus overlooking the New York Harbor and Liberty State Park. The Campus presently includes two facilities, the Wilzig Hospital and the Provident Bank Ambulatory Center. The hospital serves as a regional referral center and teaching hospital providing the highest level of care for women and infants, trauma, and cardiac patients. The Medical Center is a major teaching affiliate of the Mount Sinai School of Medicine.

The Emergency Department at Jersey City Medical Center is a Level II Trauma Center, staffed 24 hours a day by board-certified and board-eligible emergency physicians. JCMC also operates a fast track area in the ED from 10am to 10pm to care for less emergent conditions and has a separate pediatric emergency department.

Customer Profile:

- Jersey City Medical Center
- Level II Trauma Center
- Pediatric ED
- 68,000 Annual ED Visits
- 342 Beds
- HIS: McKesson
- EDIS: EDIMS

CHALLENGE

In 2009, JCMC's Senior Vice President of Nursing, Rita Smith, was concerned with the variations in shift coverage by hospital case managers to review admissions from the emergency department. The ED had a dedicated case manager providing single coverage one shift per week day, and limited coverage on alternate weekends.

Like many hospitals, the variability in volume coupled with the difficulty in recruiting experienced case managers made it difficult to justify the expense of providing 24x7 ED coverage. However, with the changing landscape of regulatory compliance for federal, state and commercial payers, JCMC recognized the need to proactively increase the percent of admissions from the ED that received screening for medical necessity.

"In addition to the system-wide benefit of enhanced compliance, the increase that we have seen in appropriate admissions and patients who met criteria for observation has translated into a significant projected increase in revenue."

Rita Smith, RN, MPA, NEA-BC, DNP
Senior Vice President of Nursing,
JCMC

Solution:

On-line admission screening for 24/7/365 coverage

"When we heard about Proven Healthcare Solutions (PHS) real time admission review screening we were eager to give it a try," says Rita Smith, SVP of Nursing. "Their business model was perfect for our situation. They are available 24/7 and only charge us for the cases we send them. This allows us to use them as an addition to our case management staff to cover open shifts and increases in volume without changing our staffing."

PHS has an innovative model of utilizing experienced nurse reviewers, trained on the most up-to-date, web-based versions of Interqual and Milliman, as part of a two-tiered approach. On average, 80% of cases can be handled by the nurse reviewers in 30 minutes or less. When necessary, PHS' second tier provides experienced physician reviewers who will interact directly with the hospital's medical staff.

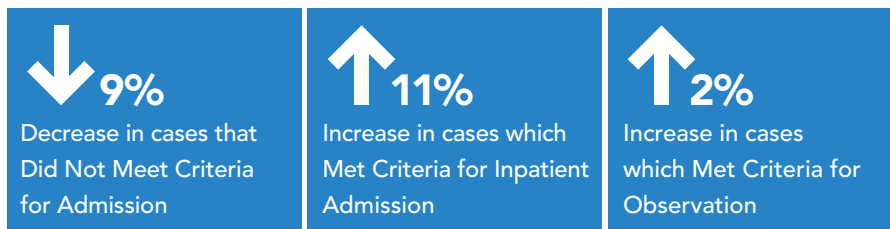
This two-tiered approach enables hospitals to implement a strong review program while keeping the average cost of screenings reasonable.

PHS developed an interface between their proprietary E-ARM System and JCMC's electronic medical record system, EDIMS. Physicians are able to request a screening directly from the main ED tracking grid. In combination with the E-ARM viewer, they are also able to easily view the results on their computers and provide additional information if required. "With the E-ARM interface connected to our EMR, our physicians needed less than 30 minutes of training to begin using PHS," states Dr. Michael Bessette, MD, FACEP, Emergency Department Director.

"We know that the PHS reviewers utilize the latest criteria and they have helped our ED case managers fine tune their use of criteria," said Leigh Baillie, Director of Case Management. "The PHS staff is extremely helpful and knowledgeable and we view them as part of our team."

The PHS pricing model meets JCMC's needs and situation. "We only pay per chart for each case we submit for screening and we can submit as many charts as we need at any time. That was particularly important to us since our primary area of interest was screening our soft-cases, such as chest pain, abdominal pain, and syncope, cases which are at higher risk for noncompliance and placement in the wrong setting" states Ms. Baillie.

Since implementing emergency department admission review screening by PHS in May of 2010, JCMC has had over 1600 charts reviewed by PHS. The results have impressed everyone involved:



ENHANCED CASE MANAGEMENT EFFICIENCY

The role of today's case manager has changed. PHS' prospective 24/7 coverage eliminates the backlog of cases needed to be screened for medical necessity. Case managers have a comprehensive view of the ED, can track frequent flyers, and can provide better support and guidance to the physicians.

LEARNING ENVIRONMENT

Ms. Smith explains, "PHS has allowed us to create a learning environment. We now have an integrated process that provides feedback to our clinicians in real time. From this our documentation is improving and that not only supports increased compliance but it also improves the safety and quality of patient care."

EARLY SUCCESS SUPPORTS LONG-TERM SYSTEM GOALS

More than 50% of patients admitted to JCMC come into the system via the ED and ED volumes are up 9% over 2009. So, performance in the ED directly affects the performance of the hospital as a whole. "In addition to the system-wide benefit of enhanced compliance, the increase that we have seen in appropriate admissions and patients who meet criteria for observation has translated into a significant increase in projected revenue." Concludes Ms. Smith, "PHS is helping us progress toward meeting our long-term business goals."