

Mission Health



A Brief Overview



Location

Asheville, North Carolina



Annual Discharges

54,034*



Beds

763 for Mission Hospital
1,179 for Mission Health System



Case Mix Index

1.6*



Challenges

- Care Management staff tied to time-consuming inquiry phone calls, faxing and follow-up phone calls to post-acute facilities.
- Length of stay was static and inpatients were bottlenecked because referrals could not be made quickly enough.
- Hectic, inconsistent discharge process was negatively impacting staff, patients and family members.
- High volume of behavioral health patients and low number of identified post-acute facilities that could care for them consumed significant staff time to place.



Goals

- Automate and standardize discharge process.
- Reduce avoidable delays.
- Increase staff, patient and family satisfaction.
- Broaden post-acute provider network to enable placements and referral options.



Solution

Mission Health System implemented Ensocare's automated discharge management solution to replace manual processes at Mission Hospital. Ensocare is used as an embedded solution inside Mission's Cerner Millennium Electronic Medical Record (EMR) system.



Results

- 100% compliance with documentation of patient choice.
- Multiple referrals sent simultaneously.
- Improved staff satisfaction.
- Improved relationships with post-acute providers.

*Discharges and case mix as reported from 2015.



Challenges

Even though Mission Health System can trace its roots back more than a century, its discharge management process in 2014 was still what many would consider to be a very manual operation. “You needed roller skates,” explained Tess Green, Supervisor of the Resource Coordination Center and Care Management at Mission Health System, describing the constant back-and-forth that characterized the discharge process then. Manual steps included obtaining patient input about post-acute facilities they would be discharged to, and then having to call and fax pages from the patient’s medical record, and sometimes having to call to follow-up multiple times.



“Ensocare has increased our ability to be with patients and families.”

- Tess Green, Supervisor of the Resource Coordination Center and Care Management, Mission Health System

Care Management staff were burdened by paperwork, and as such, found themselves with limited time they could spend interacting with patients and family members about their clinical and psychosocial needs and how their post-acute care transition would be managed. This approach didn’t fit well with the system’s philosophy of community-centered care involving a close-knit network of providers in western North Carolina.

The system’s high patient volume (i.e., approximately 54,000 patients discharged in 2015) was being bottle-necked at the point of discharge. At 763-bed Mission Hospital, the system’s flagship tertiary care center, Care Management staff struggled to distribute necessary referral information for patients with a wide range of clinical diagnoses fast enough to keep up with the pace of those ready for discharge. As a result, post-acute providers were delayed in making referrals and patients and families also suffered as their decision-making collapsed.

Complicating matters further, the hospital struggled to effectively place patients with behavioral health conditions. Relatively few post-acute facilities that could care for these patients were located in the hospital’s service area and staff struggled to identify facilities outside the local network. The effort to place these patients was significant and consumed a disproportionate amount of staff time.



Goals

Mission Health System’s goals initially involved streamlining the discharge process in its flagship hospital and reducing length of stay, particularly for patients who were unable to be discharged due to delays in securing referrals to appropriate post-acute facilities.

A second goal was to allow discharge planners and social workers the time to develop a close rapport with patients and family caregivers in an effort to help patients transition effectively to the next level of care outside the hospital. Ideally, this would be accomplished by lightening the administrative and clerical burden on discharge staff and reallocating those time savings, while simultaneously increasing staff satisfaction.

Lastly, the hospital sought to increase patient and family satisfaction by facilitating timely referrals to one of the patient’s top post-acute facility choices. By providing a broader network of qualified post-acute facilities, patients had more choices and staff were able to identify more appropriate options.



Solution

When Mission Health System implemented Ensocare in 2014, it also re-engineered its entire discharge management process and established an innovative Care Coordination Center. The Care Coordination Center centralizes staffing and the day-to-day operational activities associated with approximately 54,000 annual discharges from Mission Hospital and more than 109,000 discharges across the multi-hospital system. Today, a Care Management team of approximately 100 discharge planners, case managers and support personnel use the Ensocare solution embedded within Cerner’s Millennium EMR system to:

- Send referral inquiries simultaneously to multiple facilities.
- Respond to facilities who answer referral inquiries.
- Securely transfer standardized packets of patients’ medical record information to identified facilities.

According to Green, the centralized approach has also streamlined responses from post-acute facilities and increased transparency between the hospital and its post-acute provider partners. Because Mission Health System’s team of discharge planners now work side by side, post-acute facilities are more likely to consider all referrals equally, rather than giving preference to one or another. Instead, all patients are considered “Mission patients” and prioritized accordingly. “This will be especially important as we move forward with the CJR (Comprehensive Care for Joint Replacement) payment models and all the bundled payment programs that are coming down the pike,” explained Green.

Now that Mission Health System has standardized its discharge process, Green says her team is using information gleaned from the Ensocare solution to further drive efficiencies. “We’re working on reaching out to every provider in a way that works for them,” she explained, adding that staff members work closely with post-acute provider facilities to resolve issues related to such aspects as weekend staffing to be able to facilitate admissions in a timely manner on their end.



Results

Since implementing Ensocare in 2014, Mission Health System has been able to document 100 percent compliance with its objective for staff to document – and fulfill – patients' choice of post-acute facilities. The response time of post-acute providers has been shortened, and because Care Management staff now has the capability to send out multiple referrals at one time, and coordinate with facilities regarding bed availability, patient throughput has improved.

The improved throughput has resulted in higher patient satisfaction, improved staff satisfaction and, according to Green, healthier relationships with the admissions directors at all types of post-acute facilities to which Mission Health System discharges patients. Care Management staff spend virtually zero time faxing documents and much less time on the phone searching for facilities, and more time on high-value deliverables such as additional patient discharges.

About Ensocare

Ensocare offers a complete portfolio of care coordination software including: Transition (designed to enable care transition efficiency); Sync (care path tracking and care team communication); Connect (patient/family engagement and education); and Insight (reporting, data analytics and predictive modeling). **For more information about Ensocare's end-to-end care coordination software solutions, contact us at 877-852-8006 or visit www.ensocare.com.**

