

Bright Idea Improves Patient Care, Boosts Bottom Line

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Some stars shine brighter than others. It's the same with ideas; all are important but some really stand out.

A simple idea at Holy Rosary Healthcare in Miles City, Mont., turned out to be a very bright one. It increased patient satisfaction while contributing \$190,000 per year to the hospital's bottom line in the form of Medicare reimbursement.

Such thinking about how to improve and innovate has become more important than ever – for all SCL Health hospitals – in the face of industry challenges. Across the country, hospitals face declining reimbursements and volumes with increasing expectations to elevate quality and patient experience. Stewardship of our resources is one of SCL Health's top priorities, and senior leaders say it begins with ideas.



Swing Bed Area staff take a moment to gather at the nurse's station on the morning of March 5. L-R: Cathy Tooke, PT; Kayla Davis, CNA; Lily Marx, RN; Angela Hall, RN; Alyssa Barnes, nursing student; Blanche French, CNA.

The concept was simple. Holy Rosary Healthcare is SCL Health's only rural, critical access hospital. By moving skilled nursing and rehabilitation patients out of Med/Surg and into an unused wing of Holy Rosary, the hospital was able to create a designated Swing Bed Area. This better met the patients' needs while also improving Medicare reimbursements.

Holy Rosary was already caring for swing bed patients, whose needs are different than those of acute care patients. Swing bed patients stay in the hospital for an extended time and require skilled nursing and therapies. Senior leaders originally discussed the idea to open a dedicated wing for these patients.

"Creating a Swing Bed Area allows us to care for these patients in more of a home setting," said Paul Lewis, CEO of Holy Rosary. "Our Residential Living area is right next to the new wing, and many of the skillsets for staffing and leadership are the same." The Director of the Residential Living area, Mary

Weimer was tapped to oversee both areas, and staff can float between the two. Currently the Swing Bed Area has seven beds with room for more.

The new space seems a little less hospital-like and more home-like. “We’re a smaller unit than Med/Surg, so our patients seem very satisfied and like the fact that they have more one-on-one time with nurses and therapists,” said Angela Hall, Administrative Supervisor of the Swing Bed Area. “The therapy room is right across the hall. The dining room is right behind the nurses’ station, and the patients can eat together if they choose.”



The new Swing Bed Area at Holy Rosary Healthcare.

As an added patient satisfaction bonus, moving most swing beds out of Med/Surg meant that the acute care hospital rooms changed from double-occupancy to single-occupancy rooms.

The extra \$190,000 budget boost came about due to Medicare’s reimbursement options for critical access hospitals. Travis Scheving, Interim Vice President of Finance & Support Service at Holy Rosary, explains: “Moving patients to a dedicated wing allowed us to count the square footage differently, share staffing costs and move the numbers in ways that make a significant difference in our Medicare cost report.”

Significant is right. “We’re fortunate that the reimbursement worked out in our favor. This is an opportunity to use the funds to upgrade equipment or provide additional training to nursing staff,” said Lewis. “Of course we’re especially pleased that we can provide an enhanced level of care to our patients.”

This bright idea is an example of a win-win for patient care *and* the financial side. “This is exactly the type of stewardship success we want to share across our ministry,” says Julie Mitchell, Director of Stewardship for SCL Health.