

Staring an OU: Building Support from the C-Suite and Consulting Services

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Disclosures

Speaker has no conflict of interest or commercial relationships to disclose



Building C-Suite SupportCase for starting an OU

- Dedicated Observation Unit Improves <u>Patient Segmentation</u>
- Enhances Case Mix Index (CMI) Improves Observed-to-Expected (O/E) Mortality Metrics
- Supports <u>Value-Based Care</u> Initiatives
- Drives Operational and Financial Efficiency



Building C-Suite Support

Initial meeting – Include Key Stakeholders
CEO/CMO/CNO/EM and IM Chairs/Compliance/Managed
Care VP/Medical Director Utilization Management

 Align Vision and Expectations – Type of unit, Deliverables, <u>Nip</u> magical thinking in the bud



Building C-Suite SupportStaffing

- Nursing ratios will depend on the type of unit
- Nursing Director dedicated v. shared with Emergency Department
- Patient Care Techs
- Advanced Practice Providers carefully plan FTE allocation
- Social Worker/Care Coordinator/PT, OT
- Unit Secretary
- Medical Director
- Consultants



Building C-Suite SupportFinances

- Contract negotiations with payors (Medicare Advantage Programs)
- Professional Fee Billing single v. two physician model
- Hospital Subsidies
- Seat at the Revenue cycle meeting
- Calculate true cost savings from an OU present quarterly data with help of decision support



Building C-Suite SupportSustainability

- <u>Startup and Scalability</u>: Include a phased implementation plan with realistic timelines and milestones.
- <u>Resource Allocation</u>: Detail how staffing, equipment, and other resources will be optimized without disrupting current operations.
- Ongoing Monitoring: Commit to tracking metrics such as length of stay, patient volume, cost savings, and quality outcomes, and report back to the C-suite regularly.



Building C-Suite SupportManage Expectations

- Observation Unit appropriate selection of patients
- Observation Unit role in readmission prevention
- Direct Admissions logistics
- Post-procedure patients (routine v. unexpected)



Negotiating Protected Time (OU Director)

- Do you feel that your current medical director compensation is inadequate?
- Do you want to expand your directorship role?
- Do you want to implement a pet project but do not have the time?
- Are you starting in a new directorship role but do not know what to ask for?

FEAR NOT!



Negotiating Protected Time (OU Director)

- Proposal be as specific as possible
- Include C-suite wish list items/pain points
- List goals with clearly measurable outcomes
- Ensure that you have access to reliable metrics (Decision support, etc)
- Have an administrator friend put a \$ figure on proposed outcomes



Medical Director Sample Proposal

- Propose 0.35 FTE protected time
- Will reduce the OU Average LOS by 1 hr.
- This will increase OU daily census by 1.2 patients/day
- Consequently open 1.2 acute inpatient beds
- Total cost savings \$ 42,000/month
- Directorship expenses \$ 8,750/month
- Propose a pilot for 3 months with no commitment to fund up front unless goals achieved



Consultants

- Key to success of the Observation Unit
- Most common consults
 - Cardiology
 - Endocrinology
 - Gastroenterology
 - Neurology
 - Surgical Specialties Trauma, Bariatrics, Orthopedics, ENT, AGS



- 1. Clearly Define Consultant Roles
- Set Expectations
- Standardized Protocols
- 2. Streamline Communication
- Rapid Rounding
- Use Technology
- 3. Prioritize Early Involvement
- Consult Early
- Admission Criteria



- 4. Develop Decision-Support Tools
- Care Pathways
- Checklists

5. Align Incentives

- Performance Metrics
- Compensation Models

6. Optimize Consultant Availability

- Dedicated Consultant Time
- Teleconsultation



- 7. Enhance Multidisciplinary Collaboration
- Integrated Care Teams
- Shared Goals

- 8. Continuous Feedback and Education
- Feedback Loop
- Education Sessions



- 9. Use Real-Time Data
- Dashboards
- Data-Driven Improvement
- 10. Engage Leadership Support
- Executive Champions
- Collaborative Agreements



Questions?

