

# The Value of Your ED

## A View from the C-Suite

---

Brahim Ardolic, MD, FACEP

Executive Director

Staten Island University Hospital, Northwell Health



# WARNING

## THIS PRESENTATION CONTAINS SOME GENERALIZATIONS

THERE *ARE* EXCEPTIONS TO THESE GENERALIZATIONS



@JNNBRNDL @WEAREHEARKEN

# What Do You Blame the Administration For?

- Holds
- Resources
- Work Conditions
- Competitive Salaries





# What Do You Believe You Do?

---

- Provide quality care to every person who comes in regardless of the ability to pay



# What Might Your CEO Think You Do

---

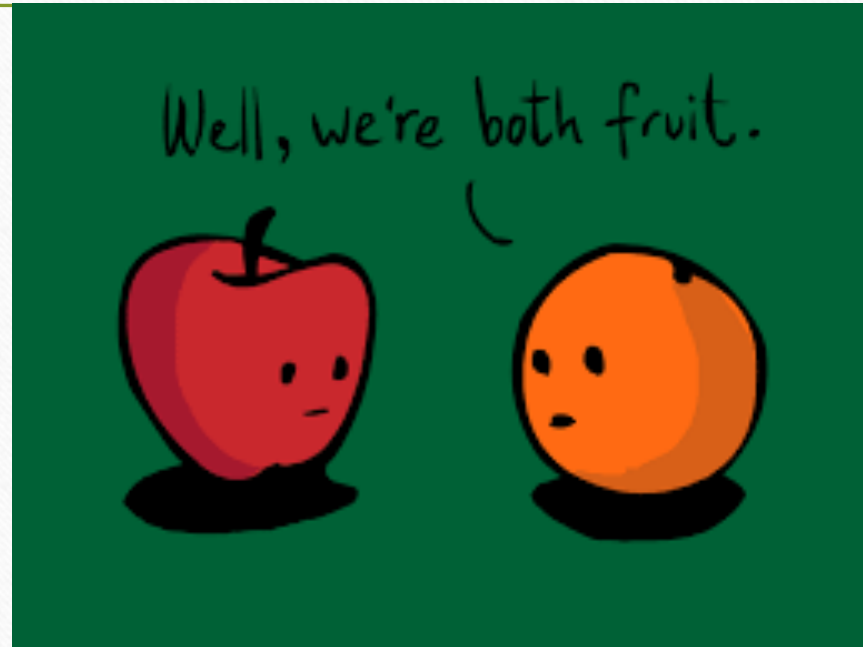
- Take care of patients in the most expensive environment in healthcare while driving no elective admissions to the institution.
- They also probably only give you credit for your treats and releases





# Why the Discrepancy?

---



# Understand the Point of View

---

- Public Reporting
- Quality
- Margin
- Competitive Landscape
- Perception of Physicians



# Public Reporting

- Star
- Patient Satisfaction
- CMS, DOH, Centers of Excellence
- Three factors matter
  - The best
  - The worst
  - The delta

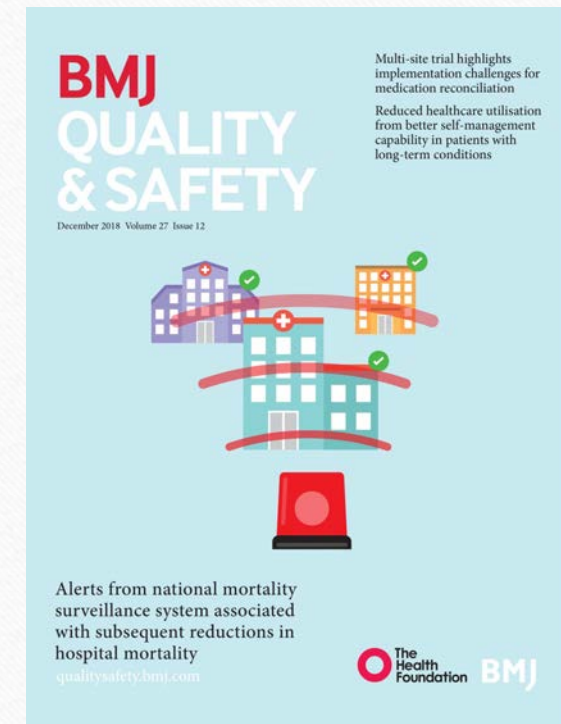
***Table 1. National Distribution of Overall Star Ratings***

<b>Overall Star Rating</b>	<b>Number of Hospitals (N=4,599, %)</b>
5 Stars (★★★★★)	102 (2.2%)
4 Stars (★★★★)	934 (20.3%)
3 Stars (★★★)	1,770 (38.5%)
2 Stars (★★)	723 (15.7%)
1 Star (★)	133 (2.9%)
N/A <sup>[2]</sup>	937 (20.4%)



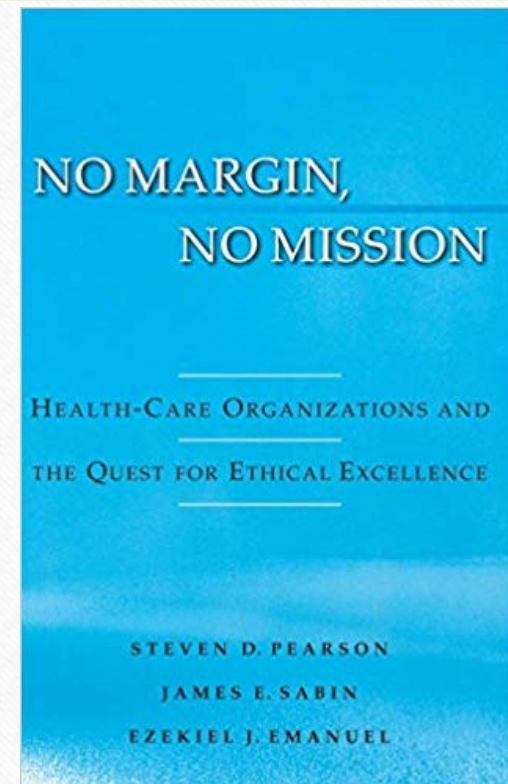
# Quality

- Bad cases matter
  - Where do your bad cases likely originate?
  - How are they credited?
  - What is your role
  - Open vs closed peer review
  - Transparency
  - The risk management conundrum



# No Margin No Mission

- Whats a good margin in the real world?
- Whats a good margin in healthcare?
- Whats a good margin in your state?





# How do you Improve Margin?

---

- More patients?
- Less Cost?
- Better Insurance?
- Better documentation?
- Better cases?

# Can You Show Value to Your CEO While...

---

- Provide quality care to every person who walks in regardless of the ability to pay
- Yes you can





# How do you Improve Margin?

---

- More patients
  - What's a bad admission in a fixed cost environment?
  - Educate nicely
- Less Cost
  - What is your repeat radiology utilization like?
  - Can you patient flow better than your peers?
  - What is your readmission process?
- Better Insurance
  - What does your insurance verification process look like?
  - No more self pay in NY

# How do you Improve Margin?

---

- Better documentation
  - What are you documenting?
  - Can you add diagnoses to your chart
- Better cases
  - Where are your “good cases” going?
  - What are the good cases?
  - How many stay within the system?



# What Cases are we Fighting For?

---

- Cancer
- Heart
- Brain
- Ortho
- Other procedures

# Competitive Landscape

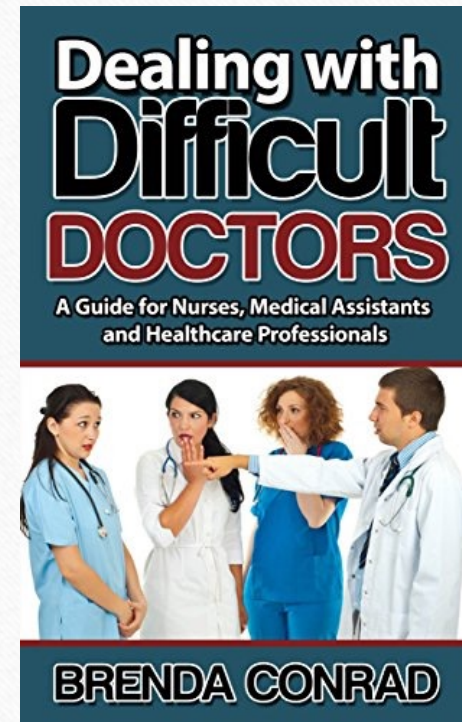
---

- Do you call physicians directly?
- Leakage is very very bad....



# Physician Perceptions

- Parable of MBA vs MD
- More docs in C-suite
- Trend should continue but...
- Your advantage...
- Their advantage...
- Are you a process person?
  - Asking why



# Case Study 1

---

- ED referral program
  - Started in 2022
  - 2 coordinators evenings
- Charged with providing real time follow up to ED patients initially in high need and high yield areas



# ED Referral Program

---

- 5000 referrals,
  - 1100 GI, approx. 250 scopes, 10-20 surgeries...
- Expanding to 5 coordinators and adding a PA
- Will cover subspecialty referral and RADIOLOGY OVERREADS
- Creating the win-win and giving hospital and ED value

# Case Study 2

---

- ED Administrative Fellowship
  - 2-year program
  - MBA
  - Half clinical
  - Full immersion in administration with some intradepartmental work



# Administrative Fellowship

---

- CMO
- CMIO
- Six Sigma Black Belt
- Director of Clinical Operations
- Looking at non ED providers as an option

# Case Study 3- Advanced Class!

---

- Operational excellence hallmark of many ED's
- Create internal consulting team
- ED doc
- Administrator (must have teeth)
- Project management support (real and stable people)
- Financial support



# Department of Clinical Operations

---

- Redesigned PAST- \$2M, 20% decrease in cancellations
- Redesigned Interventional Radiology- 30% volume increase, created consultative practice
- CT Workflow- CT heads under 60 minutes
- Critical care bed redesign
- Community Vaccination pods

# Take Home Points

---

- Don't be last
- Educate
- Find value in your admissions
- Figure out where your patients go...
- Find the win-win



# Questions

---

