

Administrator's Weekly Meeting**Tuesday February 10, 2015****2:00pm-4:00pm****Agenda****Note Taker- Rob*****Our Mission***

We will provide the highest quality health care services to all of our patients safely, effectively and compassionately, regardless of where they live or their financial circumstances.

I. LTACH backfill	Christine/Stephanie	2:00pm
II. AOC Update	Chris	5min
III. Rick Updates	Rick	45min
A. MTD Executive Dashboard Summary (weekly agenda item)		
IV. Oakwood Review of BGP Storm Gates	Rob	10min
V. Service Plan for GP	Kristen	10min
VI. Beaumont Health Hiring Surveys	Lisa	5min
VII. FLSA Retroactive Payments	Lisa	5min
VIII. Mindfulness and Just Culture	Lisa	2min
IX. Revolving Door	Rob	2min
X. PRC Requests	All	5min
1. Pharmacy (FT) Pharmacy Technician II		
2. Nutrition Services (FT) Supervisor		
3. GP Rehab Services (PT) Physical Therapist II		

Future DatesFuture Agenda ItemInvited Guest

2-24-15

SCS Rehab

Manjula

3-17-2015

Readmission Pilot

Sue Gardner/Deb Kline

Backfill of the LTACH

February 10, 2015

Evaluation Team: Cavender, Grumeretz, Magina, Miller, and Stewart

Three proposals were brought forward related to backfilling the LTACH at Beaumont, Grosse Pointe:

1. Inpatient Rehab
2. Med/Surg/Tele Private Bed Unit
3. Geriatric-Psych Unit
4. Keep LTACH

The team has summarized each proposal and the team's recommendation.

Inpatient Rehab (do not pursue, but discussion should take place)

Advantages	Disadvantages
<ul style="list-style-type: none"> Convenient continuity of care, supporting the Ortho and Neuro service lines, among others 	<ul style="list-style-type: none"> Significant renovation that will not allow for headwalls to be brought back on line
<ul style="list-style-type: none"> Financially successful model if adequate census is achievable 	<ul style="list-style-type: none"> The unit is small, making it difficult to provide adequate (by functionality) and required (by code) support spaces

Construction and equipment costs and considerations:

- Inpatient Rehab Costs: **\$4,657,234**

Med/Surg/Tele Private Bed Unit (recommended option)

Advantages	Disadvantages
<ul style="list-style-type: none"> Allows for additional capacity during current high census days to avoid holds in the EC, delays in transfers out of ACU, and delays in accepting direct admits 	<ul style="list-style-type: none"> Does not provide a new revenue stream; but allows us to provide timelier placement and minimizes dissatisfaction related to semi-private rooms
<ul style="list-style-type: none"> Addresses issues related to lack of private rooms, especially given that our rooms are already the smallest in the health system 	<ul style="list-style-type: none"> The unit is small, making it difficult to provide adequate (by functionality) and required (by code) support spaces
<ul style="list-style-type: none"> Allows for additional capacity to support forecasted admissions related to bringing on new physicians and new programs 	<ul style="list-style-type: none">

Construction and equipment costs and considerations:

- Med Surge Unit Costs: **\$2,939,952**
- Ortho Furniture Costs: \$137,232
- ReUse (21) Ortho Med Surge Beds: Cost savings -\$171,696

Geriatric-Psych Unit (do not pursue)

Advantages	Disadvantages (based on information from Botsford)
<ul style="list-style-type: none"> Potential to tie into current strategies related to geriatric care 	<ul style="list-style-type: none"> These units, like other psych units, have been phased out and closed to consolidate to a selected few facilities (Botsford has had the service for approx. 35 yrs)
	<ul style="list-style-type: none"> Operationally and administratively labor-intensive unrelated to direct patient care (court orders, legal, security, guardianship)
	<ul style="list-style-type: none"> Discharge planning and transitions of care are challenging due to the above issues
	<ul style="list-style-type: none"> Difficult to find staff interested in this field; it goes far beyond the dedication and passion for other non-geriatric psych units
	<ul style="list-style-type: none"> From a reputation standpoint: Related to our hospital and community, based on the security incidents that can occur, this would potentially turn away staff and patients from wanting to be part of BGP
	<ul style="list-style-type: none"> Reimbursement has declined to a break-even level (keep in mind that is also a site that has mastered this service over 30 years)

Construction and equipment costs and considerations:

- Did not pursue due to the operational issues demonstrating this was not a good fit for BGP
- However, there are significant costs related to security camera and monitoring systems

Keep LTACH (possible transition plan until BGP is ready for more med/surg/tele private rooms)

Advantages	Disadvantages
<ul style="list-style-type: none"> Proven financial viability 	<ul style="list-style-type: none"> Continued issues with holds, delays in patient transfers, private rooms, etc.
<ul style="list-style-type: none"> Some physicians may be choosing BGP because of the east transition of their patients to the LTACH 	<ul style="list-style-type: none"> Potential issues with patient placement to LTACHs outside of Beaumont (what we experienced prior to having the LTACH)
	<ul style="list-style-type: none">

Construction and equipment costs and considerations:

- N/A , already in place