CENTRALIZING OPERATIONS IN A MULTI HOSPITAL SYSTEM
Changing the Paradigm

Joanna Lucas, RN, BSN
Senior Administrative Director
Crozer-Keystone Health System
Services

Crozer-Keystone Health System’s five hospitals, four outpatient centers and sports club comprise the largest network of patient care facilities in Delaware County.

Located minutes from the Philadelphia Airport serving the South Central Pennsylvania area, western New Jersey and Northern Delaware

www.crozerkeystone.org

Bariatric Surgery Center
Burn Treatment Center
Cancer Center in partnership with Fox Chase Cancer Center
Regional Kidney Transplant Program
Level III Nursery
Pediatric Sleep Center
Acute rehab
Inpatient hospice
911 Center for Delaware Cty
Comprehensive psychiatric program
Areas of Responsibility

Care management
- Case management
- Utilization review
- Social work
- Discharge planning and transitions of care

Health Information Management
- Coding
- Operations (scanning, chart completion)
- ICD-10 readiness
- Computer assisted coding implementation

Why Centralize?
- Standardize processes and procedures – avoids duplication of services
- Conserves resources and allows for better coverage
- More manageable (one manager vs. several)
- Promotes “system thinking” instead of “hospital thinking”
- Allows professionals to spend more time doing what they were trained to do
- Better leverage of technology
- Allows for better collaboration between staff
- Seamless to the customer with interaction and phone calls to one department/one number/one staff instead of several
Crozer’s Centralization Journey

4 acute care hospitals, 4 hospital presidents, 4 hospital administrations, 3 separate medical staffs
1 corporate office
Some functions centralized for several years:

**Examples:**
- Legal
- Compliance
- Finance
- Information Technology
- Marketing

Some departments have centralized directors but decentralized functions

**Examples:**
- Hospitalists
- Nursing informatics
- Nursing leadership (CNO)
- Radiology (two leaders, each has two hospitals)
- Respiratory (same as radiology)
- Health information management
Centralized Care Management Resource Center

- Started small in November of 2012 – ramping up slowly as staff are added
- All clerical processes for 3 of the 4 hospitals are managed in the resource center – a few processes for the 4th hospital
- Insurance authorizations
- Medicaid reviews and authorizations
- Medicaid appeals
- All requests for case management/social work consults
- Appeal of commercial denials for 3 hospitals
- Change in status processes

Case Management Resource Center

- Planned additions to the resource center within the next year
  - MA reviews for all hospitals
  - Centralization of two physician advisors for the system
  - All nursing home referrals
  - Daily communication with PCP offices for hospital admissions and discharges
  - Centralize informatics/education for all care management systems
  - All inpatient clinical denial and appeals tracking
**Case Management Resource Center Challenges**

- Finding qualified clinical staff
  - Non-union positions within a unionized case management structure ($$$)
- Retraining inefficient processes that are ingrained (we combined current staff – no new hires)
- Implementing technology-based solutions vs. “workarounds” and “how we’ve always done it”
- Teamwork, the need to learn from each other and take the best of each hospital’s processes without one hospital dominating
- Utilization of existing space with limited budget

**Case Management Resource Center Successes**

- Reduction in clinical denials to less than 1% of net revenue
- Standardization of insurance authorizations (sent to a phone line or thru a secure email)
- Standardization of care management consult process
- Better clerical coverage for all hospitals
- Reduction in some redundant processes
- Better management of MA reviews
- Standardization of the status change process
All hospitals had individual HIM departments with one administrative director for the system.

Until January of this year, charts were paper-based (even though many of the documents were electronic, they were printed out for the paper chart). Scanning of manual documents started January 2013.

All IP scanning outsourced, outpatient scanning done at each individual site.
Currently working toward centralization of operations and coding

New structure:
- System-wide coding manager and coding team
- System-wide operations manager and operations team
- Coding centralized at one facility
- Operations centralized at another facility

Both operational and geographical changes will be completed by the fall of 2013

Challenges:
- A lot of change in a short period of time
- System wide thinking is a paradigm shift
- Constant need for communication with staff
- Retention of staff during the change process
- New workflows and processes need developed and implemented
Benefits of HIM Centralization

Group-think, group learning for complicated processes such as coding
Better use of operational resources (example: outpatient scanning was done at 4 different sites – can be done at one site with half of the current resources)