

## From Failure to Success

On New Year's Eve, as the clock tolled midnight and 2012 began, US Acute Care Solutions officially assumed management of Bristol Hospital's emergency department. As in other contracts, key metrics for Bristol Hospital, including Left Without Being Seen (LWBS) rates and arrival to provider times, were in need of substantial improvement.

Before we took over, the Left-Without-Being-Seen (LWBS) rate was over 3.5%, arrival to provider time was consistently above 50 minutes, and length of stay for discharged patients could reach more than 4 hours. Perhaps worst of all, many residents of the surrounding community had lost faith in their ability to receive prompt, quality care. As a result, Bristol Hospital itself was suffering, both in terms of lost revenue and in its reputation as a provider of quality healthcare.

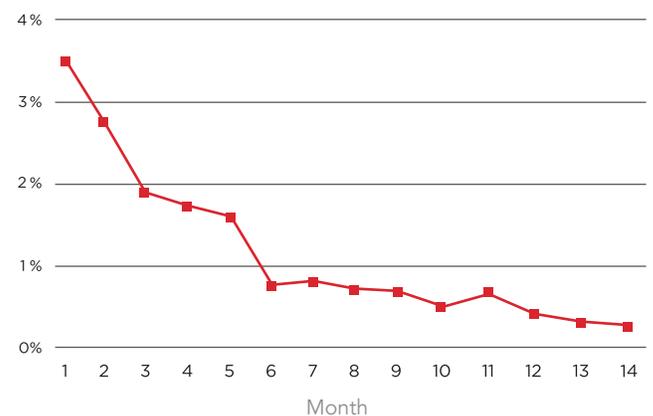
After an extensive proposal and review process, the hospital chose USACS to replace its outgoing ER group, passing over 10 other competitive groups, including some with national reach and hundreds of hospital contracts. Within months of taking over, it was clear why.

### FOCUS ON LEADERSHIP

From the moment we took over management, and for many months prior, our top leadership and executive team were on the ground in Bristol. Everyone, including the company's CEO and other executives and senior partners, traveled to Bristol. They went not just to assist in the management transition, but to work clinical shifts and model a different way of practicing to the department's existing staff.

Instilling a new and unique culture into a new emergency department is often crucial to success, so much so that many senior partners continued to travel to Bristol even a year later to ensure that it thrived. In addition, we retained an extraordinary leader in Dr. Craig Mittleman, who was chosen to stay on as the Director of Emergency Medicine. Together with Dr. Mittleman, we continue to develop leaders through countless hours of training, monthly leadership academy meetings, weekly conference calls, and sometimes even daily

Figure 1: Percentage Left Without Being Seen



phone meetings among leadership. Leadership training extends to the nursing staff and physicians' assistants as well, with a robust Advanced Practice Practitioner education program that trained an unparalleled, experienced team to deliver exceptional care.

### PRACTICE MANAGEMENT

USACS is able to approach each hospital it serves with a focus on relationships and patient care, while applying exceptional practice management, data analysis, and management skills not seen by even the largest ER groups. Using robust, top of class technology solutions, we are able to provide advanced tools such as real-time provider feedback on utilization, same-day intelligence on patient satisfaction, and improved risk management through superior, real-time data analysis.

Figure 2: Arrival to Provider Time (in Minutes)

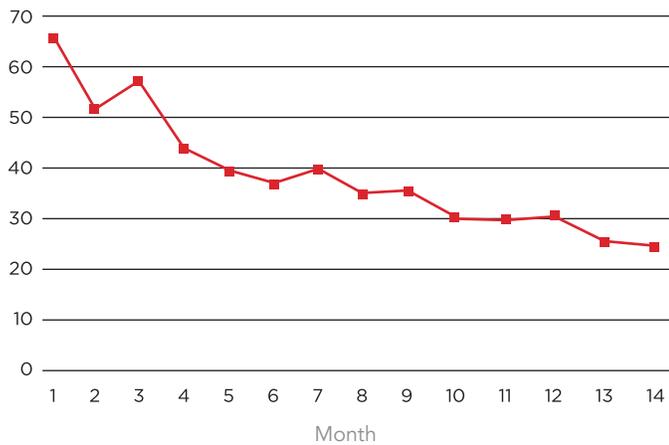
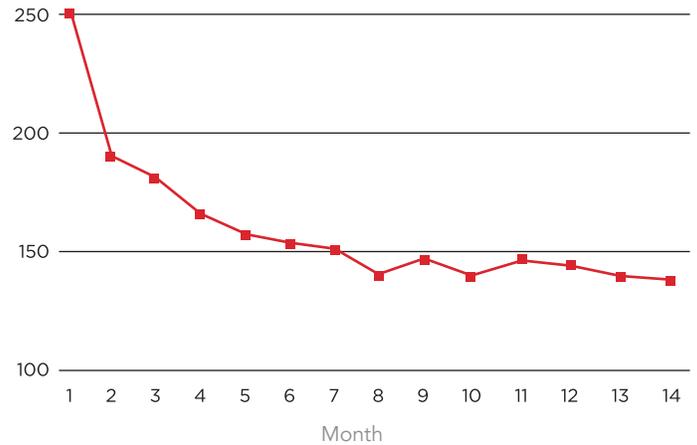


Figure 3: Length of Stay (in Minutes)



These tools support our culture of being a data-driven organization, understanding that what gets measured gets managed. The proof? In just one example, we were able to decrease LWBS patients to just 0.1% on average, providing a large financial benefit to our hospital partner.

## TACKLING CHRONIC PAIN

Every group promises quality - but they don't always deliver. One major obstacle to improving quality at Bristol Hospital was the impact of patients suffering from chronic pain on the emergency department. We believe chronic pain is best treated by pain management specialists, so working with hospital partners, the Emergency Department began referring select patients to specialists, rather than continuing to treat them on a monthly basis. This change brought about reductions in the number of patients seeking chronic pain control in the ED.

## AWARD-WINNING PATIENT SATISFACTION

Bristol Hospital's improved patient satisfaction scores tell this story better than any description could - except perhaps Kevin Dix, who took his daughter to the ER a few months after we assumed management. In a letter to the editor of the local newspaper, Kevin wrote that the difference between this visit and one prior to the takeover was like night and day. "I am heartened by the renewed feeling that, should we find ourselves in need of emergency care again, we have a local hospital not only ready, willing, and able to be there for us but one that puts patient care over its own best interests." The new culture of compassion, integrity, and trust has not only led to letters like these, but to two separate awards from Press-Ganey for outstanding improvement in patient satisfaction.

## THE HIGHEST STANDARDS

We instituted processes at Bristol to decrease patient wait times, work patients up, and, if not admitted to the hospital, significantly decrease the amount of time patients stay in the Emergency Care Center (see Figures 2 & 3, above).

A top executive of Bristol Hospital stated that that USACS has "greatly increased accountability throughout the hospital, by holding themselves to such high standards." The new peer review process, meanwhile, has been adopted for use throughout the hospital.

## CONSTANT IMPROVEMENT

There is continued improvement at Bristol Hospital throughout every aspect of care, working as a close partner to the hospital administration every step of the way. Through leadership, practice management, and quality improvements, we strive to continuously improve everything we do, to the benefit of our patients, the hospital, and the surrounding communities we serve.

"Wow, what a difference a year makes! Just over a year ago, we were struggling to improve our Emergency Department and hired USACS to bring in a new team of ER physicians and a different management team. I am sure by now you have all read newspaper articles and editorials praising our ED. They have gone from being one of the lowest performing EDs to becoming one of the best in our state, receiving a patient satisfaction score of 95% on their latest survey."

- Kenneth Rhee  
President, Bristol Hospital Medical Staff