

— twentyfourseven —



GETTING TO KNOW

CAYLEE NOGGLE

*We are pleased to welcome our
new president and CEO.*

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A NASCAR makeover designed by a childhood cancer survivor to raise funds for research

Tips to support patients and reduce risks for your organization

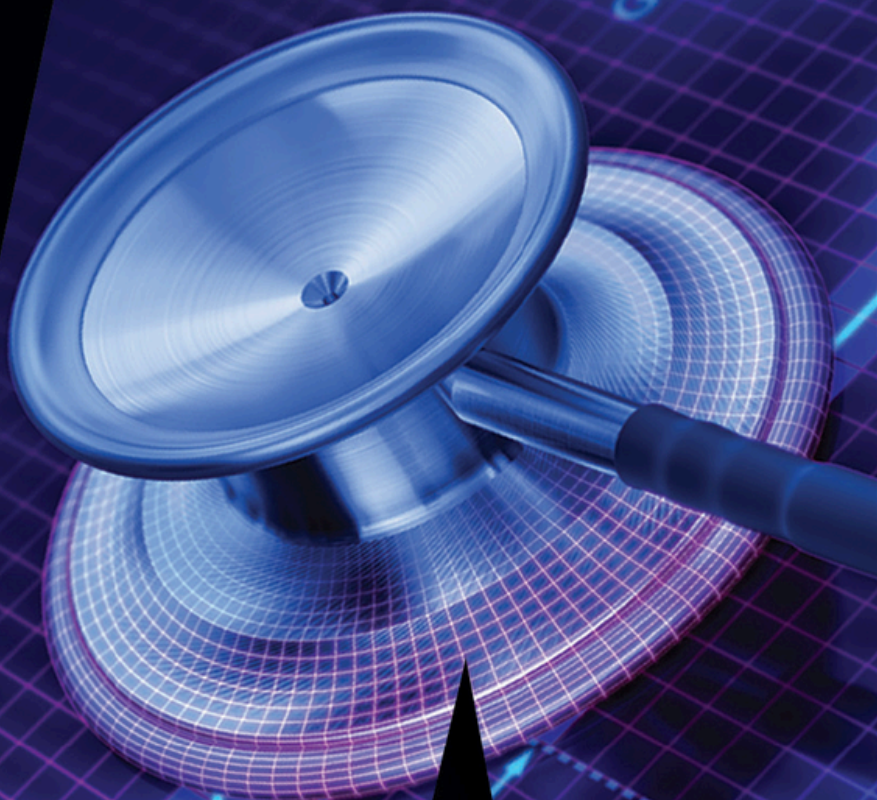
Food is Medicine: The crossroads of nutrition and health care



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EXECUTIVE CORNER

Greetings, twentyfourseven readers,

I am honored to be your chair this year for the Georgia Hospital Association. During my first few months of leading the board this year, I've enjoyed learning about GHA's mission and everything that goes into serving the hospital members.

We are well into 2024, and the new year has brought a leadership transition at GHA. After serving for 10 years as GHA's president and CEO, Earl Rogers officially retired on Jan. 31.

Prior to leading GHA, Earl directed the government relations department for seven years and was instrumental in the passage of major legislation benefiting Georgia's hospitals, including Medicaid funding and tort reform. As president and CEO, Earl continued to lead GHA through strategic growth and development, working for the benefit of member hospitals. He successfully guided GHA through the pandemic, supporting GHA team members to help ensure they provided the necessary assistance to hospital members during a very trying time. We're very grateful to Earl for his many years of service to GHA and wish him and his wife Mary a long and enjoyable retirement.

Caylee Noggle was named GHA's new president and CEO on Aug. 1, 2023. She joined the organization from the Department of Community Health, where she served as commissioner.

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"I've enjoyed learning about GHA's mission and everything that goes into serving the hospital members."

Caylee has spent the last few months learning about the organization itself and has been especially focused on member outreach, getting to know as many hospital executives as possible and understanding exactly what they need to best support their hospitals and communities.

I'm excited to partner with Caylee and the team to continue to strengthen GHA. This will ensure that we continue to focus on GHA's member hospitals in their missions to provide the highest quality care to their patients and communities.

Please join me in thanking Earl for his wonderful service and welcoming Caylee as we continue our journey in 2024.

Mary B. Chatman, PhD, RN

Board Chair, Georgia Hospital Association
Executive Vice President of Acute Care Operations
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COVER STORY

WELCOME TO THE TEAM

Get to know Caylee Noggle,
GHA's new president and CEO



Caylee Noggle joined GHA as its president and CEO on Aug. 1, 2023. Previously, she was appointed commissioner of the Georgia Department of Community Health in 2021 by Gov. Brian Kemp after serving in a variety of leadership positions over the course of nearly 20 years in state government.

What initially attracted you to this position?

My exposure to the health care industry was somewhat limited prior to the COVID-19 pandemic, aside from managing an employer health plan and debating budget needs for IBNR (incurred but not reported) claims from within the state budget office. Co-leading the COVID-19 operational response from the state side, I experienced the talent, commitment, and passion from our hospitals and health systems firsthand. Afterward, my role as Commissioner of DCH strengthened those relationships I formed during COVID but also allowed me the opportunity to learn more about the delicate and complicated eco-system of the health care landscape. I worked directly on crafting new health care policies for the state – and I’m very proud of the work that we accomplished during that time with the help of our hospital partners. This role at GHA seemed like a natural extension of those experiences – where I could continue to work collaboratively with other thought leaders to recommend solutions to some of Georgia’s toughest health care challenges. There is no shortage of opportunities to do good work, and that’s what I really love!

What is your favorite thing so far about being GHA’s president and CEO?

I have loved getting to know the staff and history of GHA, but I have also especially loved visiting with so many members on their hospital campuses. Each one is unique and has a distinct feel – but at the same time, our members share so many similar values and needs.

What values do you believe are crucial to GHA’s success?

There are some general values that I believe all organizations should prioritize, such as honesty, inclusivity, and respect. More specific to GHA at this moment are collaboration, accountability, transparency, and hard work.

What has surprised you the most since you took the job?

I’m not easily surprised, but I think the level of institutional knowledge and expertise of our staff has really resonated with me.



What is your short-term vision for GHA? Long-term? What milestones do you hope to achieve?

Over the course of the next few months, I hope that we have established a solid set of strategic priorities for the next year or two. These priorities will set the stage for how we organize our work, align our resources, advance our priorities, and ultimately provide value to our members.

Long-term, beyond being the leading advocate for the hospital industry, I hope that GHA is positioned as a thought leader in Georgia’s health care landscape, regarded for our ability to convene meaningful and fruitful conversations focused on solutions.

What personally motivates and inspires you?

First and foremost, I think I’ve always been motivated by the need to ensure that my family and closest friends can be proud of my work product. I’m also motivated by opportunities to do hard things. There are so many ways to work on the challenges we face as Georgians, in health care, education, and all policy areas, but it just takes time, energy, and focusing on the actual work. I love building high-performance teams that are focused on the solutions, identifying the ways to measure and monitor our progress, and then looking back to see what we accomplished together.

What books, leaders, or other resources have influenced you and/or your leadership style?

A former boss and long-time public servant, Tim Connell, taught me much of what I know about strategic planning and operational execution. I’ve learned my own style along the way, but a lot of what I know and the opportunities that helped me along in my career I owe to him.

For difficult professional decisions, I always think about the greater good and the best interests of the people I’m supposed to be serving.

He also taught me how to build great teams because he did it masterfully. There were a few years more than a decade ago where he assembled a team of rock stars. I was so fortunate to play a role and to learn from all of them. We had fun, we played jokes on each other at the office, but we also went through some really challenging times together. Those team members all went on to flourish in some of the most demanding and highest-level jobs around the state. And we still remain close.

Sadly, Tim passed away last year. He will always be one of the most important people in my career. He challenged me. He encouraged me, even in the years since he retired...a simple text or note when he knew I needed it.

He made me better and he helped me always to keep my eye on the next opportunity to do good things for Georgians. In every role that I have, there will be evidence of his leadership and mentorship.

As much as I’d like to say there’s some profound historical literature or leadership biography that has influenced me, I really can’t. Rather, the author that has influenced me the most is Jesse Itzler. He’s a serial entrepreneur, executive coach, and endurance athlete. His book “Living with a Seal” changed my life. He reframed my outlook on time, priorities, and what we are all capable of accomplishing when we commit.



He started me down the path of running races and tackling one or two major challenges a year... challenges so big that you might fail. Challenges intended to test your limits, and I have certainly done a few of those in the last few years.

There are times when I just need to go focus on something so big it takes all my attention and effort, where you just put your head down and work and see what you can endure. See if you can get past the immediate hurt and not quit until you get the job done.

Can you share a time when you had to make a difficult decision and how you worked through it?

There are probably too many to recount, but my process is generally the same for all of them. For difficult personal decisions, I always rely on three questions: Who am I? How do I know? and What should I do? As I reflect and work through those in sequence, I always end up at the decision that's best for me.

For difficult professional decisions, I always think about the greater good and the best interests of the people I'm supposed to be serving. What advances the stated priorities? Is this in line with our mission? Will the short-term pain lead to the long-term desired outcome? I have a very strong sense of purpose and set of internal values, so I rely on those to chart the right course.

What past lessons have you learned that you are applying/will apply to your job now?

Communication is key. There is no replacement for an in-person, face-to-face conversation or at least picking up the phone and talking to someone directly. With members across Georgia, it's imperative that I get to know them individually.

Communication is key. There is no replacement for an in-person, face-to-face conversation.

The value of relationships built through personal communications can't be overstated, and while it may take me a few years, I hope to get to all our member hospitals eventually.

When you are not working, do you have any hobbies?

I try to balance time for both my family and my hobbies. My husband, Tom, and eight-year-old son, Merritt, are extremely supportive of both my work and my hobbies. They understand that if Mom doesn't get to sign up for a race or go for a run occasionally, nothing works as well at home.

I try to compete in a few endurance events each year. They typically require me to train consistently for months to even have a chance at finishing (I'm never going to be competitive, more of a back-of-the-pack type of racer). I've been fortunate to find a few friends who like the same type of "fun" and we are really supportive of one another.

This past March, we completed a 4x4x48 event, which consisted of running (and walking) four miles every four hours for 48 hours, starting at 8 p.m. on a Friday night. It was cold, wet, and hilly. Pretty miserable. But we finished and it was more about the mental challenge of getting back out there repeatedly than the actual physicality of it (though I was definitely feeling it at the end). I'm currently searching for my next race – hopefully a 50-mile run on the east coast somewhere this fall. If I had all the time in the world and no cell phone, I'd spend it on a dock watching a fishing line.



FOOD IS *MEDICINE*

*The crossroads of
nutrition and health care*

by Patty Gregory

Starting around 2013, the Grady Health System (Grady) community health needs assessments repeatedly identified food insecurity as a leading factor negatively affecting community health. Subsequent surveys found that about 50% of Grady patients had experienced food insecurity—more than 140,000 patients who were missing a basic building block of health.

In the Peach State, 13% of the population is unable to provide enough food for themselves and their families. Chronic illnesses and nutrition-sensitive diseases such as diabetes, heart disease, cancer and HIV/AIDs are rampant. Couple a chronic illness with food insecurity, and it's a recipe for disaster.

The issue sparked a movement for the safety net hospital and its neighborhood locations throughout metro Atlanta. Kathy Taylor, director, medical nutrition therapy at Grady, worked with Grady physicians Jada Bussey-Jones and Stacie Schmidt who wrote “food prescriptions,” which were vouchers that could be used to buy fresh foods at local farmers markets. They also referred patients to Taylor and her team of nutritionists.

Additionally, the Atlanta Community Food Bank (Food Bank) helped deliver fresh produce through a mobile food pantry called Fresh Food Carts. Drivers deliver several pallets of fresh fruits and vegetables, and volunteers set up a mini market outside and distribute all that food within a couple hours. Any Grady patient can receive food. Today, the Fresh Food Carts serve an average of 850 households each month across



three neighborhood locations: Asa Yancey Health Center, Brookhaven Health Center, and Ponce Health Center.

“As Grady’s population health team was rolling out screening for social determinants of health, which includes hunger vital signs, our monthly food distributions created an intervention that Grady could use to engage with patients in a different and supportive way,” said Joy Goetz, nutrition and wellness program manager at the Food Bank.

Patients liked the nascent food prescription program, developed healthier eating habits, and achieved greater control over their chronic disease, so Taylor looked to expand.

But Grady couldn't do it alone.

In 2018, Grady formalized a partnership with the Food Bank and Open Hand Atlanta and began fundraising for a more comprehensive plan to address food insecurity and chronic disease. Within two years, they launched an expanded Food As Medicine program in a new physical space: the Jesse Hill Market. The Jesse Hill Market is a hub where patients, Grady employees, and local residents can take cooking classes, receive nutrition counseling, and get help navigating resources like SNAP and WIC. Open Hand initially sold healthy meals and snacks at the Market through its social enterprise, Good Measure Meals. While that was discontinued in 2023, the partnership with Open Hand continues in a number of ways. For example, Open Hand provides medically tailored meals (as funding allows) for patients being discharged from Grady who are experiencing food insecurity. The goal is to get the meals into their homes within 72 hours after discharge, which are prepared by Open Hand's team of chefs and registered dietitian nutritionists. The medically tailored meals have been shown to reduce readmission rates and improve overall health outcomes for patients with chronic health conditions.

A prescription for nutrition.

Poor diets are a leading cause of death, contributing to high rates of heart disease, diabetes, and some cancers. About 50% of U.S. adults have diabetes or prediabetes, 75% are overweight or obese, and more than 90% are not in ideal cardiometabolic health.



The teaching kitchen inside Jesse Hill Market.

For patients experiencing food insecurity and with uncontrolled chronic health conditions, there is a Food Prescription program. The program begins during outpatient visits to participating Grady clinics, where staff screen all patients for food insecurity. If patients who screen positive also have indicators of uncontrolled diabetes or hypertension—an A1C over 9% or a blood pressure reading greater than 140/90—a message in Epic prompts nurses to refer them to the Food Prescription program. Information about the program and directions to the Jesse Hill Market are printed in the patient's After Visit Summary, and patients often go directly from their medical visit to an enrollment visit.

The newly enrolled patients meet with a patient navigator, who completes an intake form in Epic and walks them through the program components, scheduling classes and visits and discussing their initial goals. Every two weeks, patients pick up a box of produce and healthy pantry staples. The Food Bank provides 20 pounds of fresh fruits and vegetables and four pounds of dry goods, which includes two bags of whole wheat pasta, legumes, beans, peas, and two bags of whole grains. If there are more than four people in the household, the quantity of food doubles.

The year-long program is broken into three-month episodes that give patients achievable targets and a sense of progress as they complete each episode and re-enroll in another. Patients meet monthly with a dietitian and must also attend at least one cooking class to graduate from one stage of the program to the next. At follow-up visits with their primary care physician at each stage, patients and their care teams pause and reflect on progress toward health goals such as lowering blood pressure and A1C and achieving a healthier BMI and waist circumference. Program staff help patients build healthy eating skills incrementally, covering topics like reducing sugar and salt intake, learning to read nutrition labels, buying healthy foods on a budget, and identifying their root causes of unhealthy eating.

For Taylor, a key to the program's success is that it not only addresses food insecurity, but also provides tools for ongoing lifestyle changes.

“We're helping get patients from one step to the other, providing everything they need to get to where they need to be for their health,” Taylor said. “Some people haven't been exposed to all these vegetables and fruits. Now they know what zucchini is, and how to cook it.”

Patient surveys boast testimonials of people who are proud of their accomplishments and experiencing positive effects, including: better diabetes control, fewer blood pressure medicines, and reassurance that they could put food on the table. The program helps fill a prescription for lifestyle change.

“Before I started, I was on three different blood pressure medicines,” wrote one patient. “At my recent visit, my doctor took me off two. This program is great! It's giving me the nutrition education and cooking skills I need to change my lifestyle and get healthier.”

The Food As Medicine program currently serves over 50 on-campus Grady clinics, including geriatric, diabetes clinic, primary care, heart and vascular, womens' health services, and transitions of care clinic.

“The significant positive impact the program is having on these populations is encouraging,” continues Taylor, noting there are plans to expand further to patients receiving treatment for neurology, cancer and other illnesses and diseases. “For example, program graduates with uncontrolled diabetes lowered their A1C by an average of 2.3 points.”





It takes a village.

Volunteers play a critical role in sorting and distributing fresh food through both the Fresh Food Cart deliveries and the food pharmacy. Volunteers in the food pharmacy sort and bag produce; they prepare for the teaching kitchen demonstrations, monitor patients while they're there and help clean up."

"My biggest surprise has been that people really want to support nutritious food for our patients," said Taylor. "As dietitians we know food is a key medicine and what patients need to better manage chronic disease; but we never had the collaboration of all these teams to bring it to fruition."

Lessons learned.

- 1 Find ways to plug patients into existing food safety net programs.

"The Food Bank has a team of people who help patients apply for SNAP and navigate that application process, a team they brought to Grady's health clinics. For every meal the Feeding America network of food banks provides, SNAP provides nine. It's an existing program as opposed to starting from scratch. SNAP is a great place to start and will enable you to start screening for food insecurity in your patient pop so you can get an accurate description of the issue in your population. - Joy Goetz, Atlanta Community Food Bank

- 2 It takes everyone being at the table and in agreement about the goal.

"You need every component working all the time. It's multi-level buy-in from everyone in the group. For example, our goal is to make sure our patients who are underserved get fruits and vegetables they need. They live in food deserts and don't have access. It's critical that fresh food is provided in a timely way and at a level of product that is going to provide the nutrition needed. Continue to reinforce that with everyone at every staff level throughout multiple organizations. - Kathy Taylor, Grady Health System

Volunteer.

Jesse Hill Market Food as Medicine Volunteer Sign-Up (Every Wednesday 9 a.m. to 1 p.m.)

Grady's Fresh Food Cart - Aşa Yancey Sign-Up (First Wednesday of every month)

Grady's Fresh Food Cart - Brookhaven Sign-Up (Second Wednesday of every month)

Grady's Fresh Food Cart - Ponce Center Sign-Up (Third Wednesday of every month)

Anna Franklin, MD

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The Time to Automate Your Healthcare Accounts Payable is Now

Automating Accounts Payable (AP) in the healthcare industry has quickly gone from a nice-to-have option to a necessity.

According to the U.S. Bureau of Labor Statistics, a record-breaking 47.8 million workers quit their job in 2021¹. The Great Resignation and employee burnout, both triggered by the pandemic, created severe staffing shortages in the healthcare field that expanded to back-office operations.

Severe turnover exacerbated AP departments' challenges, but that's not to say manual processing was perfect beforehand. Slow processing times, printing checks, stuffing envelopes, chasing invoice approvals, manual payment reconciliation, and human error are all frustrations AP staff endure daily.

Doctors and nurses use advanced technology to deliver optimal patient care on the frontline, but data shows that business offices are hesitant to do the same. For example, 70% of supplier invoices are sent via mail or email, and 50% of healthcare organizations pay their suppliers with a check². Manual processing often results in payment delays, which strains relationships with vendors.

While Paymerang's best-in-class finance automation improves compliance, simplifies workflows, and vendor payments, AP leaders are slow to switch to an electronic payment system for different reasons. Pushback includes:

Financial Limitations:

Paymerang's cloud-based solution is a cost-effective option for organizations because it requires no software license, no expensive hardware for installation, and no annual maintenance. Moreover, manual paper-based processing could hurt accounting departments more than they realize. In the healthcare industry, manual processing causes significant financial losses resulting in \$22 billion in unnecessary expenses³ and adding to that, errors resulting from manual cost the industry between \$4 million and \$6 million annually⁴.

A Fear of Eliminated Positions:

AP leaders fear that finance automation will eliminate employees' positions, but the reality is that AP teams are already suffering from staffing shortages and heavy turnover.

¹ U.S. Bureau of Labor Statistics

² "Payables automation for Healthcare," PayStream Advisors, 2018

³ "The Cost of Paper Records on Both Sides of the Healthcare Supply Chain Is Daunting," Remitra

⁴ "Tech Enabled and Paper Free Bringing Healthcare Purchasing into the 21st Century," Remitra, 2021

The Time to Automate Your Healthcare Accounts Payable is Now

Instead of eliminating positions, Paymerang's automation solution provides employees with digital tools that make it easier for them to do their jobs. In return, AP departments can recruit and retain top talent.

Implementing New Technologies:

Many healthcare AP departments don't switch to electronic payment methods simply because implementing new technologies can be a pain. However, Paymerang makes implementation quick and easy, and new clients can be up and running in 10 hours or less. Additionally, Paymerang seamlessly integrates into a range of Enterprise Resource Planning (ERP) platforms.

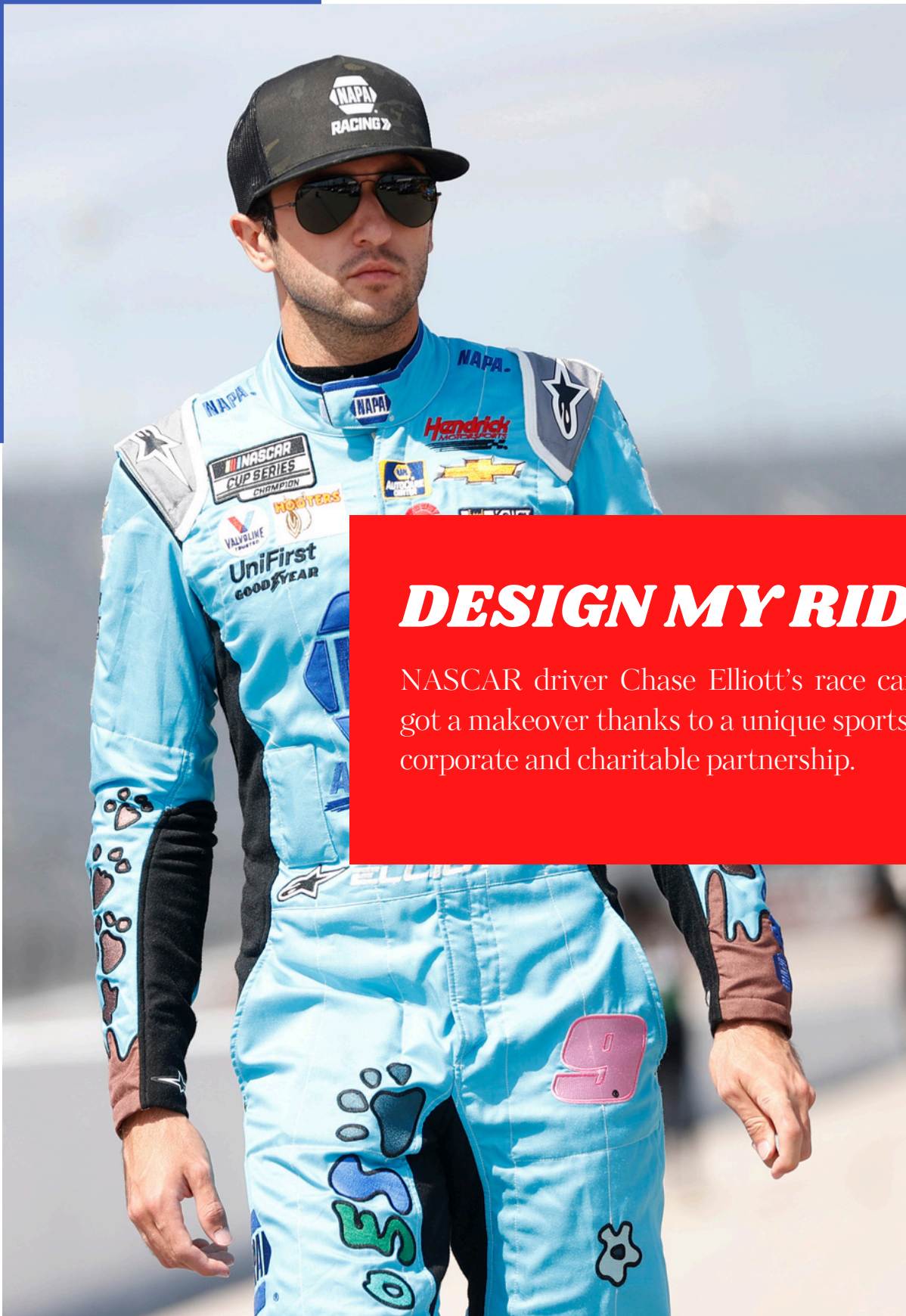
The benefits of switching to a holistic financial automation solution outweighs all these concerns. Firstly, Paymerang streamlines the accounting process and eliminates the manual tasks that overburden AP staff, saving them thousands of hours each year. Doing so allows staff to focus on strategic initiatives that produce better patient care. Paymerang also provides enhanced fraud protection, business continuity, compliance, and reduced check fraud and escheatment for the healthcare space.

Paymerang also offers Invoice Automation technology that uses artificial intelligence to capture, read and route invoices, giving your team a fail-safe electronic paper trail. This feature is HIPAA-compliant and has features in place to secure and protect patient information.

Lastly, Paymerang values white-glove customer service, which distinguishes it from banks and other programs. More than 100 U.S.-based customer representatives can answer inquiries from vendors and AP teams, typically within two hours or less, guaranteeing that an organization's AP staff isn't left to deal with tasks that slow them down.

Healthcare AP staff have dealt with unforeseen challenges in the past few years, and many are still dealing with the aftermath. Finance automation, which once was an afterthought for many departments, is now a necessary part of a well-functioning department.

To learn more, visit www.paymerang.com



DESIGN MY RIDE

NASCAR driver Chase Elliott's race car got a makeover thanks to a unique sports, corporate and charitable partnership.

A partnership driven by **DESIGN**

by Patty Gregory

Diagnosed with leukemia at age 13, Dani Cuevas of Sharpsburg, Georgia, spent her early teen years undergoing cancer treatment and therapy at the Aflac Cancer and Blood Disorders Center of Children's Healthcare of Atlanta (Children's). Children's facility dogs helped her cope during the treatment process before she became cancer free late last year.

“She really bonded with a dog who, coincidentally, had also battled cancer,” said Beth Buursema, development director at the Children's Foundation, noting that Children's has a furry fleet of 14 specially trained pups to help aid clinical teams in their goals of providing treatment to kids. “When that dog's hair came back curly, Dani hoped hers would also.”

For National Childhood Cancer Awareness Month last year, NASCAR driver Chase Elliott, through the Chase Elliott Foundation, joined forces with Hendrick Motorsports and cars sponsor NAPA AUTO PARTS for the sixth edition of its “DESIGN TO DRIVE” art collaboration with Children's. The program gives the opportunity for Elliott's No. 9 Chevrolet Camaro ZL1 and race uniform to feature a design submitted by a cancer patient at Children's.



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Last year's DESI9N TO DRIVE program received dozens of submissions from patients at the Aflac Cancer and Blood Disorders Center of Children's. Cuevas, now 16 years old and a cancer survivor, won the competition with a design that showcases Children's facility dogs. The look debuted at the NASCAR Cup Series race at Darlington Raceway on Sept. 4, 2023.

The DESI9N TO DRIVE program has raised and donated over \$300,000 to Children's from the auction of autographed racing shoes and corporate partner support over the six years of the program.

"We had such a great experience at Darlington with a full design makeover thanks to NAPA and Hendrick Motorsports that we wanted to do it again." said Elliott, a Dawsonville, Ga. native who is the 2022 NASCAR Cup Series Regular Season Champion. "I'm thrilled with how this program has grown over the years and how it brings attention to the quality of pediatric care that Children's Healthcare of Atlanta provides the region."



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According to Buursema, the best part is being able to work with a partner who truly believes in your mission.

“One of the best things about working with Chase is that he is one of the humblest human beings. He truly wants to help. These kids battle so much every day, and if he can bring a little joy through an experience like this, then he doesn’t hesitate.”

It is a true partnership on every level. Atlanta-based NAPA sponsors the No. 9 race car for the Darlington race, so typically Elliott’s car would be covered in NAPA logos and colors.

“For them to give that up for one of our patients to design it is huge and really demonstrates their commitment to this partnership,” said Buursema, noting it is a great blend of a corporate partner, a sports celebrity and a children’s hospital all coming together for the greater good.

“It is an honor to once again support the kids at Children’s and to bring awareness to a world class hospital,” said Marti Walsh, vice president of marketing, NAPA. “The NAPA organization is proud of its relationship with the Chase Elliott Foundation and thrilled to support the good work it does in NAPA’s hometown of Atlanta.”





This article was submitted by GHA Gold Sponsor Moss Adams.

by Dawn Issacs and Pat Oungpasuk, Moss Adams

In the post-pandemic world, the health care system remains at or over capacity, leaving many organizations struggling with how to meet patient demand.

Some of the primary issues plaguing the system include:

- An aging population.
- Exacerbation of acute health conditions.
- Lack of access to primary care providers and urgent care.
- Staffing issues that includes shortages, turnover, and burnout.

The emergency department (ED) is an open door for those in need of health care, and overcrowding has become the norm. Overcrowding inside the ED causes additional risks for a health care organization, including lack of quality and safe care, regulatory violations, patient dissatisfaction, low staff engagement, physician dissatisfaction, and more.

Throughput and Left Without Being Seen

One key issue that causes EDs to be overcrowded is throughput within the department. Throughput in an ED is defined as time of arrival to time of dismissal—and the key driving metric within that timeframe is door to doctor. Simply, how long after a patient arrives at the ED does it take for the provider to perform their first evaluation?

The current national average for time patients spend in the ED prior to discharge is approximately 180 minutes, with leading practices closer to 150 minutes. This number can be slightly different based on the organization's annual number of visits. However, often organizations that successfully manage their ED length of stay can mitigate some of the risk of overcrowding.

Another risk caused by overcrowding in the ED is patients that leave prior to being medically screened by a provider or before their treatment is complete. This can cause two issues:

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- The patient didn't receive the necessary treatment and will likely return at a different time—possibly more acutely ill than on first arrival.
- The patient receives treatment at a different health care facility and left without being seen (LWBS) or evaluated by a provider.

In addition to serious health implications and consequences to the patient, these scenarios can also have a significant financial impact to the organization if the exacerbated illness requires a longer length of stay (LOS) and potentially damage the organization's reputation.



Solution: Evaluate LOS Metrics

One of the potential solutions to improving an ED's LOS and LWBS rate is to evaluate the metrics related to LOS. Suggested data elements to review include:

- Arrival to triage.
- Turnaround times for both laboratory and radiology.
- Length of time for other specialty consultants to arrive.
- Total time to complete the triage process
- Arrival time to first provider order.

Focusing on these improvement opportunities would also require a review of workforce and labor to ensure staff are scheduled appropriately at peak times. Additional workflows to consider include assessing use of provider in triage, nurse standing orders, and the fast track process.

Boarding

Inpatient ED holds, or boarding, also plays a significant role in overcrowding inside the ED. Patients not yet admitted and waiting for an empty bed are often held in the ED. In some organizations, patients may wait longer than 24 hours and at times will be discharged from the ED, having never received a bed. Staffing, continuity of care, and space are the underlying risks when ED boarding issues occur in long intervals.

Solution

To mitigate boarding issues, organizations should review ED admission rates by specialty in their organization and compare those rates to the national rate—approximately 22%.

Organizations should also ensure their hospital has a surge capacity plan that proactively aligns nursing units and ancillary departments when the ED is at high volume. Some examples of the surge plan include:

- Laboratory and radiology departments sending an additional staff member to the ED during times of high surge.
- Inpatient nursing units picking their admitted patient up from the ED instead of ED staff leaving the department to transfer patients.

As throughput metrics within the ED improve, incidental improvements will also occur with patient satisfaction, staff satisfaction, and a decrease in number of patient grievances.

For long-term and sustainable success, ED physicians, hospital leadership, and staff within the ED all need to be involved to drive the solutions and implement change. Active team members should monitor these metrics closely and evaluate on a routine basis to ensure the organization is not at risk and able to provide timely care to those in need.

Focused on
the details.



MOUNTAIN LAKES MEDICAL CENTER CLAYTON, GEORGIA



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