Strategic Plan 2017
Executive Summary

The following is a summary of the information shared in this Operations Review and Plan. This plan highlights operational achievements and challenges, clinical outcomes and targets, market analysis and measurements of stakeholder expectations at Gerald Champion Regional Medical Center. The plan is shared and discussed with hospital administration and staff. The plan results in a specific focus and related strategies for the IRF. Data is from the 2016 cost report year to date.
Stakeholder input is gathered in several ways. Patients are given the opportunity to provide feedback, the SWOT analysis is based on information from the IRF staff, physicians and case management. One other important way of determining stakeholder needs is through analysis of data submitted to CMS and one-to-one probing for needs and wants. Overall patient discharge to home exceeds national average and expectation. A bed demand based on demographic data is also reviewed to help determine financial position and potential of the IRF.
Data from these reports help formulate goals for the upcoming year. Currently, the unit is admitting less than 75% (63.8%) of total referrals and exceeds 60% compliance requirement.

A zip code analysis illustrates the catchment area of the hospital. External marketing efforts must broaden the target area and increase the outlier referrals and admissions. GCRMC is a not-for-profit hospital that accepts all payor sources: Medicare, Medicaid and limited Managed Care, each of these must be maximized to exceed budgeted patient day numbers.
Strengths

• Committed and dedicated IRF staff
• Physician and staff documentation supports the “reasonable and necessary” criteria for an Inpatient Rehab admission
• Transfer reductions YTD 4% of net revenue
• Stabilized hiring of permanent therapy staff increased to 75% in last 12 months
• Bedside Team Conference with the patient and family
• Experienced MD to provide coverage for Medical Director when off site coverage is needed
• 27 experienced RNs and therapists
Challenges

- Difficulty in attracting fulltime nursing and therapy staff to rural area
- Inadequate nursing staff to care for >8 patients
- Staffing model not acuity based
- Community Works EMR is predicted to increase charting time and decreasing bedside availability
- Director continues to provide direct patient care to cover staffing needs and compensate for higher census decreasing time available for operational needs
- No weekend or incidental coverage for Medical Director
Opportunities

- Increase referrals for Workers Compensation and commercial payor sources with CARF Accreditation
- Develop Brain Injury and Neuro programs
- Explore staffing models to better meet patient needs
- Provide state of the art/evidence based modalities that have current limited availability (i.e. dysphagia therapy)
- Increase number of nurses on unit with CRRN certification
- Explore & develop Outpatient Rehabilitation clinic
- Increase external marketing statewide
- Collaborate with hospital Cardiac and Stroke designation programs to facilitate better overall outcomes and increase internal referrals
- Collaborate with military bases in provision of services
- Increase conversion of transferred and those identified as “not ready for rehab” patients to IRF admissions.
Threats

• Regulatory/Industry
  – Future 60/40% compliance changes
  – Continued Federal Regulatory changes
  – Post -Acute industry regulatory changes

• Increase competition for resources
  – Las Cruces, NM
  – El Paso, TX

• Continued shortages with rehab staff and the financial impact of ongoing need for travelers

• SNFs advertising as rehabilitation facilities
Goals & Objectives

• Operational (All High Priority)
  – Ensure capturing accurate reimbursement of resource utilization
    • Continued audit of accuracy in documentation and coding
    • CMI 1.3 or higher
    • Accurate admission FIM scoring reflecting the burden of care
    • Increase admissions of more medically complex patients
  – Increase LOS efficiency
  – Improve discharge destination to community
  – Decrease discharge to SNF and acute care
  – Increase ADC to 8.0
  – Secure and maintain/retain permanent staff
Goals & Objectives

• Clinical
  – Ongoing education for FIM scoring for licensed and unlicensed staff (High)
  – Formalize “Graduation Day” with successful/consistent processes in place (High)
  – Patient and Family education to truly begin on admission and throughout stay (High)
  – Training on Cerner Community Works for go-live August 2017 (High)
  – Ongoing education for staff for TBI/Stroke/Spinal Cord Injury/Medically Complex diagnosis specific (Med)
  – CRRN Certification for nurses when eligible (Med)
  – Certifications for Therapists in: (Low)
    • Dry Needling
    • Kinesio Taping
    • Vital Stim
    • Tai Chi
Goals & Objectives

• Marketing
  – Increase external referrals (Q1 2017 -33%) through more formalized and strategic marketing effort (regional marketing program) (High)
  – Ensure capture of transferred patients (High)
  – Explore other potential populations (i.e. cancer patients) (Med)
  – Collaborate with HAFB/WSMR for TBI/Limb loss (Med)
  – Collaborate with Occupational Medicine program as referral source (Med)
  – Explore community/regional FEES program needs (Low)
  – MBSS Outpatient program (Low)
# Occupancy Trending

<table>
<thead>
<tr>
<th></th>
<th>Beds</th>
<th>Discharges</th>
<th>Patient Days</th>
<th>Occupancy</th>
<th>ADC</th>
<th>Medicare Utilization</th>
<th>CMI</th>
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<tbody>
<tr>
<td>FYE 2012</td>
<td>12</td>
<td>108</td>
<td>1,449</td>
<td>33.1%</td>
<td>4.0</td>
<td>83%</td>
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<tr>
<td>FYE 2013</td>
<td>12</td>
<td>162</td>
<td>2,049</td>
<td>46.8%</td>
<td>5.6</td>
<td>77%</td>
<td>1.2826</td>
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<td>FYE 2014</td>
<td>12</td>
<td>158</td>
<td>1,884</td>
<td>43.0%</td>
<td>5.2</td>
<td>75%</td>
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<td>FYE 2015</td>
<td>12</td>
<td>185</td>
<td>2,205</td>
<td>50.3%</td>
<td>6.0</td>
<td>82%</td>
<td>1.2147</td>
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<tr>
<td>FY 2016</td>
<td>12</td>
<td>192</td>
<td>2,272</td>
<td>51.9%</td>
<td>6.2</td>
<td>82%</td>
<td>1.1792</td>
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<tr>
<td>FYTD 2017</td>
<td>12</td>
<td>118</td>
<td>1,332</td>
<td>52.1%</td>
<td>6.2</td>
<td>86%</td>
<td>1.1500</td>
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</table>
Average Daily Census
FY 2016 Average: 6.2; FYTD 2017 Average: 6.2
External Bed Demand

External Population Demand for Inpatient Rehabilitation Based on 30-Mile Radius

<table>
<thead>
<tr>
<th>Zip</th>
<th>City</th>
<th>County</th>
<th>Distance in Miles from Zip Code</th>
<th>Total Population</th>
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</thead>
<tbody>
<tr>
<td>88310</td>
<td>Alamogordo</td>
<td>Otero</td>
<td>0.00</td>
<td>35,776</td>
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<tr>
<td>88330</td>
<td>Holloman Air Force Base</td>
<td>Otero</td>
<td>4.06</td>
<td>3,054</td>
</tr>
<tr>
<td>88311</td>
<td>Alamogordo</td>
<td>Otero</td>
<td>12.06</td>
<td>854</td>
</tr>
<tr>
<td>88325</td>
<td>High Rolls Mountain Park</td>
<td>Otero</td>
<td>15.47</td>
<td>899</td>
</tr>
<tr>
<td>88349</td>
<td>Sunspot</td>
<td>Otero</td>
<td>16.35</td>
<td>70</td>
</tr>
<tr>
<td>88337</td>
<td>La Luz</td>
<td>Otero</td>
<td>22.63</td>
<td>2,295</td>
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<tr>
<td>88352</td>
<td>Tularosa</td>
<td>Otero</td>
<td>26.22</td>
<td>5,188</td>
</tr>
<tr>
<td>88342</td>
<td>Orgogrande</td>
<td>Otero</td>
<td>27.47</td>
<td>52</td>
</tr>
<tr>
<td>88350</td>
<td>Timberon</td>
<td>Otero</td>
<td>27.58</td>
<td>366</td>
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<tr>
<td>88347</td>
<td>Sacramento</td>
<td>Otero</td>
<td>27.60</td>
<td>100</td>
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<tr>
<td>88314</td>
<td>Bent</td>
<td>Otero</td>
<td>29.11</td>
<td>210</td>
</tr>
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</table>

Total Population: 48,866

Population X 13 / 100,000: 6.35

Net ADC: 6.35

Facilities Within a 50-Mile Radius That Have Inpatient Rehabilitation Beds

<table>
<thead>
<tr>
<th>Facility</th>
<th>Rehab Beds</th>
<th>2014 Total Patient Days</th>
<th>2014 ADC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation Hospital of Southern New Mexico</td>
<td>40</td>
<td>12,713</td>
<td>34.83</td>
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<tr>
<td>Las Cruces, New Mexico</td>
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</tr>
</tbody>
</table>
Referrals

FY 2016 Average: 19.3 Internal, 6.8 External; Total: 232 Internal, 82 External

FYTD 2017 Average: 16.6 Internal, 6.0 External; Total: 116 Internal, 42 External
Admissions

FY 2016 Average: 12.7 Internal, 3.8 External; Total: 152 Internal, 46 External
FYTD 2017 Average: 12.9 Internal, 3.4 External; Total: 90 Internal, 24 External
Origin of External Referrals

- Uncategorized
- Mountain View Medical Center: FY 2016 - 14, FYTD 2017 - 14
- Sierra Medical Center: FY 2016 - 12, FYTD 2017 - 12
- University Medical Center: FY 2016 - 9, FYTD 2017 - 9
- Del Sol Medical Center: FY 2016 - 8, FYTD 2017 - 8
- Las Palmas Medical Center: FY 2016 - 6, FYTD 2017 - 6
- University of NM Hospital: FY 2016 - 6, FYTD 2017 - 6
- Presbyterian Hospital (ABQ): FY 2016 - 5, FYTD 2017 - 5
- Memorial Medical Center: FY 2016 - 4, FYTD 2017 - 4
- Providence Memorial Hospital: FY 2016 - 3, FYTD 2017 - 3
- Doctor’s office: FY 2016 - 2, FYTD 2017 - 2
- University Medical Center El Paso: FY 2016 - 1, FYTD 2017 - 1
- William Baumont (VA Hospital): FY 2016 - 1, FYTD 2017 - 1
- ABQ VA: FY 2016 - 1, FYTD 2017 - 1
- Champion Medical Group: FY 2016 - 1, FYTD 2017 - 1
- Lincoln County Medical Center: FY 2016 - 1, FYTD 2017 - 1
- Lovelace Medical Center: FY 2016 - 1, FYTD 2017 - 1
- Mayo Clinic Arizona: FY 2016 - 1, FYTD 2017 - 1
- New Mexico Bone Institute: FY 2016 - 1, FYTD 2017 - 1
- Community: FY 2016 - 1, FYTD 2017 - 1
- Encompass: FY 2016 - 1, FYTD 2017 - 1
- National Jewish Health: FY 2016 - 1, FYTD 2017 - 1
## Patient Demographics

### Zip Codes of Patient Admissions

![Map of New Mexico with zip codes highlighted]

<table>
<thead>
<tr>
<th>Zip</th>
<th>City</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>88310</td>
<td>Alamogordo</td>
<td>102</td>
</tr>
<tr>
<td>88352</td>
<td>Tularosa</td>
<td>15</td>
</tr>
<tr>
<td>88337</td>
<td>La Luz</td>
<td>11</td>
</tr>
<tr>
<td>88339</td>
<td>Mayhill</td>
<td>4</td>
</tr>
<tr>
<td>88301</td>
<td>Carrizozo</td>
<td>3</td>
</tr>
<tr>
<td>88340</td>
<td>Mescalero</td>
<td>3</td>
</tr>
<tr>
<td>88311</td>
<td>Alamogordo</td>
<td>2</td>
</tr>
<tr>
<td>88312</td>
<td>Alto</td>
<td>2</td>
</tr>
<tr>
<td>88316</td>
<td>Capitan</td>
<td>2</td>
</tr>
<tr>
<td>88317</td>
<td>Cloudcroft</td>
<td>2</td>
</tr>
<tr>
<td>88325</td>
<td>High Rolls Mountain Park</td>
<td>2</td>
</tr>
<tr>
<td>88330</td>
<td>Holloman Air Force Base</td>
<td>2</td>
</tr>
<tr>
<td>88345</td>
<td>Ruidoso</td>
<td>2</td>
</tr>
<tr>
<td>88355</td>
<td>Ruidoso</td>
<td>2</td>
</tr>
</tbody>
</table>
FY 2016 Reasons for Non-Admissions

- Too High Level: 24
- Insurance Refused: 18
- Patient Refused: 18
- Patient Chose to go to SNF: 13
- Patient not ready for Intensive Rehab: 13
- Too Impaired: 12
- Patient Chose Other Rehab: 8
- Does Not Meet Medical Necessity: 6
- Beds Not Available: 4
FYTD 2017 Reasons for Non-Admissions

- Too High Level: 14
- Insurance Refused: 4
- Patient Refused: 5
- Patient Chose to go to SNF: 6
- Patient not ready for Intensive Rehab: 2
- Too Impaired: 8
- Patient Chose Other Rehab: 0
- Does Not Meet Medical Necessity: 5
- Beds Not Available: 0
FY 2016 Incidence of Diagnoses

- Stroke: 18.23%
- Fracture of LE: 24.48%
- Replacement of LE joint: 1.56%
- Other Orthopedic: 2.08%
- Miscellaneous: 25.00%
- Amputation of LE: 2.08%
- Amputation, other: 0.52%
- Nontraumatic BI: 4.17%
- Traumatic BI: 1.04%
- Cardiac: 3.65%
- Pulmonary: 6.77%
- Nontraumatic SCI: 1.04%
- Neurological: 5.21%
- Major Multiple Trauma, no BI or SCI: 1.04%
- Guillian Barre: 1.56%
- Pain Syndrome: 1.56%
- Nontraumatic BI: 4.17%
- Traumatic BI: 1.04%
- Cardiac: 3.65%
- Pulmonary: 6.77%
- Nontraumatic SCI: 1.04%
- Neurological: 5.21%
- Major Multiple Trauma, no BI or SCI: 1.04%
- Guillian Barre: 1.56%
- Pain Syndrome: 1.56%
FY 2016 Discharge Destinations

- **Home**: 78.13%
- **SNF**: 9.38%
- **Short-Term (Hosp.)**: 8.33%
- **Inpatient Psych Fac**: 1.56%
- **Int Care**: 0.52%
- **Expired**: 0.52%
- **Home-Care of Service Org.**: 0.52%
- **Hospice (Inst. Fac)**: 0.52%
- **Hospice (home)**: 0.52%
FYTD 2017 Discharge Destinations

- Home: 83.05%
- SNF: 10.17%
- Short-Term (Hosp.): 2.54%
- Inpatient Psych Fac: 1.69%
- LTCH: 0.85%
- Home-Care of Service Org.: 0.85%
- Hospice (home): 0.85%
Case Mix Index

FY 2016 Monthly Average: 1.1792; FYTD 2017 Monthly Average: 1.1500
Medicare Reimbursement per Discharge
FY 2016 Monthly Average: $17,743; FYTD 2017 Monthly Average: $18,149