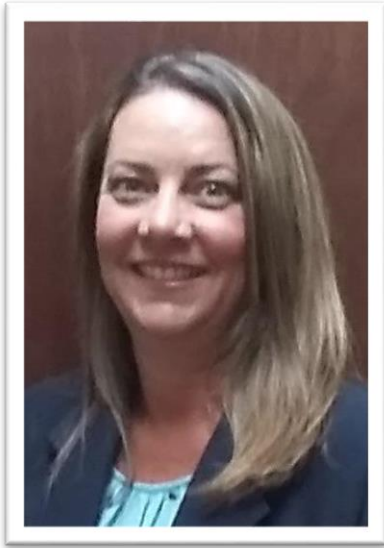


FOCUS ON RURAL HEALTHCARE



Stacey L. Flynt

Stacey Joined the Phoebe Putney Health System (PPHS) team in 2004. She has long been regarded as the expert on Critical Access and Rural Health Care within PPHS.

As Director of Operations for two critical access hospital facilities; Phoebe Worth Medical Center in Sylvester GA and Southwest Georgia Regional Medical Center in Cuthbert GA, she is able to use this extensive knowledge to optimize the patient experiences. Stacey has strategically planned and implemented both short-term & long-term growth aimed at optimal patient centered healthcare within these rural communities.

Stacey obtained her Bachelors in Business Administration from GA Southwestern University.



APP Hospitalist Model Implemented August 6, 2017

Stacey Flynt

Director of Business and Clinic Operations

Phoebe Worth Medical Center and Southwest Georgia Regional Medical Center



Phoebe
Worth

“Inside Phoebe”

<https://www.youtube.com/watch?v=BGfaJzXHwaE>

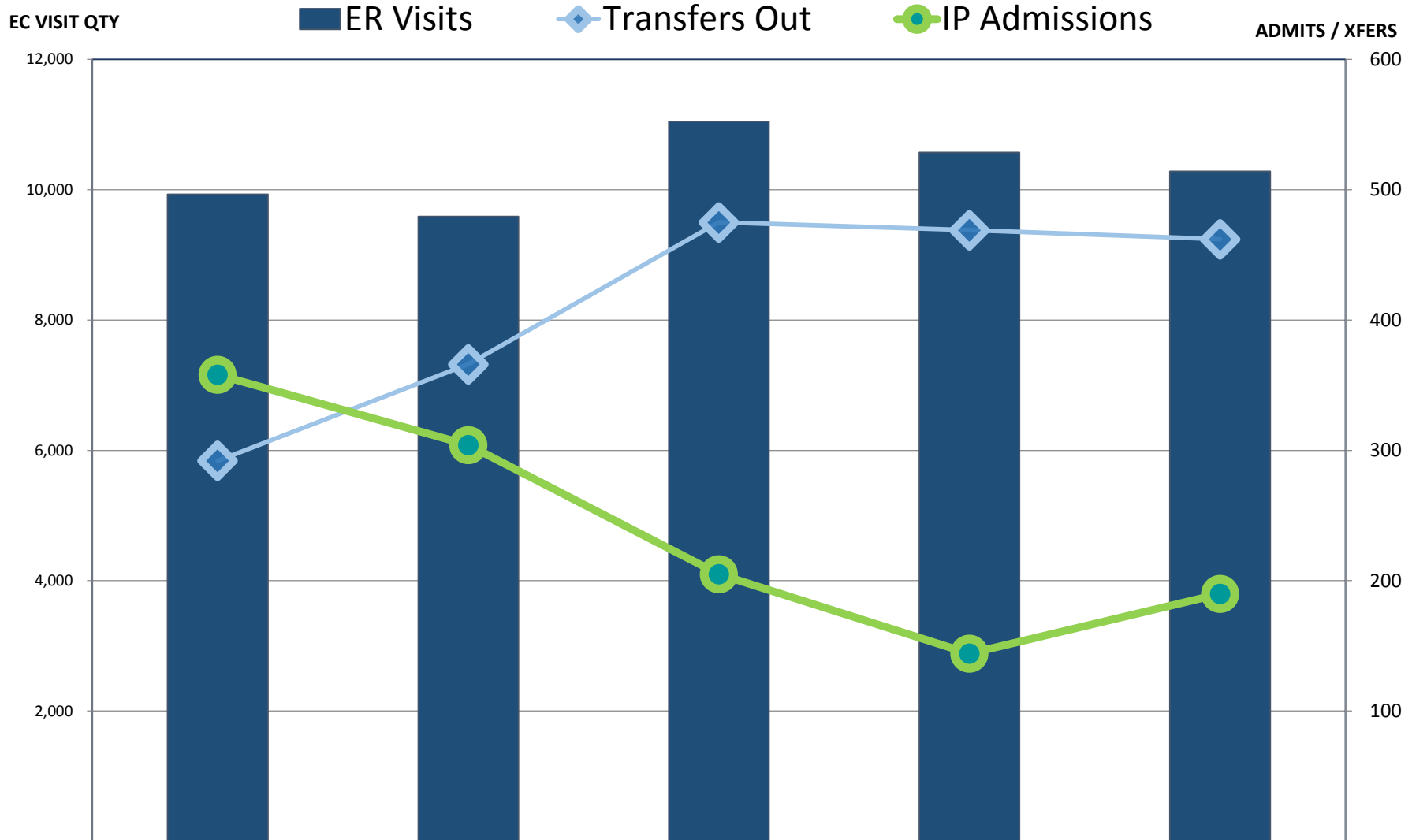


Why an APP Model?

❖ Hospital utilization had decreased since FY2013

- In FY2013 we had 5 local physicians fully engaged and highly utilizing our facility.
 - Currently only 1 of these 5 physicians are still with us.
- Down from 5 to only 3 physicians covering hospital on call 24/365
- **Results:**
 - Decrease admissions from our Rural Health Clinic
 - Decrease admissions from our Emergency Department
 - Push back on admits from the ED and patients are transferred due to they “might” need a higher level of care
 - Decrease Swing Bed admissions
 - Push back on Swing Bed referrals especially after Thursday afternoons

Admissions from ED vs. Transferred out



	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
ER Visits	9,930	9,590	11,050	10,574	10,283
Transfers Out	292	366	475	469	462
IP Admissions	358	304	205	144	190



How?

❖ Collaborated with

- ED physicians
- Jay Williams, MD (Southland MD)
- Local PCP's
- APP's
- Compliance
- Legal
- Nursing
- IT
- Revenue Mgmt
- Administration



Solution: APP Hospitalist Model

- ED physicians serve as oversight of our APPs and admitting physician for:
 - ED patients needing admission/observation
 - Swing Bed patients referred for admission
 - Clinic patients needing admission
 - Oncology clinic patients needing blood administration and other services
 - Cover for any of the local PCP's when requested



APP Hospitalist Model

Began August 6, 2017

➤ 2 APP's

- ✓ Jason Boyd, NP
- ✓ Patricia Mason, NP

- ❖ One APP in house 7A – 7P for admissions and rounds on patients daily and as needed
- ❖ Coordinates patients care with the supervising physician that is available to them 24/7
- ❖ Assist in the ED when needed
- ❖ Future Plans: Will be available to employees/families in our “Employee Health Clinic” at the hospital daily



Benefits to APP Model

- ☐ None of our Primary Care Physician's are required to take hospital call any longer and this makes recruiting easier along with increase physician satisfaction
- ☐ PCP's may admit their patient's if they desire
- ☐ PCP has the added security of knowing that the APP will provide patient coverage if they need to leave town.
- ☐ Eliminates interruptions of the PCP's day at the clinic therefore enabling them to increase the number of patients seen which increases access to care.
- ☐ Eliminates the "push back" from ED, Swing Bed, and Clinic admissions to the hospital.
- ☐ Better utilizes current down time of the ED physician
- ☐ Enables us to keep more complex patients with physician on site.
- ☐ Increased our patient, staff, and physician satisfaction

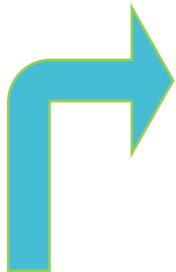
Phoebe Worth Medical Center Project Timeline
APP Hospitalist Task List

Task #	Detail	Status	Complete Y / N	DUE DATE	Assigned To:	Additional Comments/Updates
Initiate Project / Obtain Approvals						
1	Emailed Don info for APP Contract through PPG	Complete	YES		Stacey	
1a	Obtain completed contracts for APP signatures				Don	Present to APPs 7/26/17. Signed 7/27/17 and scanned to Kat in legal.
2	All 3 physicians to submitted Med Surg/admit privileges to Karen S.	Complete	YES		Stacey	
2a	Karen to prepare documents for approvals	Complete	YES		Karen	
2b	Peer Review & Medical Staff Approvals	Complete	YES	07/19/17	Kim	
2c	Board Meeting Approval			07/27/17	Kim	
Set up Protocols and Documentation						
1	Brooke @ Horne notified of additional On-Call pay (601-620-5125)	Complete	Yes		Kim/Stacey	Waiting on Horne to respond back- Received, waiting on Audrey to get back with Kim/Stacey on rate of pay then need to set up meeting with Physicians/ Audrey approved rate.
2	APP Protocol Application Forms	Complete	Yes		Stacey	
3	Obtain Signatures	Complete	Yes		Stacey	
4	Submit Applications	Complete	Yes		Stacey	Mailed to State on 7/6/17
5	APP job description	Complete	Yes		Stacey	Have APP sign and date
6	Notify Will Petersen regards to: employee health	Complete	Yes	10/15/17	Stacey	Have called twice and left a message. Sent email on 7/25/17 to call Stacey. 7/25/17 notified Will Peterson and decided on a 10/1/2017 Go Live Date.
7	Notify clinic Doctors of change to the 8/6/17 targeted start date	Complete	Yes		Stacey	
8	Revenue Cycle Meeting with Audry Pike	Complete	Yes		Stacey	7/10/17 Meeting with Audrey Pike, Jane Gray, Melissa Hampton, Becky Sanders, Darla Braxton, Wendy Allen and Candace Guarnari. Couple of items need to be addressed-will regroup with everyone next Monday. Second meeting with Audrey set for Friday July 14th. Second meeting with Audrey resulted in flow chart which will be dispursed to appropriate staff in meetings and a forum. All other items discussed for meditech builds has been completed.
Train APP's, Establish & Initiate Support Structure						
1	APP Meditech training on Med Surg & EC module. Train EC phycsians on Meditech Med Surge Module.	In Progress		August 5th	Jane Morris	Scheduled for August 2nd and 3rd Emailed Darla on 7/11/17 to discuss training date for EC docs on medsurge meditech. 7/13/17 sent Darla access forms for Doc access to Med Surge.
2	APP training with Jay	In Progress			Jay Williams, MD	7/7/17 emailed Jay some dates-waiting to hear back from email. 7/10/17 Jay returned email and is trying to get the dates finalized. Scheduled onsite for August 1. Included Janet and Lisa, UR.
3	Compliance to train Crystal Carter on manual profee charge entry	Complete	Yes	August 5th	Audrey Pike	7/13/17 sent email to Audrey and Jonathan for a date and time. Date set for 7/27/17 with Georgia from compliance. Meet with Compliance they will provide onging training.
4	Malpractice - revise for APP's & physicians	Complete	Yes		Stacey	
5	Nursing Home / Pine Shadows privileges for APP's	Complete	Yes		Stacey	This will be covered by RHC APPs not Hospitalist APPs
6	Order laptop computers for APP's/receive back from PPMH with all applications needed.	In Progress			Stacey	Carole working on this and to have me an update this week. Laptops loaded and at PPMC.
7	Obtain remote Meditech access for Drs. Black, Wooten & Gaskins					Darla Braxton - was sent email and contact number for all three physicians to set up remote access.
8	Amend Drs Gaskins, Bass, Wooten & Black Contracts for On Call & Supervision pay	In Progress		08/04/17	Kim/Audrey	
9	PAPC form for Jason & Patricia			08/04/17	Stacey/Mandy	
10	Schedule a Managers Meeting to final processes Janet, Stacey, Mary & Dawn			08/03/17	Stacey	Scheduled for August 3 12-1pm
Establish Process for Patient Care During Conversion(Clinic & IP)						
1	Map out a clear process for Aug 6th patients that are IP at time of conversion	Complete	Yes		Stacey/Kim	Bass, Sealy, Wallace agree to follow all patients that are still in hospital on August 6th until discharge.
2	Write out a plan/process for Dr. Bass - "clear-cut"	In Progress			Stacey/Kim	Meeting with Dr. Bass scheduled for 8/8/17 at 1:30
3	Marketing for the revised clinic hours	Complete	YES		Stacey/Anna	Waiting for proof to approve- Proof Complete waiting to pick up. Picked up on 7/18 and delivered to clinic
4	Devlope process for blood infusions from oncology	In Progress		08/31/17	Stacey/Janet	
5	Assign physicians certain days for lunch hours at the clinic	Complete	Yes		Stacey/Debra	Sealy lunch 12-1, Wallace lunch 1-2 and Bass lunch 1:30-2:30
6	Develop on call list for after discharge	Complete	Yes		Stacey/Kim	Contact at clinic for nurses is Tanya(Debra when Tanya is out) and Tanya will rotate the providers.
7	Develop a flow chart for nursing staff, APPS and EC phycsians	Complete	Yes	07/31/17	Stacey/Janet	Completed
8	EC/Med Surge Staff Forum, Training and Education Pre-Go Live (Dr. Gaskins and Kim Gilman to attend)			08/04/17	Stacey/Janet	8/4/17 at 7:30am
9	Develop Charge Sheet for profee charges	In Progress			Stacey/Crystal	



TIMELINE:

Key Performance Factors



Credential Emergency Center Physicians with Admission/Med-Surg Privileges



APP Protocol Application



APP Training

- All Systems
- Med-Surg
- Plan for Success: Hire APP's with an abundance of skills
IE: Emergency, Med-Surg, Family Medicine, Preventative Healthcare



Contracts

- Physicians
- APP's



Develop the Process for Conversion/Implementation

- Educate current Physicians on APP Model-Benefits
- At "Go Live" have your transition plan for current In-House patients

Florida World Medical Center Project Timeline

Task	Start	End	Assigned To	Status	Additional Comments
1. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
2. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
3. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
4. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
5. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
6. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
7. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
8. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
9. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
10. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
11. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
12. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
13. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
14. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
15. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
16. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
17. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
18. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
19. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
20. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
21. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
22. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
23. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
24. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
25. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
26. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
27. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
28. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
29. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
30. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
31. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
32. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
33. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
34. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
35. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
36. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
37. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
38. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
39. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
40. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
41. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
42. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
43. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
44. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
45. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
46. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
47. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
48. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
49. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	
50. Initial Project Meeting	1/15/2018	1/15/2018	Dr. [Name]	Complete	



TIMELINE:

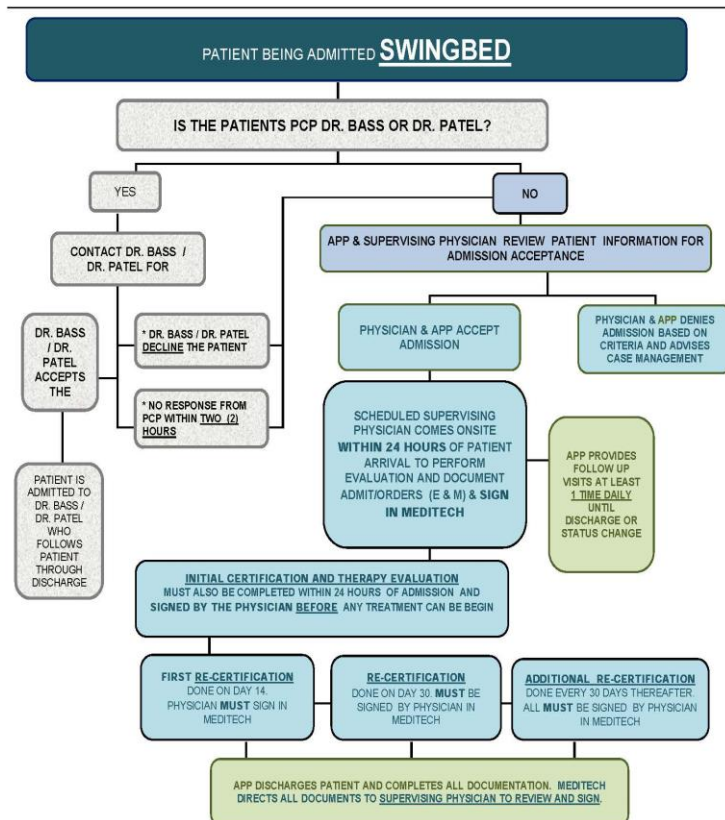
Key Performance Tools for “Go-Live”



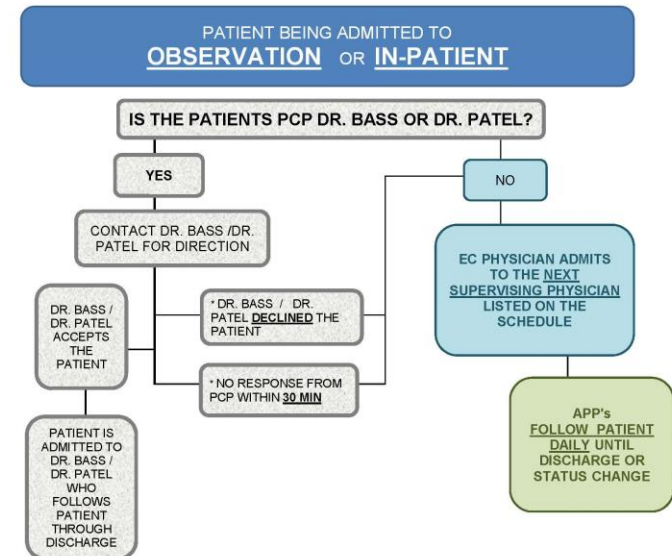
DATE	TIME	LOCATION	PERSON	REMARKS
10/1/2019	10:00	ED	DR. BASS	PATIENT ADMITTED TO OBSERVATION
10/1/2019	11:00	ED	DR. PATEL	PATIENT ADMITTED TO OBSERVATION
10/1/2019	12:00	ED	DR. BASS	PATIENT ADMITTED TO OBSERVATION
10/1/2019	13:00	ED	DR. PATEL	PATIENT ADMITTED TO OBSERVATION
10/1/2019	14:00	ED	DR. BASS	PATIENT ADMITTED TO OBSERVATION
10/1/2019	15:00	ED	DR. PATEL	PATIENT ADMITTED TO OBSERVATION
10/1/2019	16:00	ED	DR. BASS	PATIENT ADMITTED TO OBSERVATION
10/1/2019	17:00	ED	DR. PATEL	PATIENT ADMITTED TO OBSERVATION
10/1/2019	18:00	ED	DR. BASS	PATIENT ADMITTED TO OBSERVATION
10/1/2019	19:00	ED	DR. PATEL	PATIENT ADMITTED TO OBSERVATION
10/1/2019	20:00	ED	DR. BASS	PATIENT ADMITTED TO OBSERVATION
10/1/2019	21:00	ED	DR. PATEL	PATIENT ADMITTED TO OBSERVATION
10/1/2019	22:00	ED	DR. BASS	PATIENT ADMITTED TO OBSERVATION
10/1/2019	23:00	ED	DR. PATEL	PATIENT ADMITTED TO OBSERVATION
10/2/2019	00:00	ED	DR. BASS	PATIENT ADMITTED TO OBSERVATION
10/2/2019	01:00	ED	DR. PATEL	PATIENT ADMITTED TO OBSERVATION
10/2/2019	02:00	ED	DR. BASS	PATIENT ADMITTED TO OBSERVATION
10/2/2019	03:00	ED	DR. PATEL	PATIENT ADMITTED TO OBSERVATION
10/2/2019	04:00	ED	DR. BASS	PATIENT ADMITTED TO OBSERVATION
10/2/2019	05:00	ED	DR. PATEL	PATIENT ADMITTED TO OBSERVATION
10/2/2019	06:00	ED	DR. BASS	PATIENT ADMITTED TO OBSERVATION
10/2/2019	07:00	ED	DR. PATEL	PATIENT ADMITTED TO OBSERVATION
10/2/2019	08:00	ED	DR. BASS	PATIENT ADMITTED TO OBSERVATION
10/2/2019	09:00	ED	DR. PATEL	PATIENT ADMITTED TO OBSERVATION
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10/2/2019	15:00	ED	DR. PATEL	PATIENT ADMITTED TO OBSERVATION
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10/2/2019	17:00	ED	DR. PATEL	PATIENT ADMITTED TO OBSERVATION
10/2/2019	18:00	ED	DR. BASS	PATIENT ADMITTED TO OBSERVATION
10/2/2019	19:00	ED	DR. PATEL	PATIENT ADMITTED TO OBSERVATION
10/2/2019	20:00	ED	DR. BASS	PATIENT ADMITTED TO OBSERVATION
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10/3/2019	00:00	ED	DR. BASS	PATIENT ADMITTED TO OBSERVATION
10/3/2019	01:00	ED	DR. PATEL	PATIENT ADMITTED TO OBSERVATION
10/3/2019	02:00	ED	DR. BASS	PATIENT ADMITTED TO OBSERVATION
10/3/2019	03:00	ED	DR. PATEL	PATIENT ADMITTED TO OBSERVATION
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10/3/2019	05:00	ED	DR. PATEL	PATIENT ADMITTED TO OBSERVATION
10/3/2019	06:00	ED	DR. BASS	PATIENT ADMITTED TO OBSERVATION
10/3/2019	07:00	ED	DR. PATEL	PATIENT ADMITTED TO OBSERVATION
10/3/2019	08:00	ED	DR. BASS	PATIENT ADMITTED TO OBSERVATION
10/3/2019	09:00	ED	DR. PATEL	PATIENT ADMITTED TO OBSERVATION
10/3/2019	10:00	ED	DR. BASS	PATIENT ADMITTED TO OBSERVATION
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10/3/2019	20:00	ED	DR. BASS	PATIENT ADMITTED TO OBSERVATION
10/3/2019	21:00	ED	DR. PATEL	PATIENT ADMITTED TO OBSERVATION
10/3/2019	22:00	ED	DR. BASS	PATIENT ADMITTED TO OBSERVATION
10/3/2019	23:00	ED	DR. PATEL	PATIENT ADMITTED TO OBSERVATION



APP HOSPITALIST MODEL
PATIENT ADMISSION FLOW BY TYPE



APP HOSPITALIST MODEL
PATIENT ADMISSION FLOW BY TYPE



Develop a flow chart to document, by patient type, the steps that will help avoid serious problems.

Ensure all departments are well versed in the process to optimize patient outcomes.

TIMELINE: Key Performance Tools for “Go-Live”




Advanced Practice Providers (APP's) Hospitalist Model

Distribute an APP Protocol Model with At-a-Glance key elements.

Educate Patient Care Teams on the contents that detail the who, what & when.

During the first 48 hours this becomes the “go to” resource for all departments, physicians and APP's.

SUPERVISING PHYSICIAN	EDWARD BLACK, MD	904-234-5425	100% APP PATIENT CHARTS WILL BE REVIEWED AND SIGNED BY SUPERVISING PHYSICIAN IN MEDITECH Meditech will add supervised patients to each physicians worklist automatically <u>A SUPERVISING PHYSICIAN IS AVAILABLE TO ALL SHIFTS AT ALL TIMES.</u> CHECK THE SUPERVISING PHYSICIAN <u>SCHEDULE LOCATED AT NURSING STATIONS</u>
	JOHNATHAN GASKINS, MD	229-686-8626	
	DAREN WOOTEN, MD	706-833-7396	

PRIMARY CARE PHYSICIAN (PCP)	EDWARD BASS, MD	229-344-4402	IF PATIENTS ACTING PCP IS EITHER DR. BASS OR DR. PATEL, CALL THEM PRIOR TO ADMISSION IF PATIENT IS ADMITTED UNDER EITHER DR. BASS OR DR. PATEL 1) ANY PATIENT NEEDS WILL COME FROM THEM 2) UNLESS SIGNED OUT TO SUPERVISING PHYSICIAN
	NATU PATEL, MD	229-347-4269 229-776-7706	
	WALLACE AJAKAIYE, MD TAMARA SEALY, MD		DRS. AJAKAIYE AND SEALY HAVE DECIDED TO HAVE THE APP'S CARE FOR THEIR PATIENTS WHEN HOSPITALIZATION IS NEEDED.

ADVANCED PRACTICE PROVIDERS (APP's)	JASON BOYD, FNP-C	706-851-5113	BI-WEEKLY 12 HOUR SHIFTS 7am TO 7pm FRIDAY - THURSDAY
	PATRICIA MASON, FNP- BC	229-894-0406	

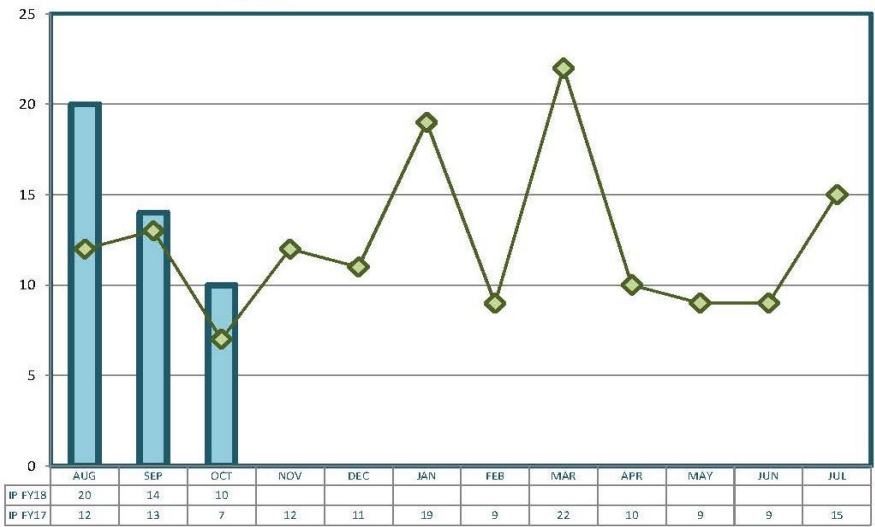
APP PROTOCOLS:	LIMITATIONS	REQUIREMENT
IF APP WRITES A SCRIPT FOR:	SCHEDULE II CONTROLLED SUBSTANCE	PHARMACY CAN FILL ORDER, THEN PHYSICIAN TO SIGN OFF
	ROUTINE (NON CLASS I or II) REFILL	PHARMACY CAN FILL ORDER, THEN PHYSICIAN TO SIGN OFF IF RX IS OVER 12 MONTHS OLD
CT SCAN ORDER	IF EMERGENCY "LIFE THREATENING SITUATION"	OK TO PROCEED
	IF NOT AN EMERGENCY	MUST CONTACT SUPERVISING PHYSICIAN AND DOCUMENT APPROVAL PRIOR TO SCAN BEING PERFORMED



FISCAL YEAR 17 vs 18 INPATIENT ADMISSIONS

IP FY18

IP FY17





FISCAL YEAR 17 vs 18 OBSERVATION ADMISSIONS

OBS FY18

OBS FY17

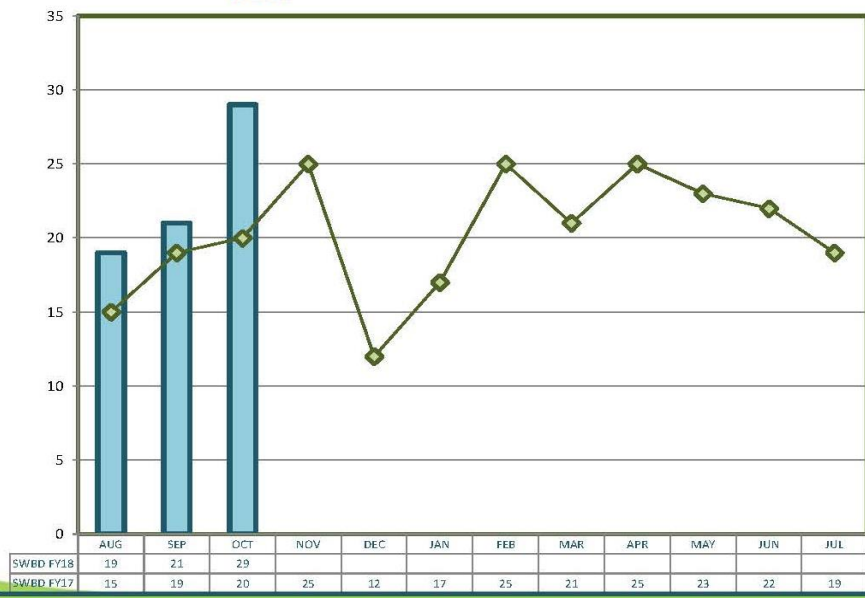


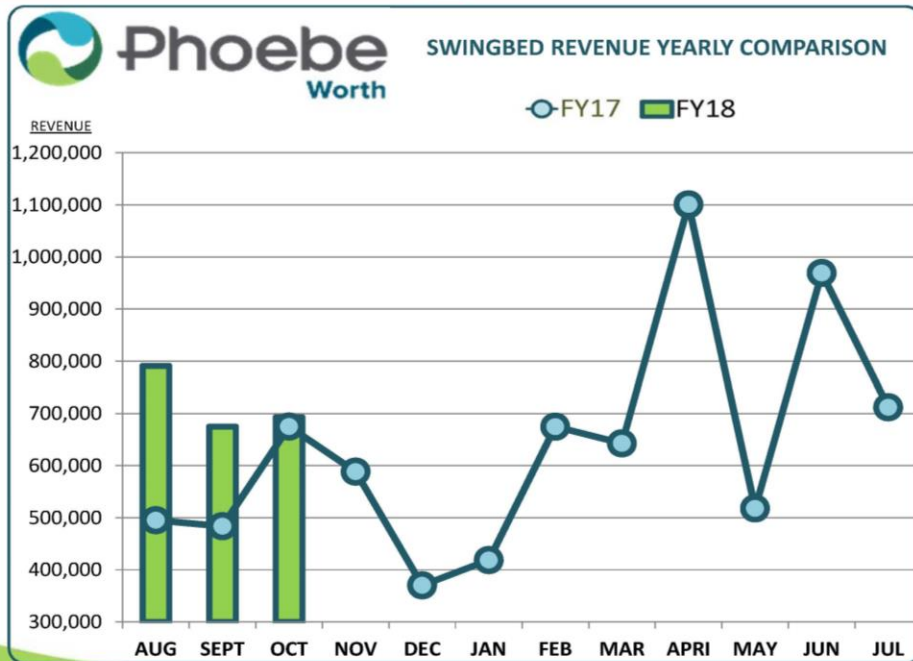
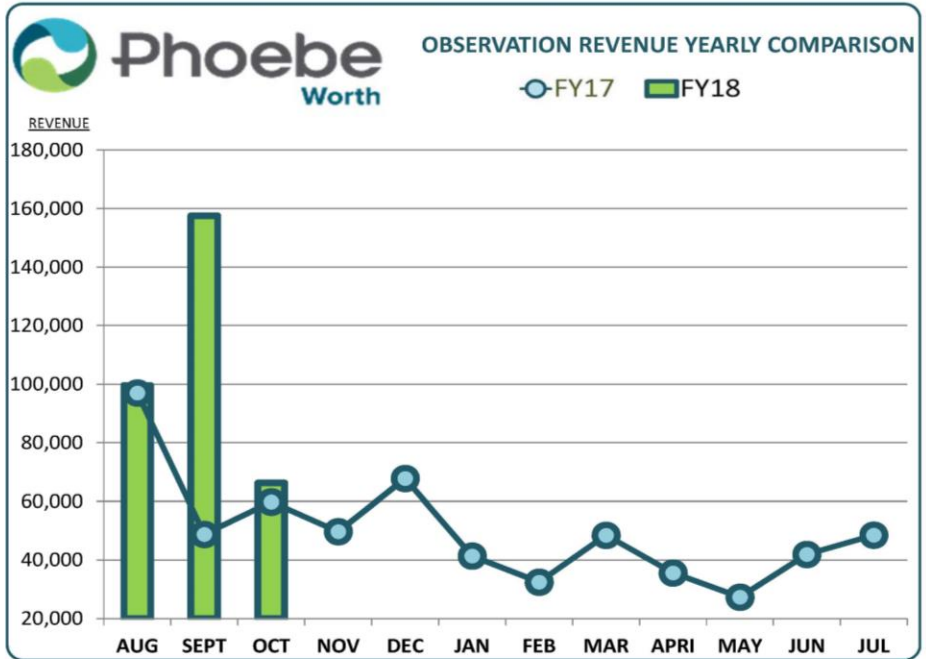
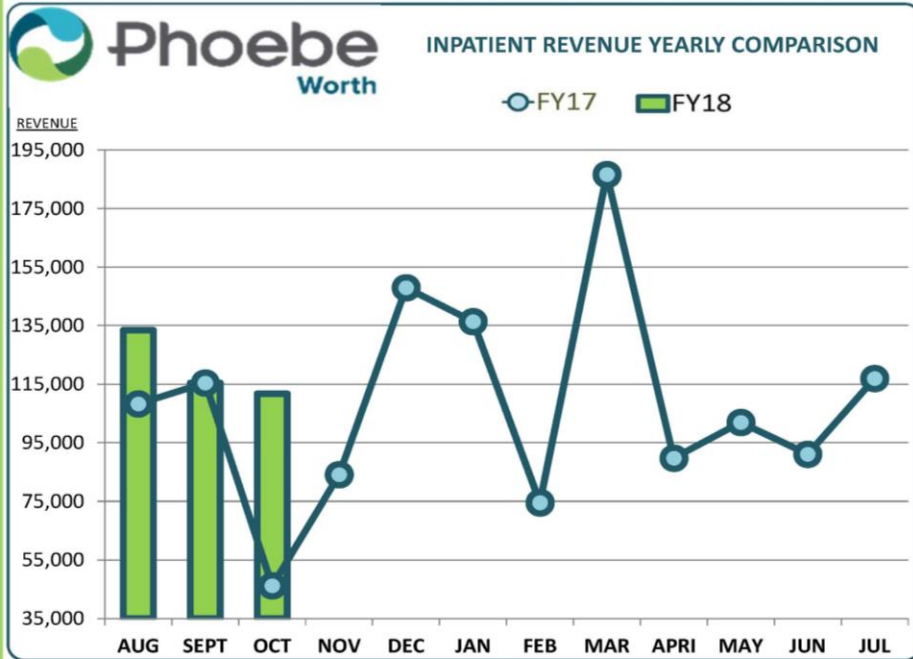


FISCAL YEAR 17 vs 18 SWINGBED ADMISSIONS

SWBD FY18

SWBD FY17







Results: Realized with the APP Model



Patient Satisfaction Press Ganey Survey Scores

- ✓ Communication with Doctors has increased by 12.1 points
- ✓ Discharge Information has increased by 14.6 points
- ✓ 10 of 13 areas surveyed increased an average of 7.13 points



Provider & Staff Satisfaction

Provider quality of life

Staff all around engagement



Utilization

Positive bottom line past 3 months



Patient Feedback

When my daughter inquired about some of my treatments, the clinician came in and answered all of our questions about the treatment plan and medication changes

I did not even have to ask about my test results... Ms. Mason was in my room in no time and went through all of the results.

I did not have to worry about the outcome.

She explained the treatment needed and that it would start immediately.

Jason ensured I understood all of the changes in my medications & follow-up care before he discharged me. He was in no hurry to leave until he was sure we would follow his instructions.

A lifelong resident of Sylvester, we were excited to welcome Jason Boyd, to the medical care team at Phoebe Worth Medical Center.

Jason Boyd, FNP-C PWMC APP Hospitalist



Understanding the shortage of rural healthcare providers, Jason was excited to move back to his hometown and proud to provide outstanding care to his local community.

Jason is a core member of the APP Hospitalist Model at PWMC and he is uniquely qualified to share the patient experiences that this model offers the patients he treats.



APP Hospitalist Model

Questions