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Department of Emergency Medicine/Greensboro

Network Board Meeting November 10, 2022

Cone North Tower/WebEx

8:30am

Attending: Drs. C. Miller, Steinl, Allen, Cardama (Web Ex), C. Horton, Kinner, J. Knapp (WebEx), Kuhner, Long, B. Miller, Nanavati (WebEx), Ray, Sheldon, Wentz & Browning (WebEx), Humes (WebEx), Koceja, Cheek

* Brett Koceja presented the Oct 2022 financial report information. October was a good collection month. ARMC showed a good increase in collections as well. October was also a good charges month for both GSO & ARMC. Billed visits have well exceeded 10/2021 numbers for GSO & ARMC. Drawbridge has seen just shy of 10,000 patients since its spring 2022 opening through Oct.
* Charge per visit most likely will be less for 2022 than 2021. RVUs good, AR good, accounts over 120 days have improved.
* At MC, Level 5 decrease, Level 4 increase. Dr. Steinl stated that peds ED census is most likely skewing Level #s. Dr. Steinl requested that Brett ask Zotec to break Cone acuity and Peds out separately.
* Dr. Steinl discussed major health care organizations banning together concerning ED boarding which is a national crisis.
* Dr. Steinl reported contract negotiations ongoing.
* Dr. Wentz reported on physician recruiting and the need to hire two additional physicians for summer 2023. Offer out on one candidate.
* APP recruiting ongoing. APP interviews underway.
* Discuss peds ED needs at length. It is important for all to understand that just a couple months ago, peds volume was relatively low, and stable at/around 64 patients per day. The recent increase in peds volume due to surge in respiratory viral illness has been rapid, and unprecedented in recent times (for Oct/Nov ~ 95 patients per day). In such a short time period, we and other ED groups do not have the ability to hire and onboard new docs – so we must come together as a team to best manage the rapid increase in volume (our group already had longer-term plan to hire additional peds EM docs this recruiting year). Thank you to all for your efforts so far. Based on feedback from our team, Drs Kuhner, Steinl and Ray have engaged our peds colleagues and hospital leaders – in part, requesting that our peds teams/docs see any/all peds ED patients when requested, and that they place admit orders for all peds admits that can be appropriately managed at MC. In addition, Dr Kuhner has been given the ability to solicit volunteers for overnight doc coverage in the peds ED (on nights not already covered) – as all are working a couple extra shifts already, not many have volunteered for those extra coverage shifts.
* Also discussed other short-term strategy for current peds surge. One of those strategies involves team members from the adult side (in setting of many rooms already ‘closed’ due to boarding and RN staffing) to assist the overnight peds APP whenever possible.
* Small group convening to look for other opportunities on how best to handle the insurgence of peds patients and overnight coverage. Group charged to bring proposal to December 8 meeting. Longer-term plan - hire one Peds EM physician and PNPs. Dr. Chad Miller stated that personal and positive communication is each board members responsibility and duty as the strategy for the peds surge is managed.
* Our long-standing group practice of having three at-large board positions (2 doc/ 1 APP), serving two year term, for those not already serving in an admin role has been a value add for our team and will be continuing. A small group is crafting an addendum to our practice plan to clarify specifics related to the timing of the nomination and selection process. Thanks to those who participated. The board approved document for distribution to the group. Thank you to those who have already expressed interest - anyone else interested in the board position opportunity, please contact Dr. Pedro Cardama with nomination(s). Group vote to follow.
* Dr. Jon Knapp discussed upcoming CMS documentation changes for 2023. Please see his recent email concerning EPIC guideline changes. Zotec provided an in-depth presentation earlier in the week. Changes to the documentation template and additional documentation changes/information are on the horizon. The changes will be effective Jan 1, 2023 and detailed information will be distributed over the next weeks.
* Dr. Brian Miller reminded group that it is the EDPs responsibility to respond to elective airway needs and codes on the Annie Penn campus. Although this happens infrequently, the AP anesthesiologist lives 45 minutes from the hospital and in the anesthesiologist’s absence, the emergency physician is the most qualified person on the Annie Penn campus to handle elective airways and codes. Dr. B. Miller iterated that a positive response to respond to these infrequent requests is expected.
* Dr. Steinl touched on continued plans for group/board retreat currently on hold (due to cost). Nevertheless, group efforts to explore ways to improve team morale and engagement will continue – if you have any thoughts, please reach out to Dr Steinl or other board members.
* Discussed carving out period at the end of each board meeting to discuss what we can do better, how to best serve the needs of everyone in the group and how to more efficiently use the time together. Dr. Steinl charged group to ponder ideas over the month and bring ideas to the December meeting.

The meeting was adjourned at 11am.

Respectfully submitted,

Wendy

Wendy Cheek

11/10/22