Financial Issues

Introduction:

Bright Road Health Care System is experiencing financial problems. There are insurers with late payments, Medicare fees due to patient readmission within 30 days, high staff turnover, and low admissions to its obstetrics service. The Chief Administrative Officer is very concerned because he knows this reflects on him and may affect his job. You are a financial consultant and will work with Bright Road Health Care System staff members to review and analyze how operations in the Health Care System negatively affect its finances. Based on this information, you will make recommendations for changes.

Characters:

1. Tanya Morales, Student's Mentor
2. Joan Fairbanks, Geriatric Care Physician (email only)
3. Dr. Tiffany Halpert, Chief of Medical Staff
4. Kevin Stewart, Marketing Director
5. Ken Bloom, Chief Nursing Officer

Locations:

1. Student's Office
2. Hospital Conference Room
3. Tanya's Office
4. Chief of Medical Staff's Office

Scene 1: Meeting with Mentor

In this scene, the Student meets with their mentor, Tanya Morales. Tanya explains the situation and asks for the student to gather information and then make a recommendation to the Board for changes.

Location	Student's Office
Scene setup	Tanya is sitting across the desk from the student.
On-screen characters	Tanya Morales
Off-screen characters	None

On-screen text: First thing today, you meet with your team lead and Bright Road financial consultant, Tanya Morales.

TANYA   Good morning! Are you ready for a challenge today?

STUDENT   I'm always ready.

TANYA   Okay, here's the situation. Bright Road has found itself in a financial predicament. We need to find out the cause and then make recommendations to their Chief Administrative Officer within a week.

Student must click correct option to proceed.

STUDENT CHOICE 1   So, is this something your CFO has asked us to look into?

(INCORRECT)

STUDENT CHOICE 2   Can you let me know the specific areas of trouble?

(INCORRECT)

STUDENT CHOICE 3   This is a tall order. I hope you'll have my back on this one.

(CORRECT)

TANYA RESPONSE 1   Naturally the CFO is concerned, but she's not panicking yet. Ronald Baxter, the Chief Adminstrative Officer, is actually the one who called us in on this one. He thinks there are weak spots in the operations of key areas in the hospital that are causing the financial troubles, and, if they aren't addressed quickly, fingers will start pointing at him.

Response 1 kicks the Student back to options.

<u>*SCENE 1*</u>

TANYA RESPONSE 2   I can definitely let you know what areas are the most challenged.

Response 2 kicks the Student back to options.

TANYA RESPONSE 3   Wait, I thought you were "always ready." (smirks) I'm actually knee deep in the budget review for this year but I'll make myself available if you need me. Don't worry.

Response 3 allows the Student to move on.

STUDENT   Okay, let me get something to write with, and then you can tell me what you know.

On-screen text: Time to take some notes. This will be a good habit to get into as you continue.

TANYA   Okay, first of all, Bright Road is getting hurt by payments from their insurers coming in late, MUCH too frequently. The Chief of Medical Staff, Dr. Tiffany Halpert, says it's almost at epidemic proportions, it's that bad.

Student can choose either option to continue.

STUDENT CHOICE 1   So, I'm guessing I should talk to Dr. Halpert.

STUDENT CHOICE 2   In what areas do late payments hurt Bright Road financially?

TANYA RESPONSE 1   She will have a lot to say from a high level perspective, but you might also want to talk to someone who deals with the day to day processes as well.

TANYA RESPONSE 2   Aside from the lost revenue from interest and the strain on operating capital, there are administrative costs associated with tracking late payments. Dr. Halpert will be able to give you a good picture of these.

STUDENT   Okay, is that the biggest financial issue?

TANYA   No, I would say the biggest one is in the area of Medicare reimbursements. They're losing far too many of these due to readmission of Medicare patients within a 30 day time period. As you may know, they can be penalized for this.

Student must click all options to proceed.

STUDENT CHOICE 1   Who should I talk to about this one? Other than Dr. Halpert?

STUDENT CHOICE 2   Is this a new regulation regarding Medicare?

STUDENT CHOICE 3   Okay, any other financial issues I should look into?

TANYA RESPONSE 1   I would contact Dr. Joan Fairbanks. She specializes in geriatrics and has been at Bright Road for about 15 years.

TANYA RESPONSE 2   The Affordable Care Act has sought to eliminate unnecessary readmissions.

TANYA RESPONSE 3   Yes, two others: the growing rate of staff turnover and the decreasing rate of admissions to Obstetrics. The first is obviously a drain on capital and the second has been increasingly hurting Bright Road's revenue quarter over quarter.

Student may choose either option to proceed.

STUDENT CHOICE 1   Sounds like it's going to be a busy week! I'll get right on this, Tanya.

STUDENT CHOICE 2   So, the patients aren't coming into Obstetrics? Maybe I should talk to Kevin Stewart, Bright Road's Director of Marketing? And, I bet their Chief Nursing Officer, Ken Bloom would have a lot to say about staff turnover problems and he probably works closely with human resources on staffing and staff recruitment.

TANYA RESPONSE 1   Just a heads up . . . you might want to talk to Kevin Stewart, Bright Road's Director of Marketing, about how to bring more patients into Obstetrics. And I know the Chief Nursing Officer, Ken Bloom, will be able to fill you in on the staff turnover dilemma. Good luck, and like I said, I'm here if you need me!

TANYA RESPONSE 2   Now you're thinking! Good luck, and like I said, I'm here if you need me!

STUDENT   Okay, Tanya. Good luck with the budget, and I'll be in touch soon!

Scene 2: Discussion with Chief of Medical Staff

The student meets with the CMO, Dr. Tiffany Halpert, to learn more about problems with late payments from insurers, and also possible reasons behind high staff turnover and the high Medicare readmission rate.

Location   Chief of Medical Staff's Office
Scene setup   Dr. Halpert sits at her desk. The student faces the desk.
On-screen characters   Dr. Halpert
Off-screen characters   None.

On-screen text: Your first meeting is with Dr. Tiffany Halpert, Chief of Medical Staff. Remember to take notes, so you can create a strong recommendation later.

DR. HALPERT   It's good to see you again. I'm glad you're looking into our financial issues.

STUDENT   I appreciate your willingness to meet so soon.

DR. HALPERT   The way I look at it, we all have a role to play in the financial success of Bright Road. Sometimes we don't realize how the smallest adjustment to a policy, procedure or process can bring a major change in our bottom line.

Student must click correct option to continue.

STUDENT CHOICE 1   Do you think the processes and policies are lacking right now?

(INCORRECT)

STUDENT CHOICE 2   Are you saying the CAO, Ronald Baxter, needs to do his job better?

(INCORRECT)

STUDENT CHOICE 3   Are there any specific areas you prefer to focus on?

(CORRECT)

DR. HALPERT RESPONSE 1   I'm not exactly saying that. But they could be improved, just like anything else.

Response 1 kicks Student back to options.

DR. HALPERT RESPONSE 2   No, not at all! This is a team effort - everyone is responsible.

Response 2 kicks Student back to options.

DR. HALPERT RESPONSE 3   Well, the one that bothers me most is the hit we're taking from late payments from our insurers.

Response 3 allows the Student to continue.

Student can click either option 2 or 3 to proceed.

STUDENT CHOICE 1   And, whose fault is that?

(INCORRECT)

STUDENT CHOICE 2   Can you explain the process to me?

(CORRECT)

STUDENT CHOICE 3   Any idea on what's causing the payments to be late?

(CORRECT)

DR. HALPERT RESPONSE 1   Are you sure you're not a trial lawyer? Really, it's not about blame. I hope you haven't gotten that impression around here.

Response 1 kicks the Student back to options.

HALPERT RESPONSE TO 2 or 3   Well, we bill our insurers on a fee-schedule basis. That means, every procedure we perform on a patient and the supplies or equipment used has an already negotiated cost assigned. The insurer, like Waterson Health, our biggest one, has an agreed upon time to review and pay for each bill; I think 60 days, if I remember correctly. Technically, they should pay a penalty for every day they're late, but I believe the problem lies in our response to claims they fire back at us.

Response 2/3 allows the Student to proceed.

STUDENT   Can you tell me more about the penalty for paying late? Doesn't this offset the loss?

DR. HALPERT   The problem is insurers like Waterson refuse to pay the late penalty because they say it's our fault that the bill was coded incorrectly in the first place.

Student can click on either option.

STUDENT CHOICE 1   Not to harp on "blame" again, but is it Bright Road's fault or theirs?

STUDENT CHOICE 2   What can we do to fix this?

DR. HALPERT RESPONSE 1   No, good question this time. It's mostly our fault. We have far too many billing errors. I keep recommending that we update our software to include better automatic cross-referencing and fail-safe checking to catch errors before the bills are sent out. Having a more effective electronic medical record would help too, because we would have better data about what we need to charge in a more timely manner.

DR. HALPERT RESPONSE 2   We have far too many billing errors. I keep recommending that we update our software to include better automatic cross-referencing and fail-safe checking to catch errors before the bills are sent out.

Student must click all three options to continue.

STUDENT CHOICE 1   Do you think improved software or technology would address the problems we're seeing with losing Medicare reimbursements due to readmission within

30 days?

STUDENT CHOICE 2	I wanted to ask you also about the high turnover rate for employees. What are your thoughts about fixing this?
STUDENT CHOICE 3	Any other urgent issues we should discuss while I'm here?
DR. HALPERT RESPONSE 1	Actually, I don't think technology is going to help on the Medicare issue. I think our doctors are discharging Medicare patients too quickly and we also need better discharge plans. It's as simple as that. We need to educate our doctors better on the negative financial impact this has.
DR. HALPERT RESPONSE 2	I'm fairly new as Chief of Medical Staff, but from what I can tell it's not a matter of being more competitive with compensation. We're paying our staff enough. I think if we improve our culture - create a less stressful environment with more teamwork - people will want to stay with us for the long haul.
DR. HALPERT RESPONSE 3	I think that's it for now. I actually have another meeting that I need to prepare for. But… you may want to contact Dr. Fairbanks. She's been here for a while and can probably give you great insights about readmission and turnover.
STUDENT	Thank you for your time Dr. Halpert. You've been very helpful.
DR. HALPERT	Sure thing. Let me know if there's anything else I can do!

Scene 3: Emails with Physician

Next, the student exchanges emails with physician Joan Fairbanks to get a ground level view of Medicare and turnover issues. Joan will also provide insight on staff turnover, as well as how physicians can help with the late payments from insurers. The student receives a text message from CNO, Ken Bloom, at the end of the scene.

Location	Student's Office
Scene setup	Close-up of computer on desk
On-screen characters	None
Off-screen characters	Ken Bloom (video call)

On-screen text: Time to contact Dr. Joan Fairbanks, who specializes in geriatric care. She's currently out of town at a conference, so you decide to send her an email...

April 5, 2018

To:	*Dr. Joan Fairbanks*
Re:	Questions about Medicare, etc.
Body of Email:	Good morning Dr. Fairbanks, As you may know, I have been brought in to consult with Bright Road on the recent financial issues. I heard you have a lot of experience at Bright Road, and in geriatric care in particular. I'd like to get your input on three questions: 1. How can we solve the problem Bright Road is having with losing Medicare reimbursements? Dr. Tiffany Halpert thinks that educating doctors on the effects of the readmission problem will be a huge benefit. Do you agree with her? 2. Do you think you and other doctors can do anything to help reduce the amount of late payments from insurers? 3. What do you think is the cause (or causes) for the high turnover rate among the staff? Regards.

On-screen text: Later in the afternoon, you get a response from Dr. Fairbanks...

From:	*Dr. Joan Fairbanks*
Re:	Re: Questions about Medicare, etc.
Body of Email:	Greetings, I'm happy to assist, especially if it helps us provide better patient care in the end. I want to be part of system that puts patients first, not technology, like the hospital that took care of my grandmother when she was ill. It always impressed me how patient care was top priority. See below for my responses to your questions. Let me know if you need anything else! Best, Dr. Fairbanks 1. How can we solve the problem Bright Road is having with losing Medicare reimbursements? Looking at the ethics of the situation... we can't turn anyone away who comes to us for

care. Also, Medicare put a penalty in place to discourage us from releasing patients too soon and to ensure that we improve care, specifically in the area of discharge planning. Plus, each readmission within a month's time carries more costs than if the patient had simply stayed on a day or two longer here.

For more information on the Medicare readmission penalty, you can refer to the ACA regulations at www.cms.gov. (NOTE: Link goes to https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html)

Dr. Tiffany Halpert thinks that educating doctors on the effects of the readmission problem will be a huge benefit. Do you agree with her?

I agree that some education for doctors is needed, but I think the bigger benefit will come from educating the patients better. If we spend more time explaining their condition, what to expect when they get home, and assurances to set their minds at ease, that would help. Plus, if we had a hotline available for them to call for follow-up questions, we'd see a lot fewer patients returning within 30 days. Nurses are key players too because they work with the team to develop the most effective, realistic discharge plans for each patient.

2. Do you think you and other doctors can do anything to help reduce the amount of late payments from insurers?

We have a physician review process in place that gives Bright Road the chance to provide justification for claims rejected by the insurers. We're able to explain in more detail why certain procedures or supplies were included in the original bill, but here's the problem: Our system is so antiquated that doctors don't get to these in a timely manner. I know if I had an email alert or something like that, and a more streamlined process of addressing these, I'd complete them faster and not delay payment any further.

3. What do you think is the cause (or causes) for the high turnover rate among the staff?

I think that the staff is underpaid. It's probably frustrating for them to see money being spent on more technology that just increases costs and cuts into their salaries. In the U.S., we spend the most on technology in the world, but still our patient satisfaction is lower than a lot of other countries. More technology isn't the answer. Better pay and training for our people is the right path in my opinion.

On-screen text: You get a text from Ken Bloom...

NOTE: Student's phone flashes with an text message at this point.

KEN TEXT	Hi, I just wanted to let you know that I had an emergency meeting called for later, so I'll have less time to spend at our meeting.
STUDENT	Would you rather reschedule, Ken?
KEN TEXT:	No, that's all right. How about we meet in the conference room in Building C, instead of my office? That will give us a little more time.
STUDENT	Sounds good! See you soon.

Scene 4: Meeting with CNO

Next, the student meets with Chief Nursing Officer, Ken Bloom, to discuss the issues related to staff turnover.

Location	Hospital Conference Room
Scene setup	Ken sits at the conference table.
On-screen characters	Ken Bloom
Off-screen characters	None

On-screen text: At your meeting with Chief Nursing Officer, Ken Bloom . . .
Remember to take notes!

KEN	I'm glad someone is finally looking into the high staff turnover rate.
STUDENT	Yes, it's one of the key financial issues that the hospital is facing right now.
KEN	Right. I've been saying that for a while. It's crazy what it costs to find and train more staff. If we would just spend a little more on keeping the good staff members we already have, we'd be much better off.

Student must click option 2 to continue.

STUDENT CHOICE 1   Why do you think you're losing staff?

(INCORRECT)

STUDENT CHOICE 2   How do you think we can keep staff from leaving?

(CORRECT)

STUDENT CHOICE 3   Do your nurses in particular have needs that aren't being met?

(INCORRECT)

KEN RESPONSE 1   From technicians to nurses to food service workers, I generally hear the same reason for them leaving: they found a better situation. When I ask why it's better, the answers vary. For some, they say it's a little more money, although not much. For most, it's the work environment. They say that patient satisfaction is higher at their new facilities. That means a lot. When patients are happier, so is the staff.

Response 1 kicks the Student back to options.

KEN RESPONSE 2   I think we can look at improving our systems, both on the operations side and the technology side, such as a better electronic documentation system. This will free the staff from added stress and also help them to improve the quality of care for patients.

Response 2 allows the Student to proceed.

KEN RESPONSE 3   For one thing, several nurses have pointed out how tedious and time consuming it is for them to transfer notes from paper patient charts to the computer system. It takes time, which they'd rather be spending with patients, and which ends up being rushed when they do get around to it. Rushing through the notes leads to errors... and those errors end up costing us.

Response 3 kicks the Student back to options.

STUDENT   Where is your turnover the highest, percentage-wise?

KEN   It's highest among the nurses. We're a smaller hospital, but that doesn't mean the work's any easier - they actually have a lot more to do. If we can improve our Electronic Health Record system, it would alleviate the extra work they have to do now with writing patient information down on paper first, and then having to enter it into the system.

Student must click all options to continue.

STUDENT CHOICE 1   Any other improvements you'd like to suggest?

STUDENT CHOICE 2   Where else can operations improve to make the staff happier?

STUDENT CHOICE 3   How would you improve the EHR system?

KEN RESPONSE 1   More parties and celebrations. For sure.

KEN RESPONSE 2   We also have paper delivery of medication orders to the pharmacy in our hospital. This is another physical process that could be made electronic. Again, freeing up more time for nurses and staff to make the lives of our patients better.

KEN RESPONSE 3   I think putting a terminal in every room, or giving the nurses mobile devices to record patient information only one time instead of two. This would be huge.

STUDENT   Really? More parties?

KEN   Well, you know what I mean. More staff bonding times - a softball league, birthday parties, staff recognition celebrations... These things can really boost morale in a workplace, don't you think?

Student can choose either option to proceed.

STUDENT CHOICE 1   I agree, but it may not be practical to do all of these things at once. Can you prioritize the list?

STUDENT CHOICE 2   If you had the perfect work environment to build, what would you do and in what order?

KEN   I guess I would start with one of the system changes, to help free up time. The prescription system might be the simplest to implement, with the least security and legal considerations. Then, maybe an employee recognition program with quarterly celebrations planned. Next, would be the EHR system upgrade, which would take more time, planning, and resources. But, it will certainly pay off in the long run. At which point, we'll have another party!

STUDENT   Sounds great, Ken. You're hired.

KEN   No thanks! I realize there are more legal and big picture issues that need to be considered before these changes can be made. But if management could communicate a plan and start small, it would improve things around here. Also, there's a national push for more inter-professional teams, so I think we need to assess how we're doing in this area too — probably not well!

STUDENT   Sounds like communication and teamwork are also important. Speaking of which, thanks for fitting in time to talk, Ken. I know you have another meeting.

| KEN | Yes, and if I leave now, I'll make it just fine. Call me if you need anything else! |

Scene 5: Marketing Meeting

Next, the student meets with Marketing Director, Kevin Stewart, to discuss the problem of low admission to Obstetrics, and how Bright Road can improve the marketing effort in this area. Kevin also has insight into materials for patient education.

Location	Student's Office
Scene setup	Kevin sits on the other side of the student's desk.
On-screen characters	Kevin Stewart
Off-screen characters	None

On-screen text: Next, you meet with the Marketing Director for Bright Road, Kevin Stewart . . .

| STUDENT | I appreciate you meeting me here, Kevin. |

| KEVIN | It's my pleasure. I'm personally invested in increasing admission to our Obstetrics department. |

Student must click correct option to proceed.

| STUDENT CHOICE 1

(CORRECT) | Great, well, let's just jump in. Do you market any differently for that department? |

| STUDENT CHOICE 2

(INCORRECT) | What's the issue with the Obstetrics department? |

| KEVIN RESPONSE 1 | No, we don't do any different marketing for Obstetrics. |

Response 1 allows the Student to proceed.

| KEVIN RESPONSE 2 | Well, I don't think there's an issue with the department itself. We actually have a great program here. |

Response 2 kicks the Student back to options.

| STUDENT | Why do you think fewer mothers are coming to Bright Road to deliver their babies? |

| KEVIN | Could it just be a dropping birth rate in our part of the country or society in general? |

Student can choose either option to proceed.

| STUDENT CHOICE 1 | That's a good question. I'll text Ken Bloom and see what he thinks. |

| STUDENT CHOICE 2 | Maybe. Have there been any changes in the market lately? |

| KEVIN | You know, now that I think about it, Mercy General recently did a big marketing push to tout the state-of-the-art incubators they just purchased. "A Warm Place for Baby," I think that was the tagline. I could've come up with something better. (laughs) Anyway, that could be swaying people over in their direction... even though they're a little more pricey than we are. |

Student must click correct option to proceed.

| STUDENT CHOICE 1 (INCORRECT) | So, people are willing to pay a little more when they know technology is better? |

| STUDENT CHOICE 2 (INCORRECT) | Do people naturally equate better technology with higher levels of care? |

| STUDENT CHOICE 3 (CORRECT) | Are there any technological improvements on the horizon for Obstetrics that you know of? |

| KEVIN RESPONSE 1 | Yes, that's usually the case. The trick is deciding how much more to charge people to pay off the cost of the added technology over time. It's a balancing act, but when people are sick, they tend to go to the place that can take care of them best - regardless of cost difference. |

Response 1 kicks the Student back to options.

| KEVIN RESPONSE 2 | In America, yes. Not necessarily in other countries. Here we always think bigger and more expensive must equal "better!" |

Response 2 kicks the Student back to options.

KEVIN RESPONSE 3   Not that I know of. Usually when they have something big coming, they let me know so I can get the word out to the public. The last marketing push we did for Obstetrics was, I think, two years ago, when they expanded to make the rooms more comfortable and private. We had an increase of 10% in admissions but no more than this and it actually leveled back down to the original rate within a year.

Response 3 allows the Student to proceed.

On-screen text: You receive a text message from Ken Bloom . . .

NOTE: Student sees their phone appear, and the following message from Ken, once they click on the flashing icon to view the text.

TEXT FROM KEN   Got your message. No, there's been no big drop in birth rate. I will ask some nurses in obstetrics their thoughts, and get back to you soon.

STUDENT TEXT RESPONSE   Thanks, Ken!

Student can click on this response to close the phone and continue the scene.

STUDENT   Sorry, that was Ken Bloom. He said that the problem isn't with the birth rate.

KEVIN   Okay, so it's plain old competition, then. We need to get more moms-to-be... to be patients here, not anywhere else.

Student must click correct option to proceed.

STUDENT CHOICE 1   Traditionally, what has been your biggest selling point in this area?

(INCORRECT)

STUDENT CHOICE 2   Has anything changed recently to cast a negative light on Obstetrics?

(CORRECT)

KEVIN RESPONSE 1   It's always been that we're a smaller, more intimate setting. They get better attention for themselves and for their newborns. We did lose two obstetricians who admitted their patients here. Pregnant women want the best hospital, but they also want to stick with their obstetrician. I bet if we tracked where these MDs now admit, we would find an increase in the admission rate there.

Response 1 kicks the Student back to options.

KEVIN RESPONSE 2   It seems that things have gotten more and more stressful for nurses over time. They're more frazzled or have less time for patients, and nothing kills admission

rates like bad word of mouth. Every new mom tells the story of her child's birth over and over. We want that story to be a happy one all around, including the level of care they received.

STUDENT   One consideration to reduce the stress and workload of nurses is to make the patient health record completely electronic. Do you think this is a good idea?

KEVIN   Sure is! That's a story I can tell the public. We're going high tech... so we can get back to basics: one on one, tender, loving care for you and your baby. I like it a lot.

Student must click on both options to proceed.

STUDENT CHOICE 1   What's the cost-benefit of a fresh marketing campaign?

STUDENT CHOICE 2   I'm also interested in the cost of some extra educational materials for your Medicare patients. Brochures, newsletters, maybe. Is this costly?

KEVIN RESPONSE 1   It's not cheap: billboards, radio, magazines, internet, maybe TV. We're talking $300,000 minimum. But, the payoff is huge when it comes to admissions, especially if we have a great new benefit to offer families.

KEVIN RESPONSE 2   Not at all. We get great printing deals. A lot of printers are anxious for business, especially in this digital age.

STUDENT   Great! Thanks for your input, Kevin. I appreciate it.

KEVIN   My pleasure. I'll back you up when it comes to improving things around here. Makes my job a lot easier too!

Scene 6: Analysis with Mentor

In this scene, the Student meets with Tanya to review the information they've discovered. Tanya will ask questions to help the Student analyze and prepare for writing a recommendation.

Location   Tanya's Office
Scene setup   The student is sitting across the desk from Tanya.
On-screen characters   Tanya Morales
Off-screen characters   None

On-screen text: Near week's end, you meet in Tanya's office to review what you've learned . . .

TANYA	Thanks for dropping in - I wanted to see how the fact-finding has been going.
STUDENT	It's been hectic, but I've gathered a lot of great information. It's going to be a little tricky sorting it all out...
TANYA	That's what I'm here for. And, it's a nice break from the budget drama I've been living through this week.

This section has three branching category options that user can select in any order. At end of each branch, go back to main branch options until all three visited - then continue scene.

STUDENT CHOICE 1	**[BRANCHING 1]** Good, because I think my recommendations will have an impact on next year's budget.
STUDENT CHOICE 2	**[BRANCHING 2]** I hope the Board is willing to see that they'll have to spend a little in order to save in the long run and increase revenue.
STUDENT CHOICE 3	**[BRANCHING 3]** Can you help me prioritize what's most important at this stage?

Student can click on any option to proceed.

BRANCHING 1

TANYA RESPONSE 1	How will it impact the budget? Positively, I hope!

Student must click correct option to continue.

B1 STUDENT CHOICE 1 *(INCORRECT)*	Yes, but not at first. Everyone I talked to seems to think that they should be spending more in some way.
B1 STUDENT CHOICE 2 *(INCORRECT)*	According to Dr. Halpert, you should spend more on improving your billing system in order to avoid coding errors that lead to late payments from insurers. Ken Bloom thinks that these errors also come from the fact that nurses are stressed and have little time to enter patient information twice.
B1 STUDENT CHOICE 3 *(CORRECT)*	Dr. Fairbanks is pushing for a better physician review system in medical billing as well as more educational materials for elderly patients to reduce the readmission rate within 30 days. Kevin Stewart is saying a costly marketing campaign is what they need to boost admissions to Obstetrics, but they need to improve technology first.
TANYA RESPONSE 1	Can you give me specifics?

Response 1 kicks the Student back to Branching 1 options.

TANYA RESPONSE 2   I'm guessing Ken wants to go totally electronic, then. That would be a big investment. But, there are government incentives to help offset those costs.

Response 2 kicks the Student back to Branching 1 options.

TANYA RESPONSE 3   It sounds like the coding, billing and review system needs improvement. Maybe we can find a good package deal for this - it would have a positive impact on reducing late payments from insurers, and should also free up nurses' time. These are good ideas - nice job.

Response 3 kicks the Student back to Main Branching options.

BRANCHING 2

TANYA RESPONSE 2   This isn't such a foreign concept. It just depends on how much you're asking for!

Student must click correct option to continue.

B2 STUDENT CHOICE 1

(INCORRECT)   It depends. In addition to the big ticket items, like an enhanced electronic EHR system, there are smaller improvements like employee recognition programs to decrease staff turn-over, and education materials for the elderly to reduce Medicare reimbursement losses.

B2 STUDENT CHOICE 2

(CORRECT)   But, I thought I was supposed to show how you're going to save money, not spend it.

TANYA RESPONSE 1   I'm sure the improved Electronic Health Record system will take some time to research and gain approval for, but these smaller recommendations could likely be done right away, and start showing some positive results.

Response 1 kicks the Student back to Branching 2 options.

TANYA RESPONSE 2   Don't worry. Improvements to facilities and systems are accounted for in the budget every year. It's the only way to stay competitive and stay in business, too!

Response 2 kicks the Student back to Main Branching options.

BRANCHING 3

TANYA RESPONSE 3   Sure, I can help with that. What are your thoughts?

Student must click correct option to proceed.

B3 STUDENT CHOICE 1 *(INCORRECT)*	It seems like improving the EHR system would affect the most areas of financial concern. Maybe we should start there.

B3 STUDENT CHOICE 2 *(INCORRECT)*	The billing and coding system and prescription drug ordering systems don't seem as important as the EHR system.

B3 STUDENT CHOICE 3 *(CORRECT)*	Maybe we do the small changes first this year and then wait to increase capital from more Medicare reimbursements, so we can afford the big system changes.

TANYA RESPONSE 1	That might be good, since freeing up nurses will help improve morale, which will reduce staff turnover. It will also improve patient care which boosts admissions, especially in departments like Obstetrics. But, it is costly, and there are also complex legal and security issues that need to be addressed with this solution.

Response 1 kicks the Student back to Branching 3 options.

TANYA RESPONSE 2	Actually, you'd be surprised at how much impact these can have, and they'd be less complicated and costly than the EHR system. You'd be freeing up nurse time by improving the drug prescription process and this will have a good ripple effect with admissions. Plus, recouping losses from late payments by simply upgrading our current system has a much better ring to it than the complex EHR overhaul.

Response 2 kicks the Student back to Branching 3 options.

TANYA RESPONSE 3	I don't think you have to do the small changes first, necessarily. I would look at what would have the most impact to both the Health Care System AND its patients. You just need to be able to justify your recommendation. ROI is important!

Response 3 allows the Student to proceed.

STUDENT	Tanya, this is great feedback. Thanks for your help. I think I'm about ready to write up my recommendation.

TANYA	Perfect. Just send it to our CAO, Ronald Baxter and copy me. I'm sure he'll be happy to see it!

Scene 7: Assessment

A 10-question assessment is presented to the student.

It's time to check your knowledge. Answer the following 10 questions to show what you know about health care delivery. Good luck!

The student answers the questions and then sees the assessment results.

Assessment Results

Here are your results. Click Save Results if you are satisfied with the outcome. Or you can click Try Again if you want to try and improve your score.

NOTE: The student can retry the assessment by clicking the Try Again button, or can continue to final scene by clicking the Continue button.

Scene 8: Making Your Recommendation

In this scene, the student will craft an email to the CAO, Ronald Baxter, with a recommendation. The recommendation will include each aspect of the analysis, as gathered from the staff. First, one last piece of information from Ken Bloom arrives by text.

Location	Student's Office
Scene setup	Student is sitting at their desk.
On-screen characters	None
Off-screen characters	None

On-screen text: Before you begin writing your recommendation to CAO, Ronald Baxter, you get a text from Ken...

NOTE: Student sees their phone appear with the following message from Ken, once they click on the flashing icon to view the text.

TEXT FROM KEN	Sorry for the delay! The consensus from my nurses: give us more time to spend with patients and this will improve admissions!
STUDENT TEXT RESPONSE	Very good to know. Thank u, Ken!

Student can click on this response to close the phone and continue the scene by crafting the following email recommendation.

On-screen text: Type your recommendation in the body of the email below. Don't forget, you can use the notes you've taken throughout your interviews. Be sure to back up your recommendation with the analysis of the information gained from the staff.

NOTE: The student will be given an option to "Send" the email after writing it. After the student submits the email, the computer screen fades to the previous view of the student's office.

On-screen text: Congratulations! Your recommendation to the CAO has been sent!

THE END