



## CASE STUDY: SOUTH CENTRAL KANSAS MEDICAL CENTER

# Eagle Telemedicine Reduces Transfers, Improves Coding Accuracy

The 37-bed facility has been providing hospital and clinic services to the people of Arkansas City, Winfield, and the entire Cowley County region for over a century. Located within 1 hour of Wichita, Arkansas City, or “Ark City,” is an agricultural and business center with approximately 13,000 residents.



### THE CHALLENGE

Like many rural hospitals, **South Central Kansas Medical Center (SCKMC)** in Arkansas City struggled with physician coverage. Often, patients would have to be transferred to larger hospitals if they required specialized care. Even a few transfers a month took a significant financial toll on this 37-bed facility.

In addition, the nurses providing night-time care would often wait until morning to get a doctor’s advice, or to schedule a doctor’s visit to a patient. And since doctors only made night visits for critical situations at the hospital, nurses’ communication with physicians—and therefore their on-the-job support—was limited.

The facility also found that it often was not being reimbursed adequately for the care it provided. ER physicians and physician assistants needed oversight in their Diagnostic Related Group (DRG) coding and documentation practices to ensure accuracy.

Where in rural Kansas was SCKMC going to find physicians to help its facility meet these challenges?

### THE SOLUTION

Through a **“By Kansans, For Kansans”** initiative called Sunflower, Eagle Telemedicine helps SCKMC reduce patient transfers, improve communication between physicians and nursing staff around the clock, and increase coding accuracy. Hospitalists from leading Kansas hospitals are “beamed into” SCKMC via two-way videoconferencing to provide diagnoses, treatment plans, and expertise whenever they are needed.

Brian Hunt, MD, and two other Kansas hospitalists staff the telemedicine program at SCKMC. They are passionate about the contribution they are making to the hospital through their remote visits. “We interface electronically in the ER with the physicians and physician assistants who staff it, and on a 24x7 basis we are available to ensure care is timely and documentation is thorough when they are admitting patients,” said Hunt.

“For example, we can be sure that sepsis or pneumonia present at admission is accurately noted with the correct DRG code, and thereby increase the hospital’s reimbursement by thousands of dollars. Most physicians just want to care for patients. Documentation is sometimes an afterthought, but our telemedicine team ensures that it gets done correctly, too.”

### THE RESULTS

Virgil Watson, SCKMC’s CEO, said that after one month of the telemedicine program, “Our medical director is elated at the documentation she is getting.”

He also sees a marked drop in the number of patient transfers. “We have only had to transfer one patient in the past month, and that was for good cause. We’re able to keep more patients now and be confident they will get the care they need from our telehospitalist team.”

John Jones, who functions as Director of Nursing at SCKMC, sees other benefits from the telemedicine program. “Even if it’s the middle of the night, our nurses can get a live evaluation from our telehospitalists that is carried via teleconnection to the monitor on the telemedicine robot at SCKMC,” Jones said. The collaborative assessment is key in the timely diagnosis and course of treatment for SCKMC patients.

### KEY BENEFITS & OUTCOMES

- ✓ Fewer Patient Transfers, Increased Census
- ✓ Coding Accuracy for Higher Reimbursement
- ✓ Consistent Night Physician Support

*“We’re able to keep more patients now and be confident they will get the care they need from our telehospitalist team.”*

**VIRGIL WATSON**  
CEO

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