

# How can you afford **not** to?

A revenue recovery projection typical of an emergency department with a volume of 75,000 + patients

Projected dollars based on transitioning from a traditional triage model to a Rapid Clinical Evaluation Model in the ED.

## Traditional Triage Model

## Proposed Rapid Clinical Evaluation Model

**Reduce Diversion Hours** by 50% from 280 hours/year to 140 hours/year

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| Hours of Diversion: 280 (2 EMS pts lost/hr)<br>Avg. NPR / ED visit | 560 patients<br>\$ 516 |
|--|------------------------|

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| <b>LOST ANNUAL REVENUE, ED</b> | <b>(\$288,960)</b> |
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| Hours of Diversion: 280 (2 EMS pts lost/hr)<br>% that are admitted<br>Avg. NPR / admission | 560 patients<br>40 %<br>\$11,382 |
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| <b>LOST ANNUAL REVENUE, ADMISSIONS</b> | <b>(\$2,549,568)</b> |
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| Recovery of 140 Diversion hours (2 pts gained/hr)<br>Avg. NPR / ED visit | 280 patients<br>\$ 516 |
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| <b>RECOVERED ANNUAL REVENUE, ED</b> | <b>\$144,480</b> |
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| Recovery of 140 Diversion hours (2pts gained/hr)<br>% that are admitted<br>Avg. NPR / admission | 280 patients<br>40 %<br>\$11,382 |
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| <b>RECOVERED ANNUAL REVENUE, ADMISSIONS</b> | <b>\$1,274,784</b> |
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**Reduce Left Without Being Seen** by 75% from 2565 patients/year to 641 patients/year

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| # of Patients LWOBS<br>Avg. NPR / ED visit | 2,565 patients<br>\$ 516 |
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| <b>LOST ANNUAL REVENUE, ED</b> | <b>(\$1,323,540)</b> |
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| # of Patients LWOBS<br>% that are admitted<br>Avg. NPR / admission | 560 patients<br>10 %<br>\$11,382 |
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| <b>LOST ANNUAL REVENUE, ADMISSIONS</b> | <b>(\$2,919,483)</b> |
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| Recovery of 1,924 LWOBS<br>Avg. NPR / ED visit | 1,924 patients<br>\$ 516 |
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| <b>RECOVERED ANNUAL REVENUE, ED</b> | <b>\$992,784</b> |
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| Recovery of 1,924 LWOBS<br>% that are admitted<br>Avg. NPR / admission | 1,924 patients<br>10 %<br>\$11,382 |
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| <b>RECOVERED ANNUAL REVENUE, ADMISSIONS</b> | <b>\$2,189,896</b> |
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