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 One of the main challenges that US hospitals are facing is financial, along with personnel shortages, patients’ safety, and the rising price of prescription pharmaceuticals. For instance, Trinitas Hospital in Elizabeth, New Jersey is having financial challenges due to the annual increasing cost of staff and supplies. Medicaid reimbursement is another part of the financial challenge Trinitas and most of the US hospitals are having trouble with. According to the American Hospital Association, Medicare and Medicaid underpaid hospitals by $76.8 billion in 2017. Medicare underpayments totaled nearly $54 billion, while Medicaid underpayments were nearly $23 billion.

 Moreover, hospitals have issues with patients’ safety, readmission penalties, hospital-acquired infection regulations, and hospital administration documentation burden. The time that hospital staff spends completing clinical documentation is not included in the paycheck. This contributes to hospital workers' burnout; therefore, the patients’ safety goes down. In 2014 Hospital-Acquired Condition Reduction Program was released which closely monitored hospitals for the incidence of nosocomial infections and potentially avoidable complications to increase patients’ safety. Three years after the program was released 769 hospitals lost part of Medicare reimbursement because of patient safety under this program. Furthermore, in 2012 Affordable Care Act released Hospital Readmission Reduction Program, which covers patients readmitted for heart attacks, heart failure, pneumonia, chronic lung disease, hip or knee replacements, or coronary artery bypass graft surgery. This means that a hospital gets penalized for readmission of patients with these conditions within 30 days. According to Kaisers Health News, of the 3,129 general hospitals evaluated in the Hospital Readmission Reduction Program, 83% received a penalty, which will be deducted from each payment for a Medicare patient stay over a year.

 Becker’s Hospital Downtown Chicago Review states that the top challenges hospitals encountered in 2019 is the rising price of prescription medications, particularly non-generic. The average U.S. hospital’s overall operating budget estimates 10% to 20% pharmacy operation consumption, and if the medication prices continue to rise it can be damaging to hospitals' revenue. A medication management company PipelineRX reports that average pharmaceutical spending increased by 38.7% (from $714 to $990) from the fiscal year 2013-2015. In 2018 the medication prices increased by 7.61% and in 2019 price of pharmaceutical purchases increased by 4.92%. According to the Wall Street Journal reported that Pfizer, one of the several large pharmaceutical companies, increased the prices of 41 prescription drugs by 10%. The price increase for just four common drugs will lead to the same amount as the salaries of 55 full-time nurses, states Becker’s Hospital Review.

 The personnel shortage is another problem that hospitals are facing, especially in rural communities. For instance, for Nemaha County Hospital in Nebraska, finding a workforce in the rural community is extremely difficult. However, there is a way to eliminate this problem and the strategy that rural hospitals use is a collaboration with other hospitals in continuing education. The hospital sent their employees to the training for improvement, which keeps them engaged and involved in work and the community. According to the hospital’s administrator, Nemaha County Hospital receives its funds from HRCA (health resources and services administration) grants. This training provides better leadership in the facility and it allows the hospital to educate their staff in such a way that they provide safe, high quality care, and keep those employees that the hospital has so much trouble recruiting, engaged. Even though the funds that the hospital received from the federal government are small they were able to invest them in hospital employees' training and that made a significant difference.

 Another way that hospitals are using to eliminate financial struggle is merging. American Hospital Association study found that mergers between 2009 and 2014 reduced annual operating expenses at acquired hospitals by 2.5%. For instance, Loyola Medical Center bought Gottlieb Hospital and alleviated congestion on the campus by moving obstetrics and orthopedics departments away to Gottlieb. This provides a great opportunity for Gottlieb to grow as a community hospital. On another side, Loyola Hospital has an opportunity to improve its facility by conversion of some rooms from double to private and to work on other major renovations.

 In my belief, the size of Flushing Hospital is the most obvious challenge that the hospital encounters. I have noticed that the Dental Department schedule is always full and many times patients have to wait in the reception room. Dentists are pressured to finish treatment as quickly as possible, and I was often told that I have to be more time-efficient. This creates a problem when I have to treat periodontally involved patient with heavy calculus. It takes much longer than 15-20 minutes to do a thorough dental prophylaxis, not only for a senior dental hygiene student. Therefore, I am tried to get everything ready the moment the patient sits down in the chair by connecting and flushing Cavitron lines, locating polishing paste and handpieces. I learned to use the ultrasonic tip as an explorer and I always followed the same pattern when I started treatment. I found it easier to start from quadrant 4 and finish with quadrant 1. This way I made sure I do not skip anything. If I had time I go back to the areas where I saw the most calculus accumulation and blow air and double-check with explorer. Doctors like to do notes while I am doing prophylaxis and I have to give them gingival statements at the same time. I find it challenging, because it is hard to evaluate the overall gingival health at the moment when I just had finished my first quadrant, and without probing. Overall, I have noticed that department staff is coping very well with this busy environment. Especially, dental assistants do a good job, in my opinion; they always run from room to room to make sure Doctors have what they need, and they clean and set up the chairs quickly in between patients. So I have never seen a chair empty in any of 5 rooms that the dental department has. Flushing Hospital just like any other hospital in the US is facing challenges with the rising price of prescription pharmaceuticals.

 I noticed that in order to save the budget dental department is not using pain control medications often. For instance, when I was doing dental prophylaxis on a sensitive patient-doctor refused to provide me with lidocaine injection. She said that pain control medications are only used in extreme cases, such as periodontal surgery.

 In my understanding, to increase reimbursement Flushing Hospital has to be fully compliant and knowledgeable of the guidelines set by Medicaid. Billing has to be up to date and strict adherence to the medical program guidelines is necessary for higher reimbursement rates and decrease in accounts receivable. Understanding and following the guidelines such as teeth numbers, age limitations, and pre-approval procedures is crucial in order to get Medicaid reimbursement.