

Project Plan Scenarios

HCS/412: Project Management for Health Care Professionals

Table of Contents

[Instructions 2](#_Toc479240476)

Scenario 1: [PICC Line Placement 2](#_Toc479240477)

[Financial considerations 2](#_Toc479240478)

[Possible risks 2](#_Toc479240479)

[Assumptions 2](#_Toc479240480)

Scenario 2: [Fast Track Clinic 3](#_Toc479240481)

[Financial Considerations 4](#_Toc479240482)

[Assumptions 4](#_Toc479240483)

[Risks 5](#_Toc479240484)

Scenario 3: [Urgent Care Center 5](#_Toc479240485)

[Objectives 5](#_Toc479240486)

[Financial Review 6](#_Toc479240487)

[Assumptions 6](#_Toc479240488)

[Risks 6](#_Toc479240489)

Scenario 4: [Alzheimer Care Unit 6](#_Toc479240490)

[Objectives 7](#_Toc479240491)

[Financial Review 7](#_Toc479240492)

[Risks 7](#_Toc479240493)

# Instructions

You will be assigned one scenario from the four options listed below to help you create your project planning documents. Note that only basic information is provided in your scenario. You will need to use critical thinking skills to determine reasonable financial considerations, actions to complete your project, and appropriate outcomes. Be creative and make your own assumptions where information is not provided; make sure your assumptions are reasonable and functional.

# Scenario 1: PICC Line Placement

The PICC line procedure is a benefit to patients who need long-term antibiotics or other medications but have poor venous access or are being discharged from the hospital. The PICC line procedure is less expensive than a surgical alternative. Currently, there is one radiologist who performs these procedures, and the patient must wait until that one radiologist is available to have the procedure done. The proper training to perform this procedure will help avoid delays. The patient will benefit from being able to recover at home and use a less expensive home health agency for continued treatment. The hospital could experience lower costs while receiving improved reimbursement from insurance companies.

## Financial Considerations

The estimated expense to meet the objectives for improving the PICC line placement should be minimal. The radiologist already performs this procedure and is willing to train the hospitalists to perform it as well. The cost would only be the time for training by the radiologist.

## Possible Risks

1. Conflicting physician schedules
2. Unstable patient being brought for a procedure
3. The risk for infections like any catheter procedure
4. Catheter clotting

## Assumptions

1. The radiologist is willing to share his or her experience.
2. Hospitalists are willing to be trained in this procedure.
3. Hospitalists will utilize their knowledge of the patient, their condition, and exercise good judgment in performing the PICC line procedure.

# Scenario 2: Fast Track Clinic

The purpose of a fast track clinic is to divert non-emergency patients away from the emergency department (ED) and decrease the length of stay for patients who have minor illnesses or injuries. Patients who present to the ED for non-urgent care are the last to be seen because patients are triaged to treat the more severe cases first.

Patients frequently require more services within the ED, and a significant number require admission to the hospital, which can cause a backup of patients who are waiting to be treated for minor health issues. The length of time from admission to discharge has been increasing because the acuity of patients is high, and approximately 23 percent require hospitalization.

While waiting for a bed in the hospital to become available, patients are housed in the ED; thus, placing a burden on bed availability and increasing wait times. Unfortunately, patient satisfaction scores have been declining, and a loss of income has incurred because people are leaving without treatment due to extensive wait times.

Establishing a fast track clinic will help process and treat patients for non-urgent conditions. The clinic will be staffed with a physician assistant or nurse practitioner, which will allow the doctors to treat the more acute patients who present to the ED. The fast track clinic will benefit the ED because the average length of stay from admission to discharge will decrease and create additional bed availability. In addition, wait times will be reduced, which should raise the overall patient satisfaction scores and improve the flow of the ED.

EDs are already overwhelmed by the volume of patients waiting to be seen. A large percentage of visits to the ER are found to be non-urgent. The emergency department has a legal obligation under the Emergency Medical Treatment and Active Labor Act (EMTALA) to evaluate every patient who enters the doors whether it is a medical emergency or not.

Level one visits are charged for minor injuries like ankle and wrist sprains. Over the last 4 years, the ED has observed a steady increase in level one visits from 49 in the fiscal year 2014 to 63 within the first 6 months of the fiscal year 2017. The projected number of level one visits is expected to be 252 for the current year. Level two and level three emergency room visits have also increased over the past four years. The majority of these cases can be triaged and diverted to the fast track clinic, which would provide sufficient resources for emergency cases. This new protocol, involving triage, is expected to increase near eleven percent this year as well.

## Financial Considerations

### Table of Hospital Costs Over a 5 Year Period

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Revenue** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| Level I - $204 per case | 148,920 | 153,388 | 157,989 | 162,729 | 167,611 |
| Level 2 - $447 per case | 343,100 | 353,393 | 363,995 | 374,915 | 386,162 |
| Level 3 - $738 per case | 269,370 | 277,451 | 285,775 | 294,348 | 303,178 |
| Level 4 - $1,335 per case | 487,275 | 501,893 | 516,950 | 532,459 | 548,432 |
| **Total Net Revenue** | **$1,248,665** | **$1,286,125** | **$1,324,709** | **$1,364,450** | **$1,405,383** |
|   |   |   |   |   |   |
| **Expenses** |   |   |   |   |   |
| Level I - $30 per case | $21,900 | $22,557 | $23,234 | $23,931 | $24,649 |
| Level 2 - $83 per case | $60,590 | $62,408 | $64,280 | $66,208 | $68,195 |
| Level 3 - $227 per case | $82,855 | $85,341 | $87,901 | $90,538 | $93,254 |
| Level 4 - $574 per case | $209,510 | $215,795 | $222,269 | $228,937 | $235,805 |
| Minor Equipment | $22,239 | $1,500 | $1,545 | $1,591 | $1,639 |
| Capital Costs/Marketing | $74,880 |   |   |   |   |
| Salaries | $528,246 | $544,094 | $560,416 | $577,229 | $594,546 |
| Construction of New Space | $10,000 |  |  |  |  |
| Benefits | $126,779 | $130,582 | $134,500 | $138,535 | $142,691 |
| Emergency Physicians Medical Directorship Increase | $150,000  | $154,500  | $159,135  | $163,909  | $168,826  |
| **Total Expenses** | **$1,287,000** | **$1,216,777** | **$1,253,280** | **$1,290,878** | **$1,329,605** |
|   |   |   |   |   |   |
| **Net Income** | **($38,335)** | **$69,348**  | **$71,429**  | **$73,572**  | **$75,779**  |

### Table of Costs for the New Fast Track Clinic

| **Budget Item** | **Qtr 1** | **Qtr 2** | **Qtr 3** | **Qtr 4** | **Total** |
| --- | --- | --- | --- | --- | --- |
| Salaries | $132,061.50 | $132,061.50 | $132,061.50 | $132,061.50 | $528,246.00 |
| Benefits | $31,694.75 | $31,694.75 | $31,694.75 | $31,694.75 | $126,779.00 |
| Capital Expense (Purchased) | $69,880.00 | - | - | - | $69,880.00 |
| Minor Equipment Expense (Purchased) | $22,239.00 | - | - | - | $22,239.00 |
| Emergency Physician Increase | $37,500.00 | $37,500.00 | $37,500.00 | $37,500.00 | $150,000.00 |
| Construction of New Space | $10,000.00 | - | - | - | $10,000.00 |
| Marketing | $5,000.00 | - | - | - | $5,000.00 |
| **Total** | $308,357.25 | $201,256.25 | $201,256.25 | $201,256.25 | $912,144.00 |

## Assumptions

1. Physicians and staff will participate in developing the fast track clinic workflow.
2. Patients will be receptive to the new fast track clinic process.

## Risks

1. Public perception could be negative thinking that fast track care is of lower quality.
2. Public misperception and misunderstanding of the role of a nurse practitioner or physician assistant as the provider.

# Scenario 3: Urgent Care Center

Implement and plan steps necessary for opening a new health care facility on the west side of the city. There are only one centralized hospital and one urgent care center, and they are all in the center of town. Many residents on the west side of town have close to a 40-minute drive to either of these facilities. The existing urgent care facility closes at 7:00 P.M., leaving the emergency department at the hospital as the only option for those seeking treatment later in the evening.

Location is one of the most important deciding factors when opening an urgent care center. The west side of the city includes a Wal-Mart, Sam’s Club, CVS, and Walgreens. These stores create high traffic volume and house an ideal strategic location for an urgent care center. There are no medical centers of any kind on this side of town, and there is a large community of about 81,000 residents.

## Objectives

To improve public health and provide basic clinical care for families and patients on the west side of the city.

The objectives of the new urgent care center are to:

1. Provide added primary care options.
2. Provide x-ray and lab options for patients.
3. Add affordable options for care and referrals to local physicians and facilities.

## Financial Review

|  |  |
| --- | --- |
| **Budget Item** | **Total** |
| Personnel | $300,000.00 |
| Contractual Services | $80,000.00 |
| Travel | $16,000.00 |
| Transportation of things | $80,000.00 |
| Rent, Telecom, Other Comm & Utilities | $250,000.00 |
| Printing & Reproduction | $60,000.00 |
| Supplies | $100,000.00 |
| Equipment | $200,000.00 |
| Grants/Cooperative Agreements | $0.00 |
| **Total** |  $786,000.00  |

## Assumptions

There is sufficient clientele in this demographic region to support an urgent care center.

## Risks

1. Failure to accredit facility as an urgent care center
2. Failure to receive licensure by the state
3. Failure to receive billing contracts with payers

# Scenario 4: Alzheimer Care Unit

Last year there were an estimated 110,000 individuals diagnosed with Alzheimer’s disease in the state. While there is no cure for Alzheimer’s disease, we can provide an environment designed for their needs. The Alzheimer Care Unit will provide a comforting environment with 24-hour nursing care, secure units, and personalized life enrichment plans. The project will result in increased quality of life for Alzheimer’s patients, encouraging them to function at the highest level for as long as possible, through patient-catered care and services. Adding an additional 25 Alzheimer’s beds to the community will enhance the opportunity for high quality, affordable care.

## Objectives

1. Improve and broaden the quality of health care service offerings by providing specialized care for those suffering from Alzheimer’s disease or dementia.
2. Expand community access to specialized memory care.
3. Offer home-like, comforting environments for Alzheimer’s patients to thrive.
4. Increase Alzheimer’s patient’s mental stimulation and function through personalized care plans and life-enriching programs.

## Financial Review

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Costs of project** | **Qtr1** | **Qtr2** | **Qtr3** | **Qtr4** | **Total** |
| Personnel | $6,000  | $10,000  | $10,000  | $10,000  | $36,000.00 |
| Contractual Services | $3,000  | $3,000  | $3,000  | $3,000  | $12,000.00 |
| Travel | $3,000  | $1,500  | $1,500  | $1,500  | $7,500.00 |
| Transportation of things | $500  | $500  | $500  | $500  | $2,000.00 |
| Rent, Telecom, Other Communication & Utilities | $10,000  | $10,000  | $10,000  | $10,000  | $40,000.00 |
| Printing & Reproduction | $2,000  | $2,000  | $2,000  | $2,000  | $8,000.00 |
| Supplies | $6,000  | $5,000  | $5,000  | $5,000  | $21,000.00 |
| Equipment | $50,000  | $30,000  | $10,000  | $9,000  | $99,000.00 |
| Grants/Cooperative Agreements |  -  |  -  |  -  |  -  | $0.00 |
| **Total** | $80,500 | $62,000 | $42,000 | $41,000 | $225,500 |

## Risks

1. Community resistance to additional Alzheimer patients housed in the neighborhood
2. Not achieving regulatory accreditation by state and federal agencies