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CASE STUDY: FINANCIAL ADVISORY SERVICES

SITUATION ANALYSIS:

A multi-state integrated health system engaged DCCS to assist with a proposed project to consolidate two hospitals into one new medical center. The health system needed to validate potential labor savings resulting from the architect's new hospital design.

DCCS was requested to provide "best practice" staffing models by department, positions, and shift for the major departments Med/Surg & ICU nursing, Perioperative, ED, interventional radiology, and all clinical, ancillary support and physician/hospitalist staffing. DCCS was only provided current patient volumes for each department and architectural designs. Additionally, the project required a two-week turn around due to the need to facilitate Board committee decision-making.

DCCS's Full-Service Capabilities Engaged:

Under the project management of Mr. David C. Capone, President/Founder DCCS, each DCCS service line provided support and expertise to the project: DCCS Nursing Advisory Services, DCCS Surgery Management Improvement Group, DCCS Hospital Physician Advisors, and DCCS Financial/Operational Services. DCCS produced best practice staffing models for each department, and each staffing model was built to flex with volume for future planning purposes. A final product was presented by the target date.

KEY RESULTS:

- ❖ The Health System was able to assess the number of staff working in two hospitals vs. the total staff needed for the new medical center in key departments by job and shift.
- ❖ DCCS provided the Health System with flexible staffing models to assist with changing volume assumptions.
- ❖ The DCCS staffing models converted labor hours into key productivity indicators (e.g. Hours Per Patient Day) that could be further cross referenced to industry standards.
- ❖ The Health System gained the ability to validate labor savings attributable to the new hospital design.