



Patient Care Tech (PCT) Program

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Stakeholders



1. Administration



2. Medical Providers



3. Nurses



4. Receptionist



5. Patients

Patient Care Tech

My organization, Lawrence County Memorial Hospital, is developing a Patient Care Tech Program. The Patient Care Tech Program is a strategic workforce initiative designed to expand patient access, increase encounter capacity, and improve clinic efficiency while addressing nursing shortages and maintaining responsible financial stewardship within our Rural Health Clinic.

Program Start-Up Packet



1. Job Description: Outlines job duties and what is within the scope of practice of a PCT



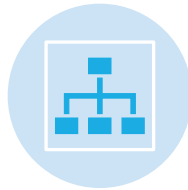
2. Scope of Responsibilities- Another form that helps define what is within the scope of practice and out of the scope of practice for a PCT



3. Patient Care Core Competencies- Checkoff list for core competencies and clinic processes.



4. Goal Tracker- Helps track goals set and time frames.



5. Oversight form for practice manager- Outlines goals the practice manager must have for a successful start-up for the PCT program



6. Preceptor Agreement- Preceptor guidelines

Importance of a PCT and the Sustainability for the RHC



1. Nursing Shortage: As of 2025, there are 78, 610 FT nursing positions open that need filled. There are estimated to be 193, 100 nursing jobs open in the US through 2032. From 2020 to 2021, 100,000 nurses left the workforce, the largest drop in decades.



2. Financial Strains: With budget cuts Hospitals are looking for ways to reduce costs. Nurse salaries continue to rise. National average is \$47 per/hr. (\$98, 340) while a PCT is paid at \$19 per/hr. (\$38,780).



3. Productivity and Financial Gains: Our goal starting out is to increase productivity from 19 patients a day to 25 per day . That is 30 patients more per week and 1,440 per year. Based on 2026 Medicare rates that would be a \$237,600 increase in revenue.



4. Quality and Value-Based Impact: Allow nurses to work more efficiently, close care gaps, increase MWVs, and preventative screening documentation. This will increase shared savings, value-based payment adjustments, and higher HCC capture accuracy.

Patient Access

We understand access to care is an issue in rural areas. By allowing for more time slots, we will be able to better meet our community's needs. Statistics show that rural areas have a 3% higher rate for diabetes, a 7% higher rate for hypertension, and an 11% higher rate for obesity.

In Illinois, smoking rates, obesity rates, child poverty, teen pregnancies, and early mortality rates due to chronic diseases are all higher in rural areas than in urban.

As you can see, access to care in our rural community is very important in providing adequate care. Adding a PCT program will allow us to see over 1,440 more encounters per provider. These increased visits will help provide preventative and acute care issues that plague our rural patients.

Time Frame



1. Training takes 1-2 months depending on PCT healthcare experience.



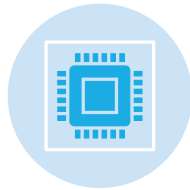
2. 2 months to implement roles of all staff and their job duties.



3. We will increase patient appointments by three patients per day after 2 months.



4. increase patient appointments by 5 after 3 months.



5. In 6 months, we will analyze data from our pilot program and look to add more PCT's if our data supports the need in other area within our RHC.

Measuring Success

The program will be measured by multiple factors that include the following:

1. Patient Access

2. Increase in encounter rates


3. Improved quality scores

4. increased MWVs


5. Increase in patient satisfaction scores

Challenges We Have Faced

1. The biggest challenges we have faced are the roles everyone plays in the patients' care. Learning what can and can't be done by the PCT and creating a day-to-day workflow that allows the PCT, nurse, and medical provider to work effectively and efficiently.



2. With this being a new position, we have had to add some permissions within our EMR to allow access to certain fields or screens for our PCT.



3. We have had to look at how we schedule certain patients when double booking.



4. It took some time for the nurse to develop trust with the PCT. We had to work through some process issues and get all the staff forward-thinking.

Success



1. We implemented our pilot program the second week of January. Our first hire was an employee who had connections to Lawrence County and had prior healthcare experience. She has been wonderful, and we will be using her in the future to help train our new PCTs.



2. We have seen an increase in staff morale, and our nurses are very excited to be able to maximize their nursing skills on nurse activities within the clinic.



3. We are now at the point that we are scheduling 5 more patients per day for our new young physician, who has a growing practice, and he is very happy.



4. We have seen an increase in our referrals, which means more downstream revenue for the hospital.



5. Our quality scores are not measurable yet, as I want to see more of a trend before I give any confirmation on those stats.

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