

CASE STUDY

BON SECOURS MERCY HEALTH

How BSMH improved access to care for thousands of patients by unlocking existing capacity, enhancing scheduling.



The challenge:

missed scheduling opportunities and barriers to access.

Key takeaways:

- Increased appointment completion and faster entry to care contributed to significant financial impact.
- 10,400 additional appointment slots created annually through scheduling optimization.
- 10% increase from order-to-scheduled appointment and 11% increase in completed appointments.
- Nearly one-day reduction in time to service through standardized processes.

When Bon Secours Mercy Health (BSMH), a health ministry with 47 hospitals, thousands of providers, over 1,200 points of care, and approximately 60,000 employees across the United States and Ireland, examined outpatient performance across its markets, one issue stood out: Strong patient demand was not translating into completed care.

In the Cincinnati market, too many patients seeking hospital-based imaging and therapy services entered the system but did not make it to a scheduled, completed visit. To address this gap, BSMH launched an effort to help more patients move efficiently into scheduled care, making scheduling easier without increasing referrals.

“Patients were coming to us, but too many were unable to get the care they needed.”

Billie-Jean Mounts
BSMH Chief Revenue Officer

Further analysis showed this was not a patient volume issue. Orders were being placed, but too many were not converting into scheduled and completed visits, resulting in unused appointment inventory and delays in care. The core issue was a gap in the transition from order to scheduled care. Workflows and supporting technology were not consistently moving orders through to completed visits.

What initially appeared to be a staffing or market-specific challenge was, in fact, a broader execution issue rooted in scheduling processes, workflow variation and system design. This represented an operational constraint and a missed opportunity tied directly to patient access, operational efficiency and more effective use of existing capacity.

As Mounts put it,

“We assumed we needed more capacity. In reality, the system just wasn’t set up to act on the demand we already had.”

Where scheduling breaks down: missed appointments and unused capacity.

BSMH collaborated with Nordic to uncover meaningful variation in how orders were placed, scheduled and managed across modalities. Schedulers often lacked the discrete information needed to book procedures confidently and correctly. Appointment templates varied widely, visit types were inconsistently defined and manual workarounds had become embedded in day-to-day operations.

In short, orders were entering the system, but the ministry was not helping patients receive timely care.

The downstream impact was significant:

- Orders were delayed, incomplete, or routed inconsistently.
- Appointments were never scheduled or were canceled late in the process.
- Patients sought care elsewhere when access felt slow, unclear, or unreliable.
- Available appointment inventory continued to go unused.

The solution:

optimizing scheduling workflows and Epic templates.

Together, **BSMH and Nordic** addressed operational and system-level barriers preventing orders from becoming scheduled care.

Rather than pursuing a broad enterprise redesign, the work focused on hospital-based outpatient imaging and therapy services in the Cincinnati market, where scheduling gaps presented a clear opportunity to expand patient access and make better use of existing appointment capacity.

The approach centered on **five priorities**:

- **Standardizing referral orders and visit types**, so schedulers had the information needed to act quickly and accurately
- **Optimizing scheduling templates** to better reflect true availability and reduce artificial scheduling constraints
- **Reducing variation across modalities** by aligning workflows and making fuller use of built-in Epic capabilities and automation
- **Clarifying scheduler decision paths** to replace ambiguity with structured guidance
- **Supporting change adoption**, so clinical and operational teams understood both the rationale for change and the expected impact on patient access and appointment completion

The objective was to ensure every appropriate order could be scheduled *efficiently and consistently*.



This wasn't about generating more demand. It was about making it easier for our teams to act on the demand that was already there."

Billie-Jean Mounts
BSMH Chief Revenue Officer

Early results:

improved patient access, capacity, and financial performance.

Once workflows were aligned, results followed quickly. Within two months of go-live, BSMH began seeing measurable improvements tied directly to patient access, speed to care and capacity performance in the Cincinnati market:

- **10% increase** in order-to-appointment conversion and an **11% increase** in completed appointments
- **4% increase** in schedule utilization through more effective use of available appointment inventory
- **10,400 additional appointment slots** created annually through standardized appointment lengths and improved template design
- Nearly **one-day reduction** in time from order to service, along with fewer scheduling-related cancellations
- More than **4% increase** in appointments scheduled without warnings, reducing rework and delays

Together, these improvements are expected to have a significant financial impact, generating millions in annualized gross revenue driven by increased appointment completion, improved access to care, and more effective use of existing capacity. These improvements were driven by better use of existing capacity and workflow optimization, not through pricing changes or increased utilization.



We needed to better understand where that breakdown was happening across our workflows and systems. With Nordic, we simplified how referrals moved to scheduling, removed friction for our teams, and made better use of the appointment inventory we already had.”

Billie-Jean Mounts
BSMH Chief Revenue Officer

Why scheduling optimization drives growth and patient access.

For BSMH, this work repositioned scheduling optimization as a growth and access strategy, not simply an operational improvement. By strengthening the transition from order to scheduled care, the ministry improved access, reduced delays and enabled more patients to receive timely care. These changes drove higher throughput, improved patient experience, and contributed to stronger operational and financial outcomes.

The patient demand was there. BSMH just needed a better way to act on it.



This changed how we think about growth. Improving how patients move from order to scheduled care isn't just operational. It's a direct driver of patient access and operational performance."

Billie-Jean Mounts
BSMH Chief Revenue Officer

When scheduling processes break down, even strong patient demand fails to translate into completed care. Nordic can help your health system improve access to care, optimize scheduling workflows and make better use of existing capacity.

[LEARN MORE](#)



About Nordic.

Nordic is an award-winning global health and technology consulting company that partners with health leaders around the world to create healthier systems, organizations, and people. Together, our global team of more than 3,300 professionals brings decades of experience across our key focus areas of strategic advisory, digital and cloud initiatives, implementation and support, ERP services, and managed services.

[LEARN MORE](#)

Contact us for more information.

info@nordicglobal.com

Canada

144 Front St. W #300
Toronto, ON M5J 2L7

Europe

Eerste Jacob Van Campenstraat, 46
H 1072 BG Amsterdam, Netherlands

USA

2601 W Beltline Hwy Suite 600
Madison, WI 53713



NORDIC[®]

Get to know more.
NordicGlobal.com

