



It's all about... OUTCOMES !

Safety Care Variation eMeasures Quality Service Medication Errors
Clinical Decision Support Antimicrobial Stewardship
Length of Stay Readmissions
Cost of Care Process Improvement
Consumer Engagement EHR Adoption
Data Warehousing Efficiency Mortality Value Realization Optimization
Informatics Excess Days Blood Utilization Analytics Patient Satisfaction

A Collaborative Approach to Improving IV Charge Capture

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Conflict of Interest Disclosure

Penny Quinn, MSN, RN, NE-BC
and
Ericka Boykin, MSN, RN
have no real or apparent
conflicts of interest to report



Session Objectives

- Summarize the collaborative approach in determining the best solution to capture Intravenous (IV) stop times
- Describe the process in outlining which medications should be included in the workflow
- Review financial impact of implemented changes



► Problem

- Loss of revenue due to the lack of consistent documentation of IV stop times



Background

- Documentation of infusion stop times are required to capture revenue for visits billed hourly
- Previously attempted electronic solutions were not optimal
 - Created a problematic workflow for nursing
 - Inconsistent processes
- Current state did not have a dedicated field for documentation
- Organizational lack of awareness of revenue loss
- Poor feedback of opportunities
 - Revenue cycle regarding charge capture
 - Nursing



► Baseline Data Analysis/Trends

Avg I&I* Pmt Per Obs Day (Jan-June 2016)	Annualized Projected I&I Reimbursement (Jan-June 2016)	Total I&I Reimbursement (Jan-June 2016)
\$22.88	\$1,696,497	\$538,898



*I&I=Injection
and Infusion



Goal

- 75% increase in charge capture from baseline by:
 - Implementing the IV Stop Task in the Electronic Health Record
 - Educating clinical staff
 - Simplifying revenue cycle capture and reporting processes



Collaboration Plan

- Bedside leader
 - Identify workflow issues
 - Suggest ideas for improvement
- Health Information Management (HIM)/Revenue Cycle
 - Financial opportunities
- Nursing leaders
 - Awareness of problem
- Medication Management Team
 - Collaborate for potential solutions
- Reports Team
 - Evaluate reporting tool



Implementation Plan

- Reduce 800 medications down to 400 medications that require documentation task
- Implement documentation task
- Educate and demonstrate to bedside leaders
 - Live demonstration of the new workflow/process
 - Utilize monthly EHR communications
- Modify reporting tool for HIM
 - Webinar education on the use of
- Create additional report for nurse managers



► Evaluation Plan

- Daily monitoring of report
- Reinforce/reeducate as needed when deficits noted

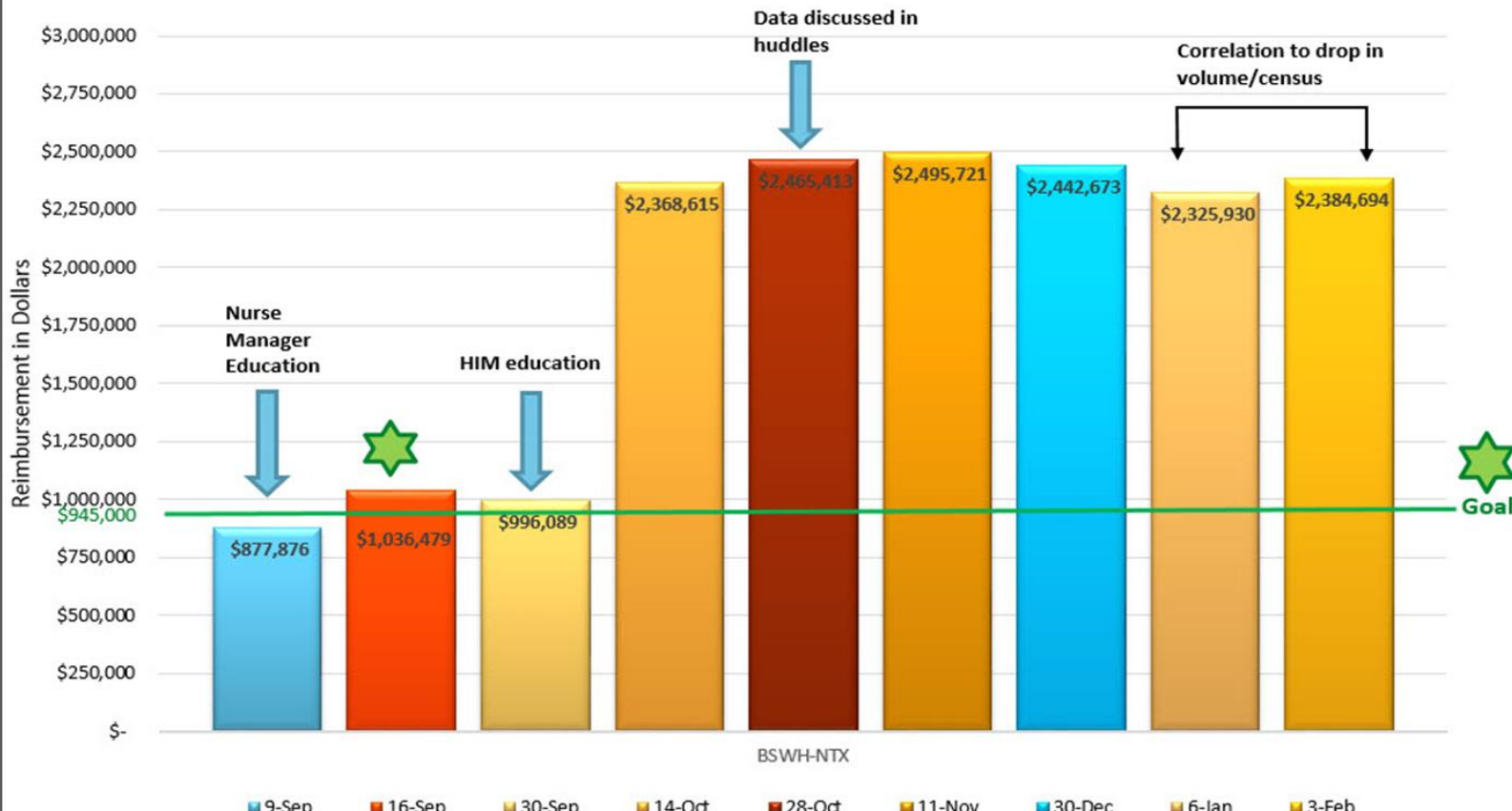


Project Outcomes

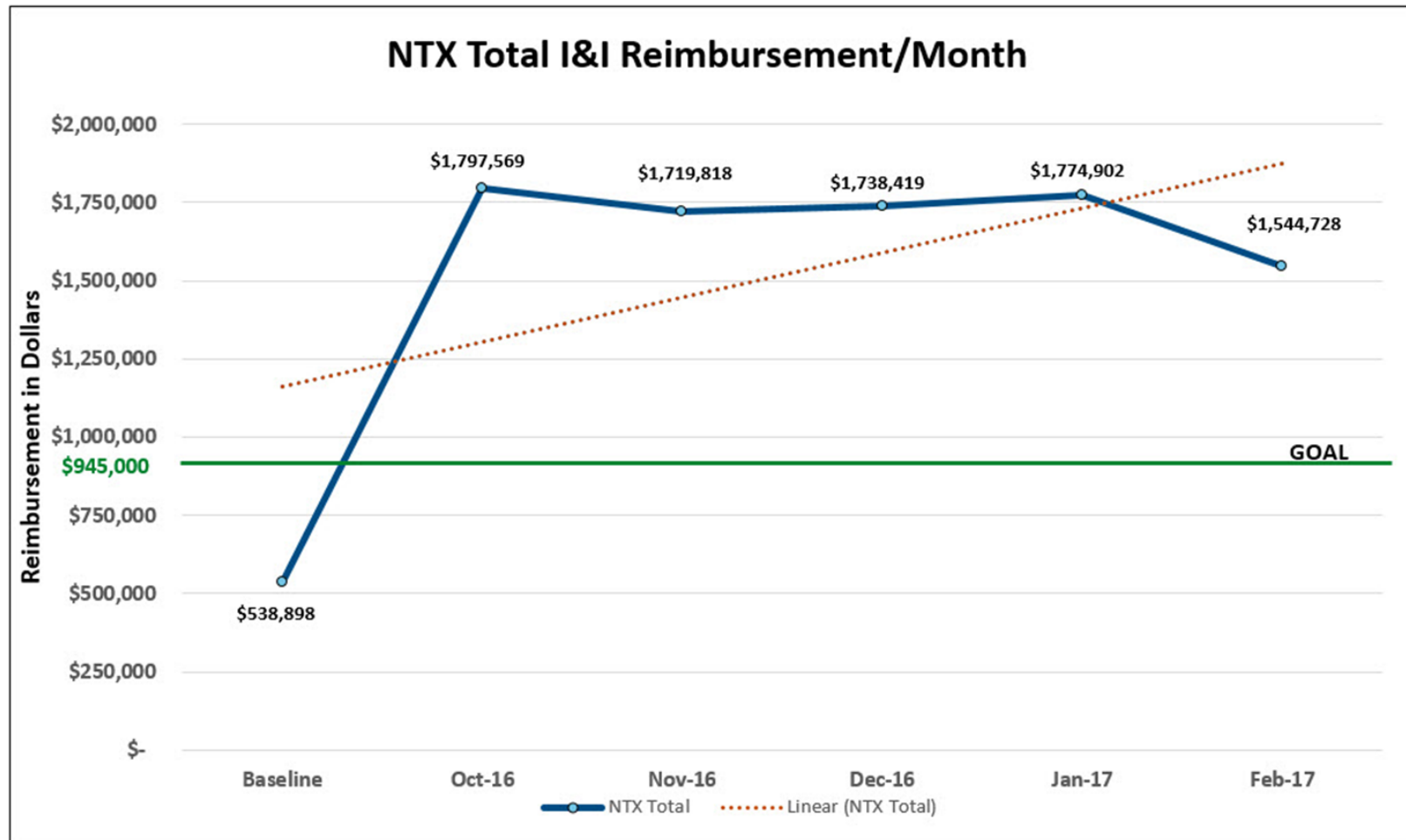
- Easier documentation
- Efficiency for HIM to capture charges
- Charge capture improved 550% from the baseline
 - Annualized reimbursement projection improved by \$6.5 million



So How Did We Do?.....



So How Did We Do?.....



Financial Analysis

Avg I&I* Pmt Per Obs Day (Jan-June 2016)	Annualized Projected I&I Reimbursement (Jan-June 2016)	Total I&I Reimbursement (Jan-June 2016)	→ Baseline
\$22.88	\$1,696,497	\$538,898	

Avg I&I Pmt Per Obs Day (Oct '16- Jan'17)	Annualized Projected I&I Reimbursement	Improvement from Baseline
\$145.80	\$8,191,708	\$6,495,211

► Sustainability

- Nursing leaders proactively use the reporting tool
- Peer accountability
- HIM reporting out on discharge cases



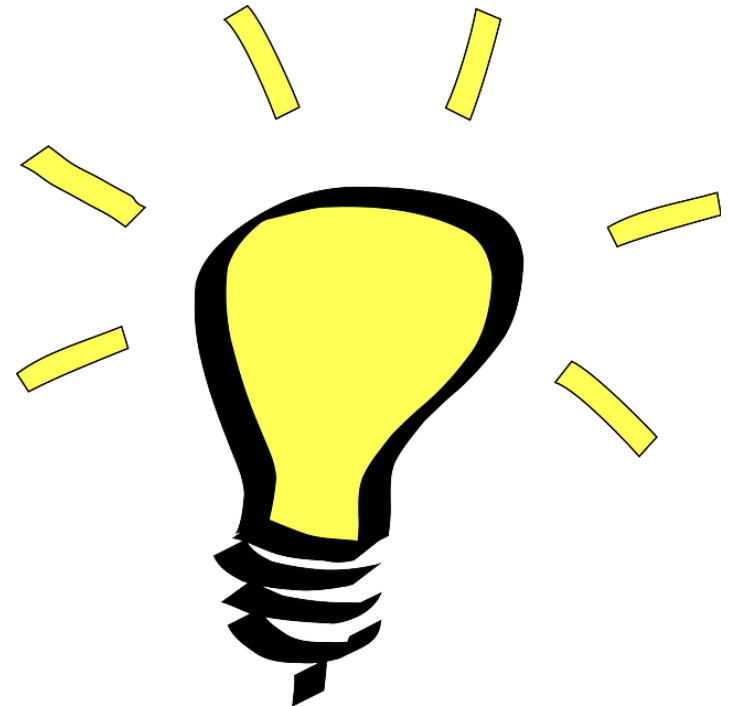
Next Steps

- Expand IV Stop Task functionality use for clinical decision support (i.e Insulin drip transition, Sepsis bolus stop times for value-based purchasing measures)
- Evaluate possibilities of using the process in procedural areas to ensure appropriate charge capture in those areas
- Explore IV documentation/charge capture opportunities in the emergency department electronic information system
- Promote following the process for all visit types



▶ Lessons Learned

- Involve other teams earlier
- Sharing information at huddles
- Native electronic functionality adoption



▶ Lessons Learned



Questions



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