A Collaborative Approach to Improving IV Charge Capture

Penny Quinn, MSN, RN, NE-BC
Ericka Boykin, MSN, RN
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

<table>
<thead>
<tr>
<th>Avg I&amp;I* Pmt Per Obs Day (Jan-June 2016)</th>
<th>Annualized Projected I&amp;I Reimbursement (Jan-June 2016)</th>
<th>Total I&amp;I Reimbursement (Jan-June 2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$22.88</td>
<td>$1,696,497</td>
<td>$538,898</td>
</tr>
</tbody>
</table>

*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?

Weekly/Bi-Weekly I&I Reimbursement

Data discussed in huddles

Correlation to drop in volume/census

Reimbursement in Dollars

- Nurse Manager Education
- HIM education

BSWH-NTX

Goal

9-Sep 16-Sep 30-Sep 14-Oct 28-Oct 11-Nov 30-Dec 6-Jan 3-Feb

$877,876 $1,036,479 $996,089 $2,368,615 $2,465,413 $2,495,721 $2,442,673 $2,325,930 $2,384,694

It's all about OUTCOMES!
So How Did We Do?......
## Financial Analysis

<table>
<thead>
<tr>
<th>Avg I&amp;I* Pmt Per Obs Day (Jan-June 2016)</th>
<th>Annualized Projected I&amp;I Reimbursement (Jan-June 2016)</th>
<th>Total I&amp;I Reimbursement (Jan-June 2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$22.88</td>
<td>$1,696,497</td>
<td>$538,898</td>
</tr>
</tbody>
</table>

Baseline

<table>
<thead>
<tr>
<th>Avg I&amp;I Pmt Per Obs Day (Oct ‘16-Jan’17)</th>
<th>Annualized Projected I&amp;I Reimbursement</th>
<th>Improvement from Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>$145.80</td>
<td>$8,191,708</td>
<td>$6,495,211</td>
</tr>
</tbody>
</table>
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

THANK YOU
Contact Information

• Penny Quinn, MSN, RN, NE-BC
  – Director, Clinical Informatics
  – Baylor University Medical Center, Dallas
  – Penny.Quinn@BSWHealth.org

• Ericka Boykin, MSN, RN
  – Manager, Clinical Informatics
  – Baylor Scott & White Medical Center Carrollton
  – Ericka.Boykin@BSWHealth.org