Strategic Interventions: April

The Strategic Interventions newsletter is meant to provide your hospital's financial leaders with practical and effective ideas for improving your finances. They are meant to provide actions to take to improve your hospital's identified long-term financial aims and interests. They may come from industry experts in the form of simple reminders of the "tried and true," new ideas, or shared best practices from other hospitals – and are meant to provide you and your team with check points along the way during the "journey to financial improvement." This month, we'll be incorporating both quality and financial with Is Your Data Working for You? This month's article is brought to you by Illinois Critical Access Hospital Network's Director of Quality Services, Angie Charlet, who you can read more about at the conclusion of this article.

Strategic Interventions: Is Your Data Working for You?

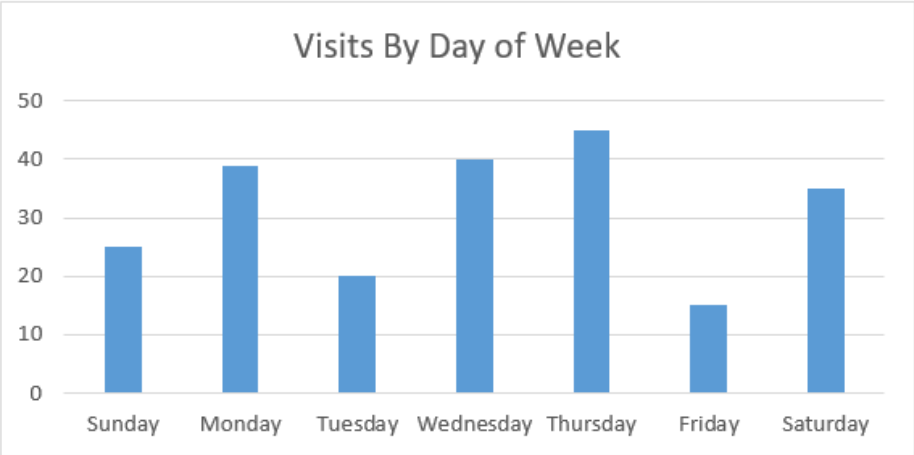
Quality improvement is not just the collection of data by managers to demonstrate their participation in quality and reporting a one-view interpretation. Today's trend is to further analyze the data and improve not just a department specific goal but to improve in other areas within the organization. The question to ask is "what am I collecting?" and then "why am I collecting it?" If a manager cannot answer both questions quickly and effectively then they are not collecting the right measure.

As we continue to improve in all areas another focus and trending verbiage is that of population health. A question to ask here is "how will the data help build our organization as provider of choice?" The following is an example of how data can further improve quality outcomes, financial improvement and building population health efforts.

The ER manager has been asked to monitor daily visit census in the ER due to recent trends in patient satisfaction scores with a growing movement from Always to Sometimes related to ER wait times. The manager believes that the data will demonstrate when to add a potential third employee to a shift to increase patient satisfaction by triaging sooner and meeting the Always expectation.

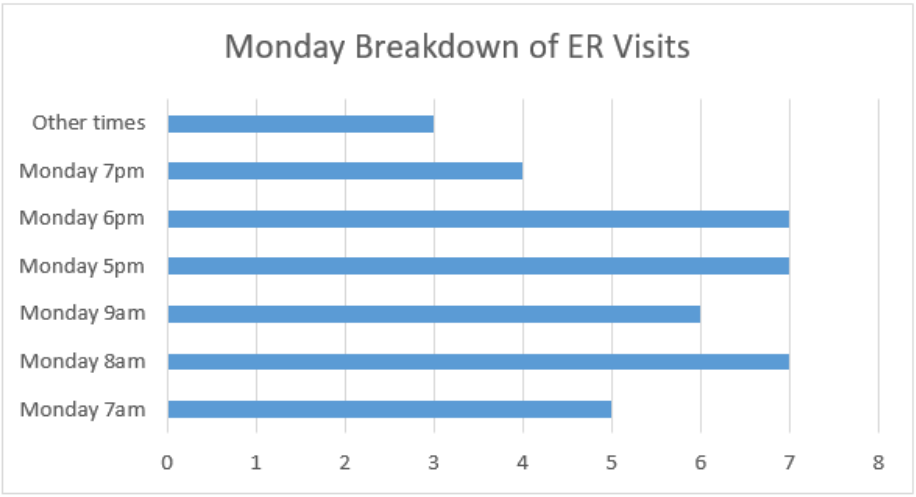
Here is the first set of data:

Sunday	25
Monday	39
Tuesday	20
Wednesday	40
Thursday	45
Friday	15
Saturday	35
Total	219



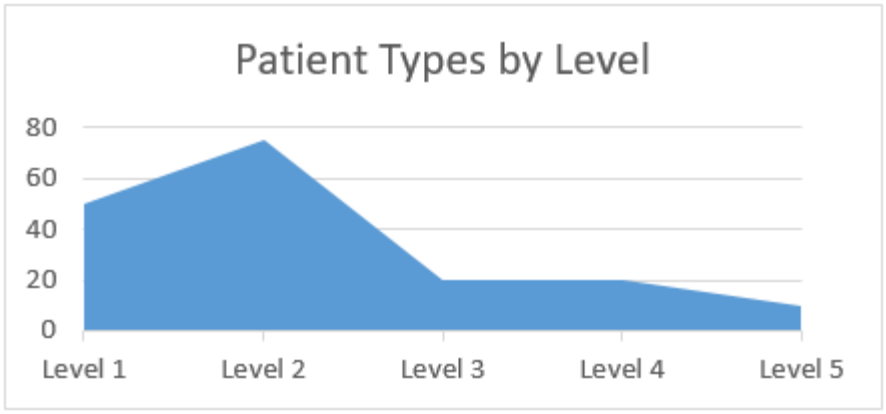
The manager determines that this data is not specific enough but notices a consistent patter with Monday, Wed and Thursday having a large volume compared to other weekdays and Saturday having a bit more than Sunday. The manager further drills down to times of day to determine greatest influx of patients.

Monday 7am	5
Monday 8am	7
Monday 9am	6
Monday 5pm	7
Monday 6pm	7
Monday 7pm	4
Other times	3
Total	39

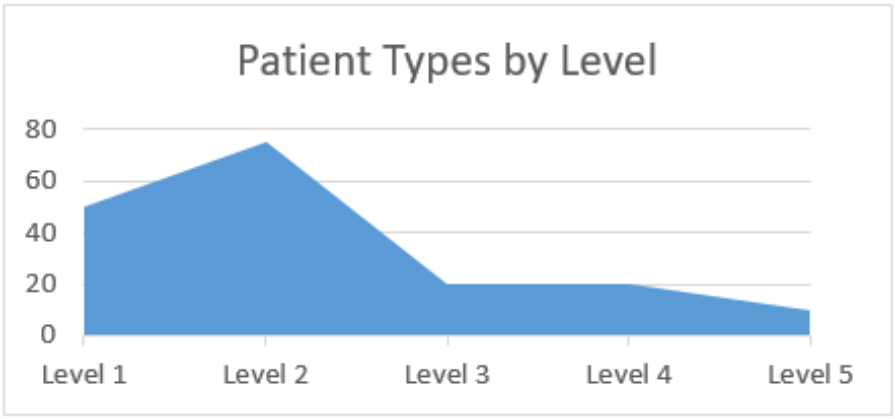


In looking at just one day of week, it is easy to determine that the majority of patient visits are early am (7am-9am) and just after normal working hours (5pm-7pm). This data seems to be fairly consistent for other days of the week as well. The manager believes his/her work is completed and can determine that maybe having a part-time nurse work 6-10am and then again 4-8pm to help cover the influx of patients. However, this example is not done yet.

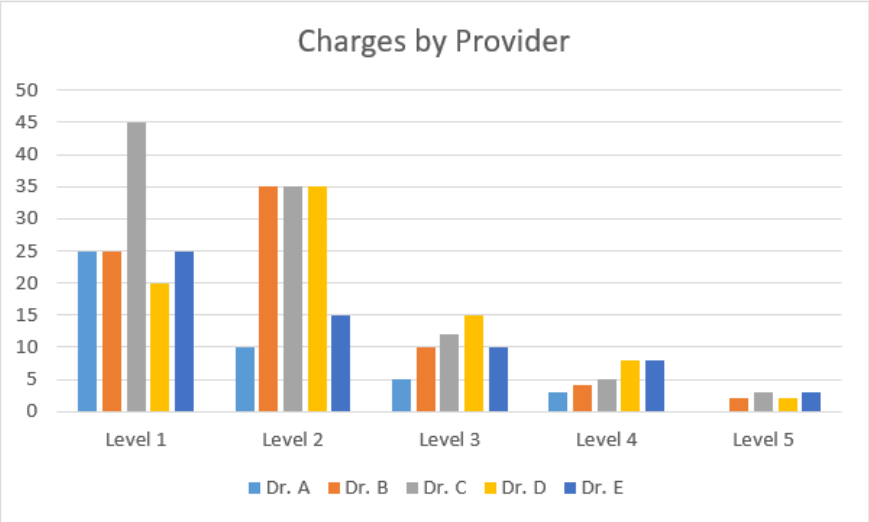
The Business Office manager comes to the ER manager and states there seems to be a decline in billing charges with Level 3 and 4's. She has asked if you could provide any insight to this change. As the ER manager, he/she knows that the expected levels should present as a normal bell curve as noted below



However, in using the same Monday data as before, there is a defined shift just as the business office manager expected below with a shift in Level 1 and Level 2 coding.



Now the next question is why? Again, going to the 5 Why's to drill down to the root cause. The ER manager decides to look at the providers and their typical billing levels. Here is what is discovered:



Based on the data it does not appear that any of the providers are charging much above Level 2 with very minimal in Level 5. The manager realizes the correlation may be based on cases and times of day instead of by provider but there is an opportunity to improve clinical documentation and review billing and coding with the providers.

The ER manager then begins to look at earlier data for time of day and if the majority of these cases are lower level visits. Recognizing that most visits are non-emergent visits the ER manager goes to talk to the physician clinic manager regarding office hours. Currently the family practice office has standard office hours of 9am to 4pm Monday thru Friday and no open Saturday hours.
Conclusion:

The ER manager did not need to bring on extra staff saving the FTE hours in his/her budget. The providers received updated training regarding billing and coding along with improving clinical documentation that enhanced the Levels to a normal expected bell curve. The manager realizes if there is a new shift to the right then a second review of charting and billing will be necessary to prevent over charging. The physician office manager realized the opportunity to enhance patient/community satisfaction by extending office hours three days a week and open a walk-in clinic on Saturday am.

While we tend to look at data in one view often the data is not answering the 'why' and how often times it requires more than one analysis to identify the true opportunity and not just quality improvement within one measure.

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Angie Charlet is a Registered Nurse with over 20 years in the healthcare industry. She has a Bachelor's in Nursing, a Master's in Healthcare Management with a focus in performance improvement and her Doctorate Degree in Business Administration with a focus on Healthcare Management and Executive Leadership. She is certified in CPHQ, Certified in both Lean and Black Belt Six Sigma. She is employed by the Illinois Critical Access Hospital Network (ICAHN) as the

Director of Quality and Education and also functions as the Quality Director and Compliance Officer for their new ACO; Illinois Rural Community Care Organization (IRCCO), which is currently implementing the Patient Centered Medical Home and Care Coordination as the foundation within the ACO. Angie provides training, education, mock surveys and resources to both critical access hospitals and RHCs. Her focus is around regulations, quality initiatives, PCMH implementation, care coordination and expanding the market share by creating a medical neighborhood. Her skill sets include demonstrated team building, network engagement, evidence-based practice, PCMH, Lean and Six Sigma along with Leadership Coaching to bring new initiatives/practice models.

If you have questions or would like to discuss this article, please contact Angie Charlet at acharlet@icahn.org.

If you have questions about this series or would like to discuss educational topics of interest, please contact Sandy Sage at sandy.sage@hometownhealthonline.com. In addition, if you have a success story related to this discussion or others in the series, we invite you to share what has worked for your hospital!

Sandy Sage, RN, previously worked as a Revenue Cycle Manager. She has been a Registered Nurse since 1990. Her clinical experience includes 6 years of experience as a Nurse Manager in the Emergency Department and for a Medical/Surgical unit at Taylor Regional Hospital. Working as a Case Manager at Flint River Community Hospital, when Medicare first implemented OPPS, allowed her to work closely with the Business Office staff to negotiate the new rules for outpatient reimbursement. Analyzing charging and reimbursement led to her role as the clinical liaison between the medical and accounting sides of the hospital. She is involved in Business Office staff training, charge master management, reimbursement analysis and medical appeals. Educating hospital employees and helping them to better understand the revenue cycle is her passion in her professional life.

Provided by the Iowa Department of Public Health and HomeTown Health through the HRSA Critical Access Hospital FLEX Grant 2017-2018, Iowa Grant #5888CA04.

IDPH Iowa Department of Public Health

PURPOSE:
The Rural Hospital Learning Opportunities Program (RHLOP) exists to support Iowa's CAHs in activities that will improve their financial and operational outcomes.

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