2017 CAH DON/QIC Meeting Mountainview Medical Center

October 18, 2017 Kari Jo Kiff, DON

ER CHART AUDIT PI PROJECT

Identified through trauma chart reviews and concurrently with a revenue cycle PI project.

PERSONNEL: Billing does extraction. DON selective review. PI Coordinator –data.

PROBLEM: Interrupted billing process and inaccurate bills submitted

CAUSES:

1. Orders

* Orders omitted
* Trauma order set not used
* Chest pain order set not used
* Stroke order set not used
* Provider LOS not done

2. Medications

* Meds not logged
* Meds sent home not logged
* Incorrect order
* Med overcharge on multi dose liquids

3. Acuity incorrect or not completed

4. Supplies

* Overcharged
* Supplies not scanned

5. Nursing Documentation

* Critical care documentation not established
* Other

6. Medworx

* Orders not hitting batch
* Other

7. Work arounds in billing preparation/process that did not validate charges

TOOLS & PROCESS:

* Audit worksheet to extract information
* Teach billing how to interpret clinical data
* Checking that supply matches clinical picture
* Validating critical care
* DON to review complicated cases
* DON to follow up on “fixes”
* Bills are held until complete

CORRECTIVE ACTIONS:

1. DON send out summarized audit findings via email to staff

2. DON send out targeted emails/notes to nurse to correct deficiencies and provide follow up to billing

3. DON & billing to review together complicated cases to ensure data extracted correctly

4. DON to reconcile “traveler” charts

5. Work arounds eliminated- eliminated complicated work flows

6. Medworx issues reported and fixed with batch and medications

7. Billing to enter data into spreadsheet

8. PI Coordinator create data analysis

TIMELINE: Started in April with all cases, selected some for review back to January

INTERPRETATION:

* Interface denials with error rate
* Non-chargeable supply on bills
* Review and recalculate charges
* Drill down on PI issues that are not improving/resolving