

The Challenge

The largest business challenge in this Hematology/Oncology Department was 25% of total billable dollars were not entered into the charge system until 30 days after service. The non-standard process consisted of many different convoluted steps involving countless staff and man-hours.

Targets

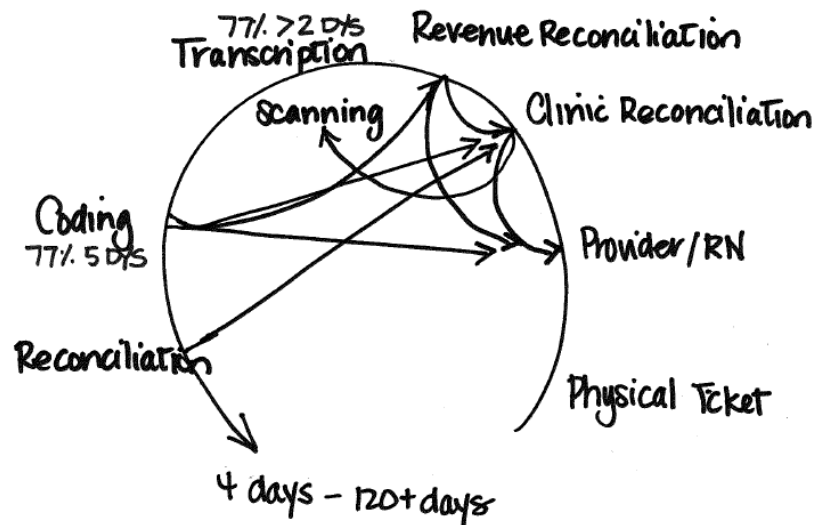
A 14-member Team was formed to address this challenge through a Rapid Process Improvement (RPI) workshop. The Lean Consultant facilitated the Team toward the following goals:

- Inpatient Professional Fees- Enter 75% of charges within 5 days of date of service
- Outpatient Professional Fees- Bill within 5 days of date of service (target of 50% at 30-day audit, 75% at 60-day audit, then 99% as goal)
- Reduce travel by 50%
- Reduce work in process 50%
- Reduce hand-offs by 50%
- Establish standard process flow
- Build quality into each step of the process

The overall vision was that the majority of charges would be entered within five days and 100% of charges entered within ten days from date of services.

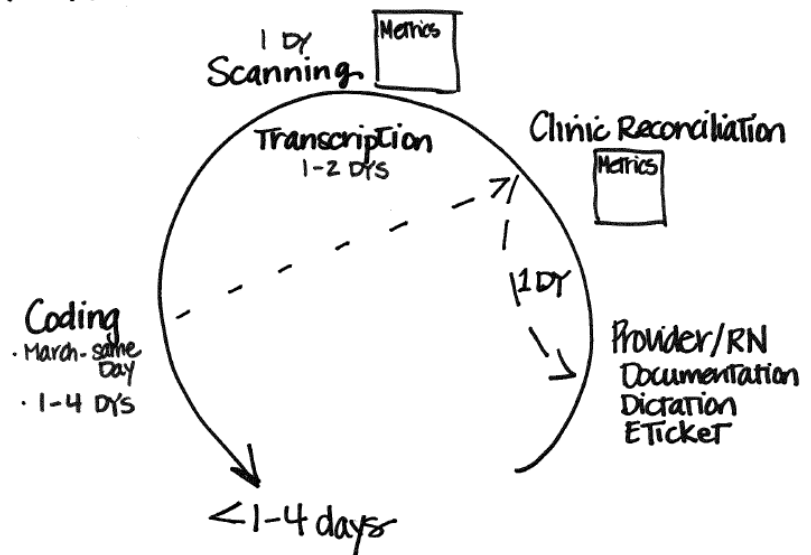
Before:

OLD PROCESS



After:

NEW PROCESS



Areas of Focus

The boundaries established for this RPI workshop started when the Clinical Assistant prepared the chart and charge ticket for the chart and ended when Revenue Management reviewed and reconciled the charges. Several sub-processes were included in the project: Pharmacy reconciliation, dictation for charges, inpatient professional fees, clinic facility and professional fees, coding, e-ticket and scanning. Insurance verification and registration were considered out of scope for this workshop.

Workshop Actions

The Team developed and implemented a completely new process by the end of the workshop week. Below is an overview of the new process:

- Today's work flows through the process
- Clinic schedule was load leveled
- Co-location of the clinic, coding and Revenue Management to ensure process flow
- Onsite nursing education for accurate completion of charges
- Metrics established to track the health of the new process
- E-ticket implemented to eliminate manual charge entry
- Created "checks" in the system so errors aren't passed downstream
- Coder will use Dictaphone report to view transcribed documents
- Diagnosis codes applied directly to eliminate manual entry
- Scanning process was improved and documented

Outcomes

As a result of the actions taken during this RPI workshop, cash flow has improved overall by approximately \$50,000/year. The implementation of e-ticket resulted in an annual savings of approximately \$500,000.

The outcomes were not just financial, for example:

- Process is better organized and much more efficient
- Accountability established for each step in the process
- Load leveling of provider schedule
- Automated charging process eliminates re-work
- Scanning turnaround time improved
- Standardization established between different campuses

Results

Metric	Pre Workshop	Post Workshop
Number of Steps	68	46
Number of Value-Added Steps	5	4
Lead Time (for Professional and Facility Fees)	24 hours – 3 months	2-4 days
Number of Hand-Offs	13	3
Average Number of Work in Process	246	40
Annual Transcription Expense for Hem/Onc Outpatient	\$96,000	\$38,400