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## New IT System Helps Rural ED Improve Charge Capture, Days to Bill

By Gregory Coyne

A new ED information system has helped 25-bed St. Andrews Hospital increase charge capture by 30 percent, reduce time to final bill by nine days, and improve patient transfers and ED throughput.

St. Andrews Hospital is a rural, 25-bed critical access facility in Boothbay Harbor, Maine. Our emergency department (ED) operates on a thin margin, so we have to optimize our collections to stay afloat. Doing so requires excellent charge capture, which depends on comprehensive, efficient documentation of patient care.

We discovered that a first-rate ED information system cannot only improve efficiency and quality of care, but it can also increase charge capture and accelerate cash flow. In December 2009, we decided to replace our existing ED system with one that would better meet the needs of our ED. Our new best-of-breed system is template-driven, intuitive, and easy to use—and it produces documentation in near real time, making patient transfers more efficient. It also provides support

for both physician and nurse documentation for improved professional and facility charge capture.

### Inefficiencies with Old ED System

St. Andrews' ED has a very lean staffing operation: Only one physician and one registered nurse are on duty during a 24-hour period. Our facility now limits admissions to observation patients.

We have to produce patient care or transfer reports more rapidly than most EDs because 16 percent of our ED patients are transferred to one of our affiliated facilities, either Miles Memorial Hospital in nearby Damariscotta or Maine Medical Center in Portland. To maintain continuity of care, we need to have clinical documentation ready to send with the patients when they are transferred to these larger facilities.

Until 1 1/2 years ago, St. Andrews used the ED module of our enterprise hospital information system. The application was difficult to use and inhibited timely documentation. For example, when a physician factored in the history of the patient's organ systems—such as ears, skin, heart, and lungs—to calculate evaluation and management coding distribution across service categories, he or she had to go through the check boxes in every section of the review, even if there was nothing to document. Because the system was so cumbersome, the ED patient care reports were often not ready when patients were transferred.

The previous system's lack of reliable charge metrics also made it difficult to capture accurate revenue. Our new ED system uses the American College of Emergency Physicians' model for standardized coding to automate charge metrics, calculate evaluation and management facility leveling, and drive accurate billing.

## Advantages of New ED System

St. Andrews has realized a number of benefits since implementing the new ED system.

**Efficient documentation.** Because charting electronically on the new information system is faster, documentation is usually completed before patients are discharged or before the end of a shift. If a physician leaves the ED before finishing and “locking” down a chart, he or she can complete the documentation online and/or electronically sign it from a remote location.

**Real-time reporting.** When patients are transferred, the system can produce reports in near real time. If a patient is admitted to St. Andrews, the report goes right into the hospital record electronically. Otherwise, a printed document accompanies the patient to the receiving facility.

Our new system is template-driven, which makes it easy to document and address positive and negative problems that physicians encounter. Physicians can check certain boxes in the appropriate fields to automatically print discharge instructions or transfer orders.

**Improved compliance.** The ED application includes prompts that help accurately capture appropriate reimbursement and improve our hospital scores on quality measures. For instance, when a patient

presents with chest pain, embedded alerts immediately prompt clinicians to provide aspirin and order an EKG.

**Faster ED throughput.** The ED information system produces reports that have helped ED leaders and staff track—and improve—ED throughput. Our average time from patient arrival to admission is 198 minutes, compared to a national benchmark of four hours (240 minutes). Our “door-to-provider” time is 17 minutes, compared to a benchmark of 27 minutes.

**Increased charge capture.** Charge capture in the ED has increased by approximately 30 percent—largely because of more complete and legible documentation. ED information system prompts remind nurses to record data needed for coding, such as start and stop times for intravenous fluid administration.

**Improved billing.** We are also able to submit our bills more quickly. If records are completed and signed before we discharge a patient or before the end of a shift, we can send out the charges within five days—compared to 14 days it used to take, on average—to prepare claims for submission.

**Reduced dictation costs.** Among the reasons for this acceleration in billing are improved documentation, faster charting, and a reduced need for dictation. More charts can now be coded without waiting two or three days for reports to be tran-

scribed. St. Andrews’ dictation costs have dropped by approximately 20 percent.

## Value Gained

Our new ED information system has benefited us greatly—both from a clinical and a financial standpoint. The considerable value gained from this investment also led us to deploy the ED information system last April at Miles Memorial’s ED. We’re excited to further improve our performance as we find ways to better use the technology.

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Or perhaps you have another discussion starter?