

XYZ Memorial Hospital
Performance Improvement (PI) Consultation Action Plan

Action Plan Development – Workshop Date:

Participants: Administrator
Director of Nursing
Chief Financial Officer
Outreach Coordinator
QI Director
ER Supervisor
X-Ray Director
Laboratory Director
Purchasing Director

Facilitator: Mary Guyot

List of Potential Projects of Interest to the Team

1. Physician recruitment/Specialty clinic
2. Revenue enhancement
3. Increase availability of services
4. Re-evaluate and improve process from registration to billing
5. Staff satisfaction
6. Physician clinic—increase revenue
7. Employee compensation plan
8. Increase Therapy Department productivity/efficiency
9. Re-evaluate nursing staffing
10. Redesign Quality/Performance Improvement Program

Follow – Up Call Dates / Participants:				
1.				
2.				
3.				
Action Plan # 1		Revenue Enhancement		
Issue		Lack of availability of services Lack of active MDs on staff		
Recommendation/Goal		Increase at 30% by FYE 05 - may want to reconsider this goal and determine how and what you will measure		
#	What is the action plan?	Driver	By when	Follow-Up
1	Offer MRI services a) With extended hours to accommodate working people - Track utilization c) Satisfaction survey (MDs) and report to Leadership d) Increase availability from 1 day to 2 as soon as numbers show need e) Market/promote service f) Revisit contract g) Physician visits in office (staff education, availability, pre-cert responsibility) h) Develop a brochure i) Articles/ads, WT, WF in local paper	[insert initials of responsible staff]	Ongoing August 31 Sept 30 June 30 July 31 July 31 June 30 June 30	
2	M.D. Clinic a) Charge master review through hospital association b) Coding review through hospital association d) Review both the provider-based clinic analysis and RHC analysis presented in the report to determine reasonableness of assumptions - To the extent assumptions are deemed reasonable, evaluate net financial impact of both designations and choose option most beneficial e) Revisit physician and NP contracts and consider an incentive compensation system		June 15 June 30 July 15 ???	Process initiated with [state partner, hospital association]

3	Densitometry unit a) Complete ROI on Densitometry Unit b) Survey MDs on Densitometry usage	???	June 30 June 30	
4	Reinvestigate the costing out of Lab work for MD Office		July 30 July 30	
5	Investigate feasibility of using specialist onsite a) Survey area MDs regarding specialists they refer to b) Compile data from survey c) Proceed as determined by data including assessing what is needed to make it happen		July 30	
6	Physician recruitment a) Continue mtg. with Dr. _____ and Dr. _____ b) Hospitalist—investigate c) DRA grant for recruitment of ER physicians		Now and on-going 9/30	- RT has met to discuss hospital's and community's needs not to mention their pt's need for continuity of care - Placed PACS in office for their benefit - Working with a physician recruitment company
7.	Regain ortho rehab market share a) Market the community using education program such as "What happens after a hip replacement" etc.. -b) Meet with D/P, SW, CM of tertiary hospitals on a bi-yearly basis -c) Call then on a weekly basis telling them beds available		Complete by Sept. 1 then on-going July 1 and on-going	

Action Plan # 2	Improve process from Registration to Billing
Issue	1. AR days 102 2. 25% errors in billing due to Admission information 3. Denials of bill payment due to test not applicable with diagnosis given – especially in ED
Goal	1. Decrease AR days less than or equal to 75 days by 10/31/05 2. Decrease errors in Admission data gathering to 5% by ____ 3. Quantify and decrease need for diagnosis correction for ancillary services by ____

#	What is the action plan?	Driver	By when	Follow-Up
1	Review Admission tasks and policies	??	??	
2	Develop documented orientation process	??	??	
3	Annual competency (rec. 6 months) checklist	??	??	
4	Passport system to check payor eligibility a) Complete contract to obtain system b) Train registration and ED staff in it's use c) Ancillary staff to participate in identifying inappropriate diagnosis prior to testing	??	??	
5	Upfront collection a) Discuss with CFO at Ashley County Medical Center b) Improve signage to inform expectation d) Include payment information in Patient Handbook and OP services brochure	??	??	
6	Quantify encounter per day for 4 weeks at patient registration in order to reevaluate staffing needs for registration	??	??	
7	Pre-registration a) Educate appropriate staff re: procedures needing pre-certification (print list for resource) b) Educate MD office staff on pre-cert. using info above	??	??	

	<p>c) Implement requesting pre-cert # by referral taken for insurance patients but meet with officers</p> <p>d) Scrutinize referral for appropriate diagnosis for test</p> <p>e) Implement process to discuss diagnosis with physician during pre-registration</p> <p>f) Consider having UR stationed in ED to assist in controlling appropriate diagnosis for test – would need access to Passport</p>			
8.	<p>Implement a modified concurrent coding model – see below to allow for billing within less than 15 days post discharge (potential to decrease it to 3-4 days since nursing and ancillary staff timely in billing</p>	??	??	

Action Plan # 3		IP and OP coding		
Issue		Decrease cash flow with multiple days in unbilled medical records (IP due to late completion of physician discharge summary) (OP mostly due to ER – late chart completion)		
Recommendations		Decrease unbilled days from 11 days to 7 days within 1 month		
#	What is the action plan?	Driver?	By when?	Follow-Up
1	Have coder identify how many times cases have to be re-billed/codes have to be changed after the physician complete the D/C summary	??	??	
2	Quantify discrepancy between preliminary coding and final coding	??	??	
3	Depending on #2, consider concurrent coding model -Get more information from IL resource	??	??	
4	Implement a modified system for concurrent coding to include getting D/C diagnosis from physician before discharge	??	??	
5	Revisit policy of waiting for D/C summary before coding if you can gather D/C diagnosis	??	??	
6	ED nurses to work closely with physicians to remind them to complete documentation before they leave their rotation	??	??	
7.	Obtain free IP coding software from MHA	RT	June 30	

Other PIA Recommendations

#	Recommendation	Follow-UP
1.	<p>Nursing staff</p> <ul style="list-style-type: none"> a) Track Med/Surg actual hours per pay roll to include RNs, LPNs, CNAs regardless of FTE, PT, PRN, Agency etc.. for at least 1 month to determine true DNHPPD b) Re-evaluate need for agency utilization and staff assignment c) Offer increased staff education and support for recruitment and retention 	<p>RT approved for 3 LPNs to attend a Diab. Ed. Class for wound care RT approved employment of summer extern program for 4 students to receive clinical credit for performance</p>
2.	<p>SB utilization</p> <ul style="list-style-type: none"> a) As discussed – consider putting all SB patients in the same area given the consistent # - may make it easier to develop P&Ps at skilled level such as daily head to toe assessment vs each shift, less frequent v.s. etc... b) Perform Staff Ed. Need Assessment (see sample sent via e-mail) c) Streamline all forms as discussed during PIA and this action plan development d) See info sent on CAH and SB CoP given to re-design the Activity Program as discussed 	
3.	<p>Pharmacy issues:</p> <ul style="list-style-type: none"> a) Imperative to have pharmacist become more clinical (participate in P&P development, chart review, clinical consultation to nursing, participate in developing processes for patient safety) 	
4.	<p>Case management:</p> <ul style="list-style-type: none"> a) No need to replace SW/Activity Coord. who has left since PIA b) Discuss discharge plan with physicians on day 2 to ensure patient ready for discharge or SB transfer when no longer meeting acute level of care 	

5.	<p>Lab:</p> <ul style="list-style-type: none"> a) Re-evaluate the method in which we price lab work to compete with LabCore when possible b) Track time for lab reports back to ED and work on improving if perception is correct 	
6.	<p>Low routine x-ray</p> <ul style="list-style-type: none"> a) Market services such as Chest X-Ray to local businesses for pre-employment purpose if applicable 	
7	<p>ED</p> <ul style="list-style-type: none"> a) Re-evaluate staffing needs as to why so much greater than benchmark b) Agree on patient waiting area other than area for ambulance call taking/responding to ensure HPPA compliance c) ED supervisor to work w/DON to identify all issues with present ED professional service provider – make list with concrete examples d) RT to meet with ED provider to discuss action plan or initiate search for a new group 	
8.	<p>Rehab issues re: P&Ps, expectations, productivity etc...</p> <ul style="list-style-type: none"> a) RT to consider a consultative review of the departments by experienced PT to get input on recommended areas for improvement 	
9.	<p>PI:</p> <ul style="list-style-type: none"> a) Redesign PI to be comprehensive (see report for examples, resources etc...) b) Re-visit indicators for all department and ensure meaningfulness for such c) QA activities for regulatory purpose to be reported to Dir. but not discussed unless there is an issue d) Report to difference audience using graphs etc.. in pertinent departments e) Implement root-cause-analysis to determine reason for less than ideal outcomes in all areas 	

	of service (clinical, financial, departmental ect)	
10.	<p>Cost report:</p> <ul style="list-style-type: none"> a) Work with Tri Span and MHA to determine whether the 175 non-Medicare SB days during last cost report should be classified as NF type days for purpose of determining appropriate Medicare routine cost 	
11.	<p>Third party contracting:</p> <ul style="list-style-type: none"> a) Prepare a payment to charge analysis for Blue Cross outpatient services to ensure margin is generated from this contract b) Work with MHA to update hospital wide charge master 	
12.	<p>Business Office – other</p> <ul style="list-style-type: none"> a) Begin tracking and reporting key performance metrics via colored charts in the business office (see report) b) Establish weekly or bi-weekly “Revenue Cycle” team meetings where key stakeholders in the process discuss and resolve issues with an end goal of decreasing Days Revenue in Gross A/R c) Run weekly Accounts Receivable Aging Reports and create process to aggressively work accounts d) Develop a sliding fee schedule to be used consistently across THMH 	
13	<p>Staff satisfaction:</p> <ul style="list-style-type: none"> a) RT to conduct focus group to determine cause of issues identified in the staff survey satisfaction b) Continue looking into modified pension plan for employees c) Consider increasing the pay differential between “Outstanding” and both “Average” and “Above Average” and clearly communicate to employees the merit based system and expectations for achieving “Outstanding” 	

14.	Board a) Re-evaluate Board composition and make changes as necessary b) Inform members that they are obligated to attend MHA training when available c) MG to e-mail Linda Powell's Board training presentation for RT's review	
15		
16		
17		