Improving Workflow for Patient Access and Registration

Ohio Hospital Association Annual Meeting
June 8, 2015
Ms. Stuart began her career at TechSolve in 2011. In her support of the healthcare industry, she has employed process improvement and change management in various areas of hospitals and health systems including emergency departments, surgical services departments, inpatient units, catheterization laboratories, physician offices and pharmacies.

Ms. Stuart earned her Master in Health Services Administration from Xavier University and her Bachelor of Science in Industrial and Management Systems Engineering from West Virginia University. She also holds certification in Lean Healthcare from the University of Tennessee.
Agenda

• Hospital Background
• Lean Definition
• Lean Project Approach
• Current State Maps
  – Value Stream Map
  – Swim Lane Maps
• Action Plan
• Improvements
• Questions
Hospital Background
Hospital Background

- 45-bed Hospital in Ohio
- 5 Outpatient Facilities
- Serving six counties across Ohio and Indiana
- 2,600 Admissions per year
- 15,000+ ED visits per year
- 80,000+ Outpatient visits per year
Lean Definition
Lean Is

...a structured approach to improvement that identifies problems with process flow, seeks to eliminate non-value-added activities, barriers, and bottlenecks in the process

Non-value Added Activity = Waste
8 Wastes – DOWNTIME

D - Defects
O - Overproduction
W - Waiting
N - Non-utilized human talent
T - Transportation
I - Inventory
M - Motion
E - Excessive processing
### Examples of 8 Wastes

<table>
<thead>
<tr>
<th>Waste</th>
<th>Definition</th>
<th>Healthcare Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Defects</strong></td>
<td>Rework because of defects, low quality, errors</td>
<td>Requisition form incomplete / inaccurate / illegible</td>
</tr>
<tr>
<td><strong>Overproduction</strong></td>
<td>Producing more, sooner, or faster than required</td>
<td>Unused printed reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unnecessary office visits</td>
</tr>
<tr>
<td><strong>Waiting</strong></td>
<td>People, machine, and information idle time</td>
<td>Patient in waiting room</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Waiting for lab results</td>
</tr>
<tr>
<td><strong>Non-utilized Human Talent</strong></td>
<td>Under-utilizing talents / skills / ideas</td>
<td>RNs transporting patients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not incorporating front-line ideas</td>
</tr>
<tr>
<td><strong>Transportation</strong></td>
<td>Unnecessary movement of material</td>
<td>Multiple patient transfers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No standard location for supplies</td>
</tr>
<tr>
<td><strong>Inventory</strong></td>
<td>Information, material, or patient in queue or stock</td>
<td>Patient waiting in exam room</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Excess stored supplies</td>
</tr>
<tr>
<td><strong>Motion</strong></td>
<td>Unnecessary staff movement (walking)</td>
<td>Searching for misplaced forms / equipment / charts</td>
</tr>
<tr>
<td><strong>Excess Processing</strong></td>
<td>Redundant or unnecessary processing</td>
<td>Reentry of patient demographics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Repeat collection of data</td>
</tr>
</tbody>
</table>
Lean Project Approach
## Typical Lean Project Approach

<table>
<thead>
<tr>
<th>Leadership Alignment and Charter Creation</th>
<th>Lean Education</th>
<th>Value Stream Analysis (VSA)</th>
<th>Rapid Improvement Events (RIE)</th>
<th>Coaching Mentoring Sustainment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What</strong></td>
<td>2-hour Meeting</td>
<td>2-hour Education Session</td>
<td>4.5-day Strategic Planning Event</td>
<td>4.5-day Improvement Events</td>
</tr>
<tr>
<td><strong>Who</strong></td>
<td>Executive Leadership</td>
<td>Leadership and Front-line Staff</td>
<td>Middle Management and Front-line Staff</td>
<td>Front-line Staff</td>
</tr>
<tr>
<td><strong>Deliverables</strong></td>
<td>• Charter Document w/ defined scope, key metrics, and team members</td>
<td>• Leadership and Staff Awareness of Lean</td>
<td>• Current State Value Stream Map • Future State Value Stream Map • Identified Focus Areas for RIEs</td>
<td>• Detailed Current State Map • Detailed Future State Map • Try-storming • Action Item Implementation • Standard Work • Communication Plan</td>
</tr>
</tbody>
</table>
## Modified Lean Project Approach

<table>
<thead>
<tr>
<th>Leadership Alignment and Charter Creation</th>
<th>Lean Education</th>
<th>Mapping Sessions</th>
<th>Implementation and Sustainment Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What</strong></td>
<td>2-hour Meeting</td>
<td>2-hour Education Session</td>
<td>Series of 4 3-hour Sessions</td>
</tr>
<tr>
<td><strong>Who</strong></td>
<td>Executive Leadership</td>
<td>Leadership and Front-line Staff</td>
<td>Middle Management and Front-line Staff</td>
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<tr>
<td><strong>Deliverables</strong></td>
<td>• Charter Document w/ defined scope, key metrics, and team members</td>
<td>• Leadership and Staff Awareness of Lean</td>
<td>• Current State Value Stream Map • Detailed Current State Swim Lane Map • Gap Analysis • Action Plan</td>
</tr>
</tbody>
</table>
A Cross-Functional Team
Cross-Functional Team

- Patient Financial Services
- Physician Office Manager
- Coding
- Billing
- Scheduler
- Medical Records
- HIM Rep
- Patient Access
- Education Coordinator

TechSolve
Swim Lane Maps
8 Wastes – DOWNTIME

- Defects
- Overproduction
- Waiting
- Non-utilized human talent
- Transportation
- Inventory
- Motion
- Excessive processing
Swim Lane Map: Billing

Outsource contact (collector agencies, offsite billing)

Printer for customer service in patient accounts

Scanned ID cards are blurry and very small

ABN
Action Plan
### Action Plan

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Action</th>
<th>Category</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Correct patient demographics (pt. address, phone number, insurance info) from doctor offices</td>
<td>Small Group</td>
</tr>
<tr>
<td></td>
<td>Doctor offices check for pre-cert on high dollar tests before scheduling</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Train physician office registration clerk on new processes</td>
<td>JDI</td>
</tr>
<tr>
<td>3</td>
<td>Order additional printer for registration clerks to print armbands / labels to reduce unnecessary patient wait time and eliminate potential patient identification errors</td>
<td>JDI</td>
</tr>
<tr>
<td></td>
<td>Determine a cheaper alternative for printing armbands and excess labels</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Reduce excess / redundant questions asked during registration process</td>
<td>JDI</td>
</tr>
<tr>
<td>5</td>
<td>Identify best method and process to verify patient insurance benefits in order reduce printing, scanning, and multiple websites which may or may not be accurate</td>
<td>Small Group</td>
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## Action Plan

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<tr>
<td>6</td>
<td>Implement direct feedback loop to registration staff on registration errors, including re-education</td>
<td>JDI</td>
</tr>
<tr>
<td>7</td>
<td>Get additional printer for customer service to minimize motion waste and eliminate unnecessary patient / visitor wait time</td>
<td>JDI</td>
</tr>
<tr>
<td>8</td>
<td>Adjust settings on scanners and registration computers so they consistently produce high quality image of patient ID and insurance cards</td>
<td>JDI</td>
</tr>
<tr>
<td>9</td>
<td>Adjust software settings so registration staff are prompted with visual cue / pop-up window to complete MSP for ALL Medicare patients</td>
<td>JDI</td>
</tr>
<tr>
<td></td>
<td>Re-educate registration staff on need to complete MSP for ALL Medicare patients</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Develop process to present ABNs to patients earlier in the testing process to eliminate unnecessary patient wait time. Also determine if signed ABNs can be included in patient charts for billing purposes</td>
<td>Small Group</td>
</tr>
<tr>
<td></td>
<td>Minimize the number of phone calls to coders by giving registration staff access to Code Correct. Educate and train registration staff on proper use of Code Correct</td>
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<tr>
<td></td>
<td>Eliminate practice of using past diagnoses in patient history to determine current test coverage</td>
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Improvements
Improvements - Just Do Its

• Eliminated 9 redundant questions asked at scheduling and again at time of MRI

• Implemented a patient access shift huddle to promote entire department workflow awareness
  
  Huddle Topics include:
  
  ▪ Call-In’s
  ▪ Cover for Lunch
  ▪ Chart Status
Improvements - Just Do Its

• Worked with IT to adjust computer printing and scanning functions
  – Minimized walking for verification staff
  – Minimized error risk of pulling wrong patient paperwork / arm bands
  – Identified proper way to scan insurance cards so they are legible for billing staff

• Installed printer in billing department solely for printing patient / customer documents to minimize unnecessary patient wait time
Improvements - Verification Process

• Identified KeyBank software as one-stop-shop for checking patient eligibility
  – Developed sub-team to work with KeyBank representative to install and educate staff on software capabilities
Improvements - Patient Information

- Collaborated with physician offices to develop Patient Demographic Information form and implemented a standard process to ensure patient and insurance information is accurate.

Offices now ask patients to complete this form (or their own with same information).

- Office sends the form, order with CPT and Diagnosis codes, and scanned insurance card.
Improvements - ABN Process

- Developed process for Advanced Beneficiary Notices (ABN) to be presented during patient registration
  - Determined CPSI had the capability to determine if Medicare would cover requested procedure
  - Determined CPSI could print the ABN with the estimated cost of those procedures not covered
  - Developed standard work instructions for presenting patients with ABN
  - Educated all registration staff on new process and included in HealthStreams

- Educated physician office staff on how to check if the procedure being ordered will be covered by Medicare
  - Office can now rewrite order or present patient with ABN
Improvements - ABN Standard Work

1. Registration receives order
   - Complete registration
   - Are both CPT and ICD9 Codes Given?
     - Yes: Look up CPT Code on Item # Cheat Sheet
     - No: Call physician office to request CPT and/or ICD9 codes
   - CPT and/or ICD9 codes obtained?
     - Yes: Place order with missing code in bin to be faxed w/ cover sheet back to physician office
     - No: Notify the patient to follow-up with their physician office who can provide an updated order
   - Have patient wait until updated faxed order is received, then call patient to reg. desk again

2. If you have any non-compliant tests click “Print ABN”
   - Enter Patient’s Name (Last First) and select correct account by verifying account number, admit and discharge dates
   - Select appropriate ABN language (English or Spanish)
   - When ABN prints place patient label on ABN. If ABN printed incorrectly, select yes, if not select no
   - Did patient agree to pay for test if not covered and have the test today?
     - Yes: Scan signed ABN into images in correct account number
     - No: Place original ABN in patient chart and send patient and chart to lab

3. Make a copy of the signed ABN and place it in ABN bin to be faxed to physician office with cover letter (for only those that decline)
   - Notify patient to follow-up with their physician office who may order a different test
Improvements

35 minutes Earlier

Reduced number of calls to coders by 98%
Thank You!

Laryn Stuart, BSIE, MHSA

stuart@techsolve.org

513-948-2066
Celebrate 100 Years of OHA

It's time to celebrate!

TechSolve invites you to celebrate 100 years of OHA with 100 minutes of fun!

Date       | Monday, June 8, 2015
Time       | 4:45 pm to 6:25 pm
Place      | Hilton Columbus at Easton
           | Juniper Room C