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Improving Revenue Capture and Patient Safety in an ICU Setting

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Improving Revenue Capture and Patient Safety in an ICU Setting

Last Updated: 8/18/2018

Executive Sponsor: Jonathan Archibald, RN and Mark Parker, MD **Facilitator:** Laura Lewis, PCT, Natasha Stankiewicz, Stephen Tyzik, Suneela Nayak, Ruth Hanselman, Amy Sparks

Team Members: Specialty Care Unit (SCU) Support Staff (CNAs, PCTs, NUAs, NUSs), RNs, SCU Leadership, APPs, Physician Learners, Service Line Chiefs and Supply Chain



Problem/Impact Statement:

In our Specialty Care Units, confusion existed around which supplies should be specifically charged to patients and which were included in regular room charges. As a result, if an item is not appropriately charged to a patient in SCU when it is used, not only do we lose revenue, but we also lose the accuracy of tracking our par level of supplies. As a result, creating potentially dangerous situations if supplies are needed in an emergency but are not available due to Materials Management not being flagged that a re-supply is needed. Thus, SCU staff have to call materials management emergently and place the order as a stat. If this results in a need greater than the supply room has on hand, the product now needs to be pulled from the offsite distribution center, thus delaying critical patient care.

Scope:

In Scope: SCU 2, 3, and 4 staff visiting employees, per diem staff, Learning Physicians, Materials Management and the Offsite Distribution Center

Goals/Objectives:

1. Increase team's awareness of chargeable items, item cost, and reasons behind charging patients. This will also discourage wastage of items
2. Decrease safety risk for team & patients when emergency or safety supplies are not readily available.
3. Align SCU's workflows with the hospital Annual Implementation Plan goal of Affordable Care through fiscal responsibility via charging appropriate items to the correct patient or unit/department.
4. Eliminate lost revenue from our budget; possibly opening up finances for needed items/improvements.

Baseline Metrics/Current State:

	Compliance with Charging Supplies	Lost Revenue Overall	Lost Revenue Overall – Uncharged Line Insertion Supplies
2017	59.6%	\$175,841.56	\$109,851.82

Root Cause Analysis:

5 Whys - Nursing

5 Whys – Physician Learners

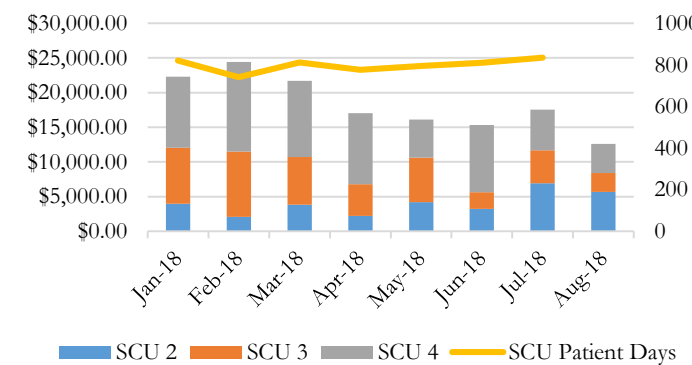
Problem	In 2017, the Specialty Care Units had \$175,841.56 in uncaptured supply charges, which also lead to items not being available in emergent situations	Problem	In 2017, the Specialty Care Units had \$175,841.56 in uncaptured supply charges, which also lead to items not being available in emergent situations
Why?	Very often, Nursing Staff would grab-and-go with supplies and forget to charge those items to the patients	Why?	Very often, Physician Learners will grab-and-go with Line Insertion Supplies (LIS) and forget to charge those items to the patient
Why?	Staff were unfamiliar with the charging process and which items were included in a daily room charge and which items weren't	Why?	As a result of constantly rotating through different areas of the hospital, Physician Learners are consistently being given new locations for supply rooms and different processes for how to charge items
Root Cause	Due to competing priorities in these highly acute units, an awareness to the financial aspects of charge capture were not known.	Root Cause	The process for finding and charging items (correctly) is not consistently part of Physician Learner onboarding/education

Countermeasures

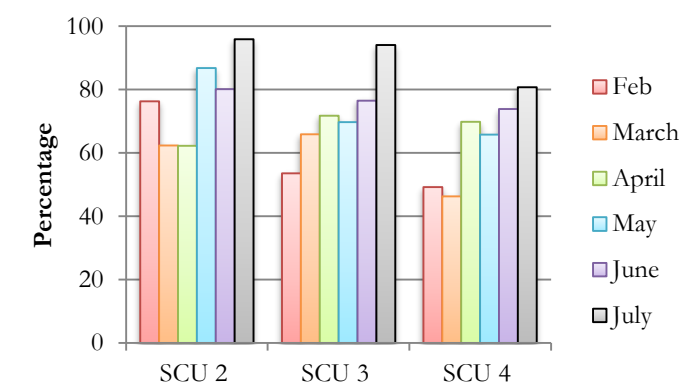
Action	Owner	Completion Date	Status
SCU wide staff education, including Nursing, support staff, Providers, learner Physicians and Advanced Practice Practitioners	SCU Leadership	March 2018	Complete
SCU wide KPI developed: 100% of the time, SCU will track lost charges each day	SCU Leadership	March 2018	Complete
Discussion about charge capture at service line council meetings with administrative and clinical leadership to set expectations and shared responsibility across all disciplines	SCU Leadership, Trauma Leadership and Critical Care Leadership	March 2018	Complete
Information provided through the KPI presentations has made its way to Service Chiefs who delivered this information to new Residents	Dave Seder, Chief of Critical Care, John Bancroft, Chief of Pediatrics and others	April 2018 – current	Completed and Ongoing
Signage posted at KPI board in all three SCUs to create daily awareness to current performance	SCU Leadership	April 2018 – current	Completed and Ongoing
Labeling all bins with cost of item/reminder to charge. This was implemented all three SCU's clean utilities and medication rooms	SCU Leadership	May 2018 – Current	Complete

Outcomes

Lost Revenue Compared to Patient Days



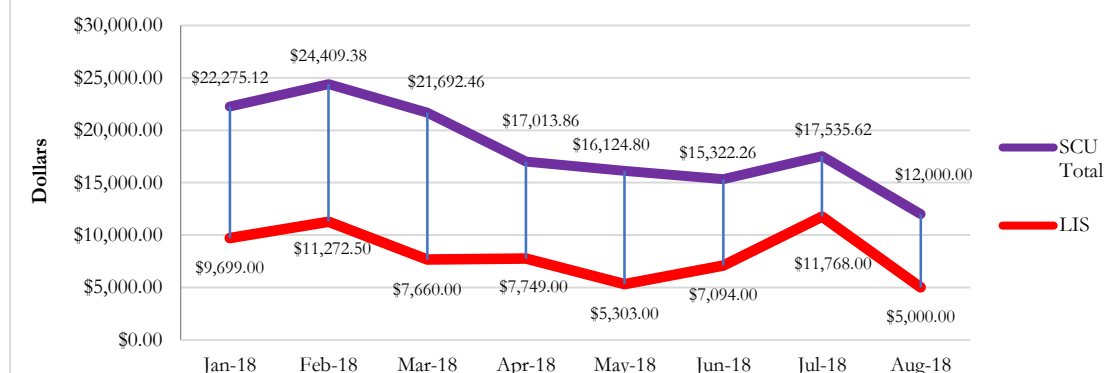
Compliance with Charging Supplies



	Compliance with Charging Supplies	Lost Revenue Overall	Lost Revenue Overall – Uncharged Line Insertion Supplies
2017	59.6%	\$175,841.56	\$109,851.82
2018	90.2%	\$126,202.66	\$69,465.66

Next Steps

SCU Lost Revenue Related to Line Insertion Supplies (LIS)



The next step for the SCU's is to complete a 2 year retrospective cost benefit analysis to determine lost revenue from uncharged LIS's and compare it to the cost of three automated dispensing systems (Pyxis)

Plan

Study

Act

Do