

## Daughters of Charity Health System recoups \$4 million with improved billing process

When the Daughters of Charity Health System (DCHS) implemented the Picis CareSuite ED PulseCheck emergency department information system (EDIS), they had many expectations. These included enhanced patient care, increased patient and physician satisfaction, and improved efficiency and productivity. DCHS also expected a return on investment (ROI) within a reasonable three-to-four-year time period.

### Spanning a wide range of care settings

DCHS, based in Los Altos Hills, operates six facilities spanning the California coast from San Francisco Bay to Los Angeles. Formed in 2001, DCHS is built on 150 years of tradition of high-quality Catholic healthcare service in the United States. The facilities range from an inner-city hospital to community hospitals in urban, suburban and rural settings.

The organization's strategic IT plan called for an increased focus on clinical systems. Prior to the EDIS project, their core system exposure was limited to traditional pharmacy, laboratory and radiology systems.

After analyzing clinical automation possibilities, DCHS decided to automate ED care first for several reasons:

- With more than 161,000 visits annually, ED care is central to their mission.
- It is a high-impact revenue area.
- Since many emergency patients are admitted, the ED is the "front door" of the hospital.
- It is a controlled environment with contracted physicians.
- ED offers the ideal test for clinical automation because it deals with every type of care, from minor injuries to critical care.
- The community's perception of DCHS hospitals is often based on an ED experience.

"From the corporate perspective, we were looking at really improving patient satisfaction and being able to document and show improved patient care," says Richard Hutsell, vice president and chief information officer, DCHS.

In addition, in the near future, they plan to implement a computerized physician order entry (CPOE) system and the ED is a good place to start CPOE.



### Quick Profile

#### Daughters of Charity Health System

##### Institution profile:

Six facility IDN with more than 161,000 annual ED visits

##### Key business/clinical drivers:

Support requirement of organization's strategic IT plan, which called for an increased focus on clinical systems

##### Picis solutions:

CareSuite® ED PulseCheck®

##### Interoperability:

Across the IDN they have Meditech, McKesson STAR and MS4 with various integration points: inbound ADT, outbound order entry, outbound text to CDR, facility billing and inbound results

##### Results:

- Recouped \$4 million with improved billing process
- Reduced number of lost charges
- Automated charge capture as services are rendered



### ► Weighing the options

Before selecting an EDIS partner, DCHS conducted an extensive evaluation of all available solutions. After examining ten different vendors and completing several rounds of demonstrations, scored valuations and site visits, they selected ED PulseCheck.

Picis was chosen primarily for its system architecture, performance and ED expertise. Because ED PulseCheck is a Web-native system, it deploys easily. In addition, physicians and clinicians were familiar with Web-based tools, which made it easier to use. Another key factor in the selection was the number of successful implementations of ED PulseCheck.

DCHS knew that successfully implementing a clinical information system posed a fundamentally different challenge than implementing business and administrative systems. In order to succeed, it would require process changes, the commitment of clinical staff and widespread physician adoption.

In addition, they faced institution-specific challenges including:

- An aggressive timeframe for implementation in six hospitals.
- Vendor collaboration since IT functions were outsourced,
- Interoperability with a number of legacy systems, including some facility-specific products.

DCHS focused on three key initiatives to address these challenges. First, DCHS assembled a strong project team that included an experienced project manager; two highly-skilled project analysts; and representatives of ED physicians, nursing and other impacted disciplines. Second, they solicited and received excellent executive support, which is absolutely imperative for a project like this. Third, DCHS realized that they couldn't succeed without good communications, and they were diligent in communicating with all parties involved, including staff; other affected areas affected within the health system such as HIM, laboratory and radiology; and Picis and their outsourced IT vendor.

### Taking a phased implementation approach

DCHS took a phased approach at each hospital automating patient tracking first, followed by nursing and physician documentation, order entry and then charge capture. The length of time between each phase was approximately two months.

Since they were bringing together teams from six different facilities, DCHS took the approach that they needed standardization but also had to offer site-specific flexibility. In addition, they performed a risk assessment of the individual groups involved in each phase of installation and tailored their training, implementa-

tion time and support services accordingly.

DCHS also identified physician leaders who acted as internal consultants. Not only did this prove valuable in helping to predict and overcome physician adoption challenges, but also in tailoring the product to meet their expectations during the implementation.

Another important decision they made was to not skimp on technology. DCHS thought it was essential that they provide users with the best tools for the job and enough devices so that there is no queuing or contention for workstations. The technology choices they made included:

- Multiple workstation types, including in-room workstations, tablet PCs and computer-on-wheels stations.
- A variety of input options, such as keyboard and touch screens. They also introduced Dragon voice recognition, which 70 percent of their physicians are now using to annotate templates.

At their central data center, they also installed a redundant system that is optimized for performance and uptime. Their downtime is expected to be only 360 minutes per year for patches and upgrades.

### Realizing revenue capture

By far, the biggest financial benefit of implementing ED PulseCheck was the increase in revenues in 2005. ED PulseCheck paid for itself in less than one year due to increased ED charges resulting from improved documentation. An independent benefit validation report

by First Consulting Group estimated that the potential increase in gross revenues was between \$36 million and \$42 million across the organization.

The increased revenue was due to three factors:

- Charges are captured as services are delivered. Two facilities have seen gross charges per case rise by more than \$600.
- The number of lost charges were reduced since the system's documentation now automatically generates evaluation and management codes
- Strong physician participation in the online documentation effort is expected to reduce transcription costs by more than \$850,000.

The total cost to implement the system was quickly recouped because of the improved billing process.

The project did not end with the "go-live" date. In the ever-changing world of clinical care, it is important that the EDIS continue to improve and evolve. Implementing change is easy. Staying changed is harder. ■

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