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1996
1997
1998
2002

Hospital's Pilot Will Help ED Meet Clinical Documentation Challenges

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The way physicians need to think about clinical documentation is changing, says one emergency department physician, and with the help of technology, his hospital is positioning itself to be ready for those changes.

“In the past in the emergency department, it was all about documenting what you did,” says Justin Chang, MD, chief of emergency services for KP Colorado and medical director of Exempla St. Joseph Hospital’s emergency department. “Now it’s about documenting what you think, and what you think is going to happen and that’s what people are to be held accountable for. It’s a big shift and something that physicians are going to have to think about in a new way.”

To help meet the challenge of providing accurate documentation to support physicians’ patient care decisions, Chang says his hospital’s emergency department is launching a 6-month pilot of LYNX CareBridge, which is part of Wakefield, MA-based Picis’ recently released ED PulseCheck 5.0, the company’s emergency department software solution.

Hospitals often place patients into observation who might otherwise be admitted, because intensity of service and medical necessity for these patients are not clearly defined or documented. The difference in reimbursements resulting from this decision averages \$6,500 per patient, and is often the cause of increased scrutiny by recovery audit contractors (RAC).

CareBridge enables hospitals to apply specific hospital policies around determining appropriate admission and observation practices, then captures medical necessity documentation to support the disposition decision and assignment of the appropriate level of care – leading to defensible and accurate reimbursement for the care provided.

“CareBridge is essentially an algorithm that takes elements of existing documents in PulseCheck that the clinicians have created and creates a “score” regarding the medical decisions made in the ED that the admitting physician can use to determine whether the documentation qualifies the patient for observation status or inpatient status,” says Chang. “It’s a huge problem to get the coding right with Medicaid and Medicare and if it’s not right, it results in lost revenue for the hospital.”

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Chang says that during his emergency department's six month pilot of CareBridge, they'll be relying on metrics. "We're planning on doing a lot of auditing when it comes to admissions and charts and also looking at the connection between better documentation and increased relative value units (RVU). I don't know how that will play out but it's the feature in this new version of PulseCheck that's the most interesting to me."

The emergency department has used PulseCheck since January 2008. "During that time, we resolved a lot of the original issues around having an EMR and since then, we've been very successful in terms of workflow, coding, efficiency and revenue capturing. We're looking forward to 5.0's more user friendly template charting," Chang says.

The emergency department expects to go-live with its PulseCheck 5.0 upgrade in March and Chang says the physicians are looking forward to the upgrades. "We're very fortunate in that our physicians for the most part are very savvy, very flexible, and very comfortable with computers."

Despite his department's familiarity with PulseCheck, however, Chang says the department is planning a more in-depth training process than they've had in the past when they've installed upgrades. "This one is different enough so that in the week before go live we'll have everyone go into the computer lab for testing. We want to be sure that the users know enough so that they don't get frustrated."

After go-live, Chang says that his team will continue to make sure that the product continues to meet the physicians' needs. "These are people who are already very comfortable working with the system and we want to make sure that the upgrades are still working within physicians' workflow."

Exempla St. Joseph's emergency department has led the way for technology implementation in the hospital. "We were the first to have EMR, the first to have CPOE, the first to be all electronic," Chang says.

He credits a strong collegial working relationship between the ED and the IT department for much of the success that the ED has had in technology adoption. "That relationship is really the foundation of how it all works. If was just the ED driving technology adoption, or Dave Pecoraro, the hospital's CIO, telling us what we had to do, it wouldn't work. They're supportive of what we do, and we understand that they're balancing not just our needs, but the needs of the entire hospital."

Chang says that since the rest of the hospital recently implemented an EMR system from WI-based Epic Systems, his department has kept a close eye on that company's ED system but so far, has opted to stay with PulseCheck. "While there are challenges to not having the same system as they have in the rest of the hospital, so far we've felt that we've gotten the functionality we've needed." ■