DIVURGENT

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Graphic courtesy of Fulcrum Methods

The value of CPOE comes from using standardized electronic ordering as a tool to guide patient care.

FEATURED WHITE PAPER

CPOE Project Management

The current healthcare reform bill is pressuring healthcare systems to satisfy the HITech Act, a portion of the American Recovery and Reinvestment Act (ARRA), and meet the requirements of meaningful use. CPOE, computerized physician order entry (or as CMIOs like to call it, computerized physician order management), must be completed and successful by 2015.

CPOE in a healthcare setting is more than just order entry, it fundamentally changes the way care is delivered, affecting everyone in the organization from administrators to clinicians and, of course, the patients. The end result of CPOE is to improve clinical outcomes, and like any large initiative, CPOE requires detailed planning, dedicated resources, and effective project management to achieve that goal. CPOE implementations also require interdisciplinary teams that can help optimize people, process, and technologies.

Although technology is the cornerstone of CPOE, it cannot be successful without aligning critical success factors including leadership, governance, workflow, organizational readiness, and education. Integrating CPOE into workflow is a challenge, but like any new process, it takes a plan to achieve success.

Read more: CPOE Project Management.

Interested in this practice? Project Management.

PROJECT SPOTLIGHT

Revenue Management During a Clinical System Implementation

DIVURGENT was engaged by a large healthcare integrated delivery system, to support the Revenue Management and Charge Services teams during Phase II of a three phase clinical transformation project using Cerner Millennium® as the electronic medical record (EMR).

Phase II of the project replaced Siemen's Invision® clinical applications with Cerner PowerChart®. All hospital clinical personnel, including nurses, patient care technicians and ancillary support, documented patient care in the EMR. The paper chart was virtually eliminated. Charges are no longer entered directly into a system or batched for data entry; they are a by-product of clinical documentation and virtually invisible to the clinical provider. As a result, there was a need for monitoring tools that had not been used previously by the healthcare system to ensure minimal impact on the revenue stream during activation and beyond.

DIVURGENT was responsible for developing reports and monitoring mechanisms to be used to identify potential revenue issues that included:

- A report for nurse managers and department directors to run at the end of each shift that identifies incomplete or unsigned charts that drive charging in the background.
- A report of incomplete tasks that have built-in charges on discharged patients to identify potential late charges.
- Daily detailed interfaced charge reports to help nurse managers and department directors balance patient load against charges.
- Charges that did not qualify for the financial system interface (suspended) to identify issues with unprocessed charges or revenue mapping by department.

Activation Metrics

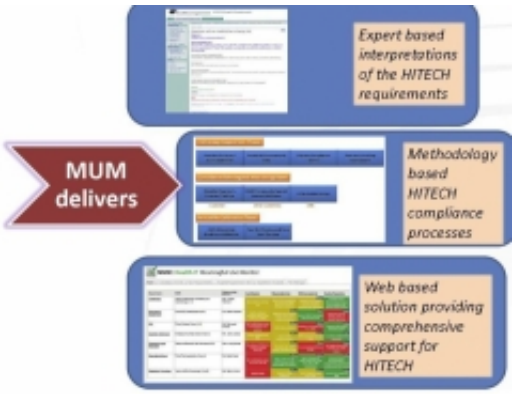
The following metrics were used during clinical systems activation to monitor revenue and identify issues:

- Gross inpatient revenue per patient day compared to budget and similar day of the week revenue from the previous month.
- Gross outpatient revenue per encounter compared to budget and similar day of the week revenue from the previous month.
- Number of unsigned clinical documents per day.
- Number of overdue clinical tasks per day.
- % of total charges that were suspended.

Interested in more information? Contact emily.kneipp@DIVURGENT.com.

NEWS & EVENTS

October 2010 Colin Konschak and Lindsey Jarrell's book "Consumer-Centric Healthcare: Opportunities and Challenges for Providers" will be released.



Our Meaningful Use Online Monitoring Tool provides a comprehensive approach to HITECH compliance and is essential to helping your team achieve Meaningful Use gap analysis.

Attending EPIC UGM Conference in Madison, WI September 20. The Musical.

Colin Konschak and Shane Danaher presented to regional physicians at the **Regional Education Workshop on HITECH and Vendor Selection** June 9.

MEANINGFUL USE

NEW MEANINGFUL USE section on website. MU.

Hosted two Meaningful Use Gap Analysis & Tracking Tool webinars.
Our Meaningful Use (MU) Methodology (powered by Fulcrum Methods) is designed to assist healthcare providers in qualifying for reimbursement incentives associated with the adoption of EHRs under ARRA. Click on MU link above to read more.

HERE WE GROW AGAIN

Mary Sirois is the principal for DIVURGENT's clinical transformation practice. A physical therapist with a clinical background she brings nearly 20 years of healthcare operational and strategic planning experience across a wide spectrum of provider environments.

Peter Harrison has 22 years of both clinical and academic nursing experience with a focus on Anesthesia Pain Management. He has specialized in project management, clinical transformation / process development, physician adoption, training and has managed large clinical system implementations nationwide.

Noell Snider has 15 years of healthcare experience in clinical systems implementations and training. She started consulting 5 years ago. Her specialties include testing, training and physician adoption.

Bill Hann has over 30 years of experience in healthcare including clinical and administrative. He practiced as a registered Radiologic Technologist and registered CT Technologist for 20 years before moving to hospital billing and coding consulting. Bill has vast experience in hospital chargemaster with expertise in Cardiac Cath and Interventional Radiology coding and education. He is a certified Professional Coder for hospital outpatient procedures and a certified Interventional Radiology / Cardiac Cath Coder.

CONTACT US!

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