



Vaulting the Paper Hurdle

A LEADER'S SUCCESS STORY

By **LONDA BICK, RHIA, CHP**, Corporate Director,
Health Information Management, St. Vincent's Health

With 1,600 beds spanning 17 facilities across 46 counties in Indiana, St. Vincent Health is the largest of seven regions comprising Ascension Health, the second largest nonprofit healthcare system in the nation. But St. Vincent Health isn't just a healthcare giant. Throughout the region they have received recognition as a pioneer in providing quality care to patients, including national ranking for cardiac, stroke, orthopedic and gastrointestinal care by HealthGrades, the nation's leading provider of independent hospital ratings.

Emerging as a healthcare leader while delivering quality care to 2.2 million patients annually, St. Vincent's Hospital (SVTH) had to acquire an information-technology solution that could keep up with the demands for providing state-of-the-art patient care across the ever-growing enterprise. It needed a system that increased productivity and facilitated clinical decisions through immediate and simultaneous access to patient health information, as well as a system that housed and tracked patient information from registration through to billing and collections. Not only was STVH looking to address its clinical areas, it was also concerned about its bottom line. STVH wanted a system that allowed it to manage operating costs, expedite collections and reduce loss through denials and write-offs.

To achieve its goals, STVH realized it needed to convert its manual, paper-based health records system into a robust electronic health record solution that provided a secure, digital repository for patient information that could be accessed anytime and anywhere. It sought a vendor with

a solid project history, proven delivery methodology and solution.

In 1995, STVH chose CGI, a leading IT and business-process service provider and together they implemented CGI's Sovera Health Information Management and Patient Financial Services Systems. These solutions helped STVH migrate from an environment of paper and disparate, incompatible systems to an integrated system with open architecture. Since then, the system has been expanded to accommodate STVH's acquisitions and is now implemented in a total of 15 facilities.

Most recently, STVH wanted to improve efficiency and reduce costs in its Account Payables Department. More than 600 invoices were manually entered each day and then emailed or faxed to one or more of the 700 end-user reviewers and approvers at STVH. Since it was not always clear whom the invoice should be sent to, several attempts were often made to email the correct individual for approval. In addition, there was no online tracking which meant a great deal of time was being spent following up on the approval process. To address these time and resource demands, STVH implemented CGI's Sovera Accounts Payable Electronic Content Management (ECM) solution in 2007.

THE RESULTS

With Sovera Health Information Management and Patient Financial Services, STVH was able to achieve its quantitative targets of:

- Expediting collections and follow-up. There

was a 7-day reduction in accounts receivable (valued at \$7.5 million in savings over five years).

- Reducing operating costs due to paper handling, including floor space, supplies, micrographics, outsourcing and closing of the satellite medical records facility (valued at \$2.9 million in savings over five years).
- Reducing losses due to peer-review organization and technical denials, as well as inappropriate bad debt or charity write-offs (valued at \$1 million in savings over five years).
- Increasing productivity in patient financial services (reduction of 15 FTEs required for PFS in the first year) and health information services (reductions for HIS phased in the beginning of the third year) for a total of 22 FTEs reduction in direct labor cost.
- Improving proficiency and increasing revenue by bringing back Release of Information functionality to the HIM department. The operation is more than paying for the staff.

RESULTS OF SOVERA ACCOUNTS PAYABLE

- Less storage space needed and thus fewer storage costs
- Less email space
- Validation rules lead to less billing discrepancies
- Reduction in FTE costs
- Reduction in labor costs/invoices
- Fewer points of contact for vendors. **FH**



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St. Vincent's Health's **LONDA BICK** tells us how electronic records have made healthcare processes more efficient

PAPERLESS IS PRICELESS



Londa, can you describe what it was like working primarily with paper-based records and how it has changed for you since becoming electronic?

When we were in the paper-based world, our processes within the HIM department were more sequential or serial-based one step had to follow the preceding step. That was due to the fact that with the paper environment, only one person could work on the chart or the medical record at a time. We would often have bottlenecks with delays in the throughput. If one area of processing became delayed, it would back up the sequential steps in that process. So you were constantly fighting that battle.

One of the other major obstacles in dealing with the paper world is that you had loose sheets coming in from ancillary testing, and all of those loose sheets needed to be compiled into the single unit record. And you had these enormous challenges to keep current with filing all of the loose sheets into the medical record. You found yourself in a position where every year, you needed to hire more and more entry-level file clerks to keep up with the paper filing. And as a result of the accumulation of paper, you then had files that were bulging and a file room that needed to be expanded or installation of expensive moveable shelving, or a process of sending the paper offsite for microfilming. The costs just begin to escalate. And, lastly, another major concern in the paper environment was missing records or lost files. Often, there was no accountability for that record because, with the human element, it could

just walk out of the department or end up under a stack of other papers and become lost for a period in time. Since we've changed to our hybrid electronic record with the document imaging solution, we now have eliminated the lost-record issue, we no longer have a filing backlog, we are capable of keeping current with the indexing feature on a daily basis and our throughput is simultaneous. We have multiple HIM users able to perform functions at the same time. We have multiple physicians who may view the record at the same time to administer care. We've resolved a lot of these issues by going to the electronic record.

Can you discuss some of your goals, expectations and measurable results by going to an electronic system?

When we initially implemented the system in 1995, one of our goals was to reduce the clerical staff. And as a result of reducing the clerical staff, we were able to redeploy those positions to a skilled level that was becoming more and more in demand within the HIM department. As a result, we were able to avoid increasing our FTEs by transferring those positions into the coder-level position. We were not obviously able to transfer those exact associates into those positions, but we were able to free up the position and then create the new position that we needed for coder level.

By being able to have multiple physician access to records at the same time and to offer them remote access, we were able to reduce the deficiencies. Our goal was always to be under the

Joint Commission's target of 50 percent of your average monthly discharge of records, greater than 30 days old.

Prior to the installation of this solution, we were hovering in the mid-40s. Immediately after putting this remote access and multiple access feature in, we were able to reduce that into the 30s. As the physicians became more and more comfortable, we were able to reduce down into the low 20s. Recently, I spoke to a national consultant to see how we could leverage this technology and go even further in reduction of incomplete records. They advised that we should reset our target to 10 percent or less. That's our new target and by holding the physicians accountable and making sure they are logging on weekly, we'll be able to achieve an even better performance on record deficiencies.

What has been the impact of having a comprehensive medical record on your organization in your staff or with patient care?

I can speak specifically from our emergency department. They love the system. There is a quarterly meeting of all of the emergency physician directors throughout St. Vincent Health Network. And the physician director for the Indianapolis site, which was our original Sovera site, has been telling the other medical directors how much they will like the system and how it will improve their access to historical patient information. He has been very influential in getting the other sites to be receptive. Keeping the emergency physicians happy has been easy with this system. We've taken the approach that the requester



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is the retriever, so each of the physicians in the emergency department have been trained on the system and they know how to quickly access the historical information that they can look back for medications that the patient may have previously been on. They are able to look for allergies or any type of information that would help them in delivering care for the current episode.

I think one of the most important things is that it does give them access across the entire network. Eight sites have installed the system in the last 1.5 years. I believe that from a Joint Commission and from a HIPPA standpoint, we definitely have improved our tracking and our ability to see who accesses records. It is part of our HIPPA privacy-compliance and investigation plan. We go to the logs to see if a staff member has accessed records. If they have printed the records we can tell what date and what function they were performing when they were looking at the record. We can tell how long they were in the record. We have instituted, throughout our organization, a role based access sign off process where we control who has access to those records, by giving the approval to have Sovera system access. From a HIPPA compliance, we feel this has given us a definite tracking ability for our legal medical records. And we've actually been able to administer disciplinary actions based on results that we found through the tracking system. It also protects the records from privacy issues that you get when you have paper. We feel it is a major advancement to have the record electronically, thereby avoiding the mishaps to which paper is prone.

Access to the electronic medical record has impacted the billing operations efficiency. By granting billing staff access to the system, they can electronically attach or provide copies as required by payers to substantiate bills and expedite the payment process.

What's your advice in going to a paperless environment, both internally and when choosing a business partner?

I think you need to know your needs and taking a good look at what your current processes are and identifying the opportunities to improve and advance through use of the technology is the first step. Being able then to sell that or present it effectively to your leaders within your organization is the second step. And then getting the right vendor aligned who can meet your needs is absolutely critical. You need someone who has experience in the field, someone who understands healthcare and someone who has the staff who can help you work through the workflow the way you have it today and help you see and identify the potential to do things differently using the technology. I think if you don't have that kind of a relationship where they're going to take you to the next level, you're doing a disservice by trying to just replace what you have by doing it electronically. You have to realize that you need to do things differently and your vendor is the person who can help you do that based on their experiences and their ability to analyze and apply the technology to what your goals are. You need a vendor who can help you meet with the people and introduce change. Sometimes, it's hard to do that yourself internally, but when you bring the right vendor on site and they show the enthusiasm and the demonstrated results with their product and the confidence that they have in the technology, that will overflow and help make the changes that are necessary to have an acceptance of the system and a transition to a whole new way of doing things.

Would you have any final comments on return on investment?

Well, I think what an electronic record can do for our primary goal of patient care is just priceless. The

right system helps in getting the information in a timely basis to the caregiver and delivers high-quality care based on access to information and that is just impossible to put a dollar figure on. Otherwise, as far as return on investment, initially we were tracking this over a 5-year period for the original site back in 1995. What we found with the installation in patient financial-services and health information management, that over the first five years we had a 27.8 percent return on investment and that was really through several different savings that we had achieved. That includes the labor; the patient financial services arena actually had FTE reductions. In the HIM world, we had FTE avoidance as we were able to reduce the clerical and then redeploy those to the coding level. We had an increase in our throughput — in productivity. As a result of that productivity, we had a payback on getting charts coded quicker, getting bills out the door quicker and that had a financial impact. We were actually able to cut one day off of our days in AR. We had the operational cost that provided part of the return on investment, we had the space that we were able to reclaim and we were able to downsize as we reduced paper storage. We were also able to reduce the supplies for paper systems, the file folders and those types of things. We were able to reduce the microfilm expenses and offsite storage. The other areas that it's hard to put a dollar figure on is the “lost reductions” — by being able to have a complete medical record at all times and not have a missing or lost record.

We have deployed this system in the past two to three years to our satellite sites. We have been able to eliminate some management positions since in those smaller sites, we are able to manage through a consolidated effort. We are also able to avoid contract coding, because this function can be performed remotely by existing staff. It is a system where the return is definitely there and it's just priceless when it comes to patient care. **FH**



LONDA BICK, RHIA, CHP, is the Corporate Director of Health Information Management and is responsible for the overall direction of health information management on the St. Vincent Health Network of hospitals across central Indiana. Responsibilities include enterprise-wide electronic record repository, coding and abstracting functions, clinical data reporting, privacy and security, regulatory compliance, performance improvement and budget accountability. Londa earned her Bachelor of Science in Health Information Management from the Allied Health Division of the IU School of Medicine, now a division of the IU School of Informatics.