Pre-Admission Screening Process Improvement

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Introduction

• Process Improvement Project
  • Waste reduction
  • Identify Gaps in Current Processes
  • Update Processes

Background

• Current Responsibilities
  • Insurance Notifications and authorizations
  • Precertification's for Elective Surgeries
  • Insurance denials (concurrent and retroactive)
  • Case Utilization for OB unit
  • Research and rectify missing bed charges

• Poor staffing and little resource support
  • Lead to delays in notifications
  • Re-work of chart review

• Outdated notification system
Swank (2003) - Standardizing processes

Olaniyan, Brown and Williams (2009) - Reduction in denials leads to decreased financial burden and less appeals processes

Leach, Daymont, Roby, Metro and Walter (2012) - Encourage a multi disciplinary approach to decreased denials and successful appeals

Desai (2011) - outpatient centers using same Case Management model to decrease denials for outpatient chemotherapy infusions

Thomas (2009) - Full immersion Case Management Model showed decrease in length of stay by 1.57 days
Setting and Key Players

- Metro Health Hospital’s Preadmission Screening Department
  - Part of Care Management
- Lisa Schuel - Department Manager
- PAS employees
- Financial Services
- Tonya Moyer - Senior Director of Performance Improvement
- Karen Middendorf - Nursing Informatics Coordinator
- Deb Merriman - Decision Support Analyst for the Quality Department
- Pamela Carlson - Director of Quality and Patient Safety Officer - Preceptor
Quality and Safety Education for Nurses (QSEN)

- Teamwork and Collaboration
  - Knowledge
- Informatics
  - Skills
- Quality Improvement
  - Attitude

American Association of colleges of Nursing (AACN). , 2012
Professional Standards

- Quality of Practice
- Collaboration
- Resource Utilization
- Leadership

American Nurses Association (ANA) (2009)
PAS Process Improvement

Notifications and Authorizations

- Rework - two people having going through the chart for same encounter
- Different modes of sending to insurance (call in vs electronic submission)
- No formalized insurance contacts listed (need spreadsheet with contact for each)
- Difficulty finding anything group files
- No established processes for notifications/certifications/authorization
- Change of e-faxing is not user or group friendly

OB Case Review

- Selective vs 100% reviewed cases?
- Lack of orders being written - result of recent changes OB

Overload of PAS workload

Misc
- Clerical opportunities
  - Prearrival services do notification when checking insurance authorizations
- Need process for tracking authorizations/certifications
- Karen Middendorf - IT/EPIC contact person - may be able to assist in Rightfax groups

Poor Support
Change and Leadership Theory

• Levin's Change Theory
  • Unfreezing
  • Moving
  • Refreezing

• Transformational Leadership Theory
  • Create Shared Vision

Morrison, Jones and Fuller (1997)
Ross, Fitzpatrick, Click, Krouse, and Clavelle (2014)
Benefits

• Reduction in denials
• Timelier Authorizations
• Faster appeal process

Resources Required

• Restructure of current model of care
  • Utilize current staff load
  • Remove discharge planning to focus on utilization and authorization
  • Non-productive time spent on training time

• Addition of one FTE
  • Non-clinical personal
Perceived Barriers

• Resistance to change
  • Letting go
  • Change to model of care

• Staffing
  • Coverage for less discharge planning completed by case managers

• Available outside resources
  • Outside organizations that may cause barrier to process improvement
Evaluation & Measurement

• **Measurement**
  - Review last 3-6 months prior to process change denial data
  - Review denial data 3-6 months after process change
  - Staff survey on change of process

• **Evaluation**
  - Evaluate the increase/decrease of denials from insurance payers
  - Staff satisfaction with process change
  - Time spent on non-clinical responsibilities
Expected Outcomes/ Conclusion

- Faster insurance notifications (within 24 hours of admission)
  - Elimination/Decreased denials based on late notifications
- Decreased denials due to medical necessity
- Faster submission time for medical necessity
- Elimination/Decreased time “wasted” for PAS employees to relearn charts prior to insurance submission
- Decreased time for Case Managers to assist in discharge planning
  - May lead to decreased staff satisfaction
- Justification for ancillary staff
## Title of Quality Improvement Project: Pre-Admission Screening Process Improvement

### Goals with QSEN/ANA Support

#### Sub-Objectives to meet Goal

#### Activities to meet Each Sub-objective

#### Timeline for each

### Goal 1: State Goal
- **Streamline the notification and authorization process to payers**
  - Meets QSEN Competency(ies)/KSA(s):
    - Informatics
  - Meets ANA Scope & Standards for specialty role:
    - Resource Utilization
    - Collaboration

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<thead>
<tr>
<th>Sub-objective</th>
<th>Activities to meet Each Sub-objective</th>
<th>Timeline for each</th>
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<tbody>
<tr>
<td>1.1 Electronic submission for all payers eliminating lengthy, time-consuming call ins</td>
<td>1. - Create one hospital login for each payer for Electronic submission 2. - Contact all payers currently not electronically submitting regarding obtaining this 3. - Create Spreadsheet including contact information broken down by payer and plan type 4. - Add to the department website and update as needed when contact information is changed</td>
<td>1. - 1/12/2015 - 1/16/2015 2. - 1/12/2015 - 1/16/2015 3. - 1/12/2015 - 1/16/2015 4. - 1/16/2015</td>
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<tr>
<td>1.2 Establish up to date contact information for payers to disseminate to all staff that will be updated regularly as needed</td>
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### Goal 2: State Goal
- **Demonstrate the need for non clinical personal in insurance notification**
  - Meets QSEN Competency(ies)/KSA(s):
    - Quality Improvement
  - Meets ANA Scope & Standards for specialty role:
    - Leadership
    - Resource Utilization

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<td>2.1 Identify areas and responsibilities that non clinical personal could complete</td>
<td>2.1 Create a list of areas that could be completed by a non-clinical employee</td>
<td>2.1 - 1/15/2015 - 5/1/2015</td>
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<td>2.2 Assist the director in showing need for a non clinical personal to reduce the workload of the clinical employees with an additional FTE at a financially responsible salary</td>
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### Goal 3: State Goal:
- **Implement new process of notification and authorization from the Unit Case Manager**
  - Meets QSEN Competency(ies)/KSA(s):
    - Teamwork and Collaboration
  - Meets ANA Scope & Standards for specialty role:
    - Quality of Practice
    - Collaboration
    - Resource Utilization
    - Leadership

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<td>3.1 Update Policies and Procedures to reflect changes</td>
<td>3.1 Collaborate with current PAS team to create an educational powerpoint 3.2 Develop updated Procedure and Policies with the assistance of the current PAS department 3.3 Roll out changes to one unit (test unit) - evaluate roll out process and implement changes to education and process prior to full implementation 3.4 Provide education to Unit Case Managers 3.5 Roll out changes to all unit case managers 3.6 Conduct staff satisfaction survey on change process 3.7 Collect post implementation data/ Evaluate and make changes to roles based on evaluations 3.8 Present data on change process to preceptor, department director and CNO for review.</td>
<td>3.1 - 1/26/2015 - 1/30/2015 3.2 - 1/26/2015 - 1/30/2015 3.3 - 2/2/2015 - 2/13/2015 3.4 - 2/18/2015 - 2/19/2015 3.5 - 2/23/2015 - 4/3/2015 3.6 - 4/6/2015 - 4/10/2015 3.7 - 4/20/2015-4/24/2015 3.8 - 4/27/2015-5/1/2015</td>
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<td>3.2 Create educational powerpoint to use for training purposes</td>
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<td>3.3 Evaluate the process changes based on measurable outcomes</td>
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Thank you!

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• American Nurses Association (ANA) (2009). *Scope and Standards of Practice: Nursing Administration.* Silver Springs MD. American Nurses Association


