Quality and Productivity Commission

29th Annual Productivity and Quality Awards Program

Champions of Change: Together We Make a Difference

2015 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: ENTERPRISE HEALTH INFORMATION MANAGEMENT DASHBOARD

DATE OF IMPLEMENTATION/ADOPTION: **03/01/2014**
(Must have been implemented at least one year - on or before July 1, 2014)

PROJECT STATUS: X Ongoing _____ One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? _____ Yes X No

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

Enterprise Health Information Management Department (EHIM) has developed a productivity or output rate dashboard to measure and quantify Inpatient, Ambulatory Care, Ambulatory Surgery, Emergency and Urgent Care patient coding services. EHIM productivity industry standards are governed by the American Health Information Management Association (AHIMA); which specifies productivity rates by the number of records coded per hour. EHIM will add to the dashboard a database to demonstrate productivity rates and quantify outcome/results of patient services rendered within all EHIM divisions; such as, Release of Information (ROI), Deficiency Review, and Enterprise Master Patient Index (EMPI), which is also governed by AHIMA and The Joint Commission. At this time, EHIM Analytics is manually processing via Excel and Access statistical information with access to Affinity and Cerner Health Information Systems (HIS) and DHS-HR eCAPS to generate monthly individual staff data and coding reports to generate output rates. The data is extrapolated and formulated to generate statistical outcomes/results presented in graphs, quantitative and descriptive analysis for DHS Administrative review.

(1) ACTUAL/ESTIMATED **ANNUAL** COST AVOIDANCE	(2) ACTUAL/ESTIMATED **ANNUAL** COST SAVINGS	(3) ACTUAL/ESTIMATED ANNUAL REVENUE	(1) + (2) + (3) = TOTAL **ANNUAL** ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
$		$	$	X

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS DHS- Enterprise Health Information Management 10430 Slusher Drive Santa Fe Springs, CA 90670	**TELEPHONE NUMBER** 562-906-6127
PROGRAM MANAGER'S NAME Harvey Jones Program Implementation Manager- EHIM Analytics	**TELEPHONE NUMBER** 562-347-1513 **EMAIL** hjones@dhs.lacounty.gov
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE **DATE** (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Gerardo Pinedo Signature on file	**TELEPHONE NUMBER** 213-240-8104 **EMAIL** gpinedo@dhs.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE **DATE** Mitchell Katz, MD Signature on file	**TELEPHONE NUMBER** 213-240-8101 MKATZ@DHS.LACOUNTY.GOV

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1st FACT SHEET – LIMITED TO 3 PAGES ONLY: Describe the **Challenge, Solution, and Benefits** of the project. State clearly and concisely what difference the project has made. Use Arial 12 point font

Challenge: EHIM is producing a quasi-electronic and manual extrapolation of data to generate the dashboard and productivity or output rate reports to represent EHIM staff work related activities. The manual extrapolation, formulation, calculation and generation of graphs and statistics to support the EHIM's productivity of required tasks are time and labor intensive for the EHIM Analytics staff. The data is generated using a multitude of systems to create one cohesive dashboard monthly, quarterly and annually. This information is gathered from several data sources and systems; such as, DHS-HR eCAPS, Affinity and Cerner HIS(s) and re-produced using Excel. EHIM also uses the quantitative data to support the need to retain contract staff based on productivity or output rates. EHIM is seeking to electronically develop a system to extrapolate formulate and generate a plethora of reports for administrative analysis and review, to improve patient access to medical information, improve communications between professional staff and providers and promote proactive staff production and interaction and to meet the EHIM strategic goals.

The dashboard will generate work related standards for EHIM staff to focus on areas of improvement and training activities. The DHS Administrative Team has developed reports to obtain productivity data from all the facilities to determine the source of noncompliance with DHS and or AHIMA standards of output.

Solution: EHIM's vision is to automate a statistical based system to quantify workloads, streamline workflows, improve the EHIM customer service and patient access to medical record services, outside governmental agencies and community partners to align the staff according to the demands, requirements, and requests of DHS patients and other customers to produce the product within a legal and acceptable time frame. EHIM is quantifying work processes to streamline and enhance workload functions within each division to develop and program databases. This will allow data to be gathered from several systems into one cohesive platform or electronic database to perform analysis, graphs and supporting data with accuracy, efficiency with minor manipulation and use of staff. In addition, EHIM Analytics can create additional dashboards to reflect the EHIM's overall productivity rates of all its divisions. This information can be used to reallocate staff resources to the appropriate levels to improve and/or maintain acceptable patient service outcomes.

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Benefits: To establish work activity, productivity rates, divisional analysis to statistically demonstrate the necessity to increase number of County FTEs to accomplish the goals of EHIM in providing services to DHS patients within a timely manner including billing and reimbursement, patient disability and insurance claims, medical record deficiency rates to accurately reflect the services rendered by EHIM. The overall need may decrease the financial obligation of EHIM in the utilizing of contract staff.

Operationally, EHIM will demonstrate a need to increase County staff (FTEs) to accomplish the department's objectives and goals to decrease the cost and use of Overflow Medical Coding Contracts – (contracted staff). EHIM has identified for each facility with HIM services the need for additional County staff by the utilization of Staffing Models; which has quantified each of EHIM's tasks and deliverables by the type of services rendered.

For the ROI Division, EHIM will analyze the Turn-around-Time (TAT) for performing tasks related to releasing requested/required information to patients, Intra-County agencies and outside agencies within California's legal time frame. EHIM can quantify and evaluate the type of requests being performed to reallocate staff resources according to the appropriate FTEs levels to perform the tasks and deliver services.

The Deficiency Review Division identifies deficient charting of medical records to decrease deficiencies by interacting with medical providers to complete the official patient record. This division is also responsible for decreasing the number of medical records lacking pertinent data and medical information in the record prior to and after discharge and within the Joint Commission's parameters for hospital accreditation.

EMPI Division task is to merge duplicate and multiple patient care records in order for the medical staff to provide continuity of care of medical services rendered and to have all the medical information in one location.

EHIM Administration will analyze the data and workload to determine how FTEs and overtime can be used effectively and efficiently to offset cost with best practices and streamlining workload functions.

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LINKAGE TO THE COUNTY STRATEGIC PLAN (DETAIL IS REQUIRED FOR COUNTY DEPARTMENTS): Use Arial 12 point font

Strategic Goal #3 Integrated Services Delivery: Maximize opportunities to measurably improve client and community outcomes and leverage resources through the continuous integration of health, community, and public safety services.

EHIM is responsible for patient medical record services to provide high-quality, patient-centered, cost-effective services accurately for a number of reasons (1) internal peer review and analysis, (2) providing patients' with their personal records for court cases, transfer of medical services, insurance and disability claims, birth and death certificates, and personal files (3) external review by governing agencies, and (4) hospital accreditation based on the services rendered to patients at DHS facilities. Without EHIM processing the medical record coding and providing other patient care services, DHS would not be able to receive reimbursement for medical services rendered and to continue to provide medical care to the community and to collaborate with our community and university partners.

EHIM's objective and purpose is to (1) improve patient centered customer service, (2) improve communications between the professional and medical staff, (3) decrease the number of deficient medical records, (4) code medical records for the Finance Department to bill and receive reimbursement for medical services rendered within the guidelines set by the federal and state and insurance industry, (5) decrease and reconcile all duplicate or multiple patient records to promote continuity of patient care with the least amount of errors, (6) enhance and provide the appropriate training and education to EHIM staff and (7) develop guidelines for EHIM policies and procedures to promote improved standardization of services and promote good patient customer service.

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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFIT): If you are claiming cost benefits, include a calculation on this page. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12 point font

Cost Avoidance: Costs that are eliminated or not incurred as a result of program outcomes.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes.

Revenue: Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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$	**$**	**$**	**$**	X

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