

Due to the success of the DNFB app, we are looking to do similar analysis around case mix index to find opportunities where we can document and code more accurately.

Bernie Clement
Chief Information Officer

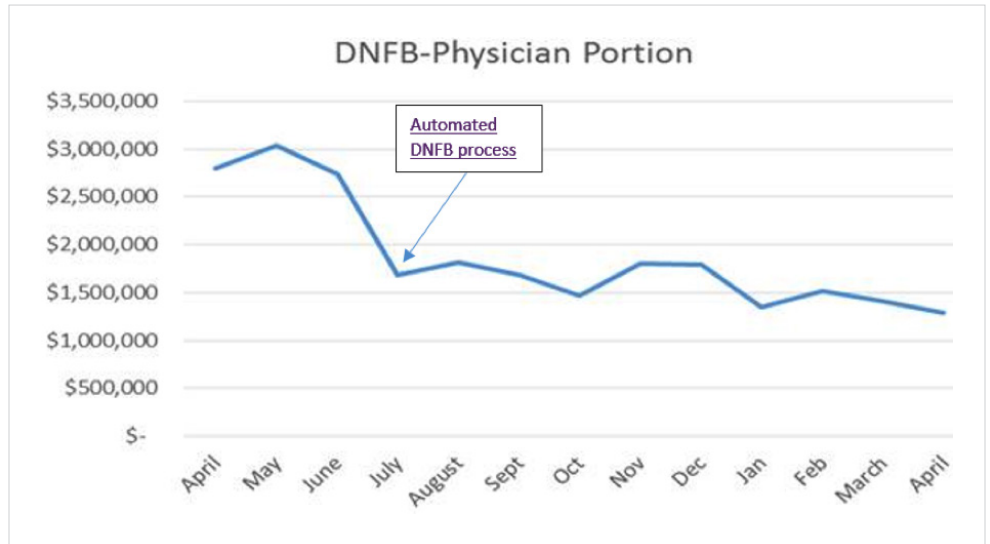


Figure 2: Trended DNFB-physician portion reduction

analytics to uncover new insights about trends and the types of missing documentation, leading to focused interventions with specific departments and providers.

Another dramatic change has been a 50 percent reduction in the hospital’s delinquency rate (Figure 3). Thibodaux’s rate of overall discharges in DNFB status hovers around 15 percent, versus a high of 38 percent the previous June, before the automated process was implemented.

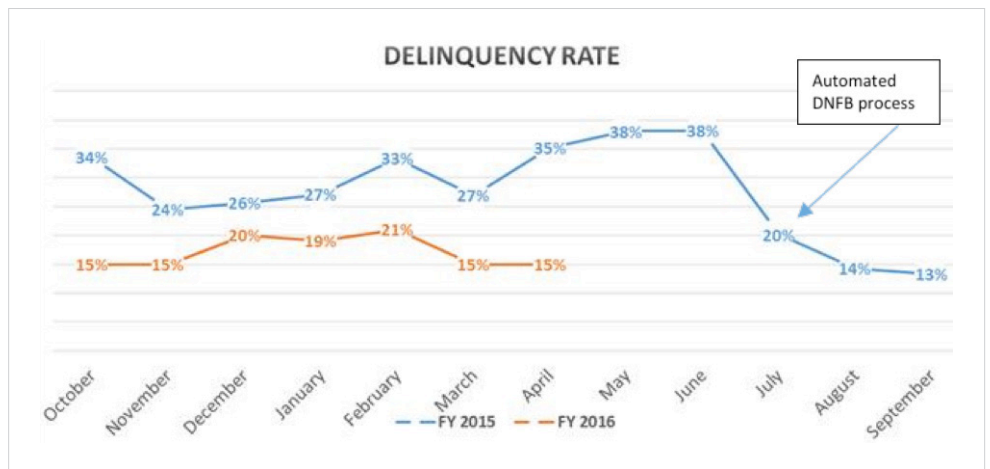


Figure 3: Trended delinquency rate reduction

I felt very much alone because no one understood the sheer enormity of putting together this much data by hand. I thought the manual process was going to be the death of me. To have this report automated ... words cannot describe the sheer relief of being able to produce the report with just click a button. I feel like I'm going to live an extra twenty year.

Courtney Crozier
HIM Coding Manager

In summary, Thibodaux has made impressive improvements in several key metrics in less than one year:

- Changes in communication, access to information, and better physician documentation led to:
 - 44.4 percent improvement in the delinquency rate
 - 50 percent decrease in the physician portion of DNFB dollars
 - 70.5 percent decrease in the number of billhold accounts outstanding
- The reduction in DNFB accounts resulted in:
 - 8.2-day reduction in A/R days—an 18.8 percent improvement
- Automation of the manual process produced almost immediate access to information and:
 - 97 percent improvement in operational efficiency for DNFB chart identification. In addition, coders are now getting charts coded within 48 hours (and frequently within 24 hours). Previously this coding took at least 1-3 weeks.

Thibodaux has eliminated a cumbersome, manual DNFB process that tied up crucial revenue and unnecessarily burdened doctors and staff. The hospital continues to apply these learnings to improve the DNFB process.

WHAT'S NEXT?

Thibodaux is well on its way to minimizing its DNFB caseload in order to ensure sufficient cash and available staff resources to deliver the best care possible. The hospital now plans to deploy similar process improvements and analytics to improve other business processes, such as coding around case mix index.

One of biggest changes for Thibodaux is that it can now quickly get bills out the door. Now, by submitting bills that fully reflect the rich array of services patients are receiving at the community hospital, Thibodaux may discover that its case mix index—which measures how sick a hospital's patients are—is higher than previously reported. This is important because hospitals with a higher case mix index may be entitled to larger reimbursements from payers.

Following the success of the DNFB process transformation, Thibodaux plans to do an analysis on accurate coding and documentation and the impact on the case mix index. Hospital leaders will also continue to optimize processes and monitor patterns

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No organization should have to focus so much energy on compiling and organizing data. Our energy needs to be on analyzing data instead of wasting time compiling it. This app does half of the work for us so you can use our time more wisely for action planning.

Mikki Medine
HIM/Clinical Documentation
Improvement (CDI) Director

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and trends to ensure that their billing advances are sustained over the long term. »

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