

## Project Details

Organization	Southern Health – Santé Sud	Facility	Health Information Services/DSM/Finance
Project Name	We Communicate Best	Project Facilitator/Belt Level	Lee Bassett/Green Belt
Project Sponsor	Martin Montanti, Vice President Corporate Services	Project Team	Cheryl Reimer, Linda Reimer, Brenda Hiebert, Denise Grant, Pattie Barclay, Lonnie Rietze, Sherri Gofflot, Donna Samborski, Kaitlin Macpherson
Project Start Date	October 21, 2014	Project End Date	February 11, 2015

**Problem Statement** Our current state allows for inconsistent communication and data collection between staff, clients and Workers Compensation Board (WCB) resulting in time wastes, the replication of documentation, corrections and delays in receipt of payments for the region.

## Current State Analysis - What's the Data Story?

- Our measurements revealed that CTs performed concurrent with ER visits were not billed at one of the regional centres.
- The cycle time from invoice preparation to invoice creation to the reconciliation of a payment for the WCB account is **10.61 minutes per case**.
- The release of information was not always billed and paid for by WCB.
- Our measurements indicated that the Accounts Receivable for WCB, on average, were outstanding for greater than 30 days.
- The correct responsibility for payment (RFP) was not captured as WCB on **34% of the cases** reviewed at the regional centres with **50% of errors originating from the Ambulatory Care Clinic (BTHC) and 43.5% from the Emergency Departments**. Missed billings results in lost income or time wastes to correct errors.
- Missing finance sheets and information about a work related injury was not an issue as previously felt by the team.

## Project Aim

Reduce both the cycle time to invoice and the cycle time to reconcile payments with invoices by 75%; and to increase the monthly payments by 30%; and reduce the mean amount in accounts receivable by 30%.

Increase revenue for Release of Information billing by 40%.

Reduce RFP errors from 34% to 10%.

## Implementation Plan

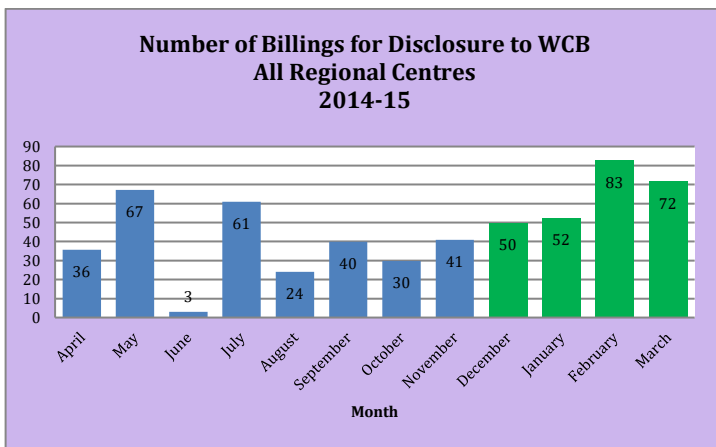
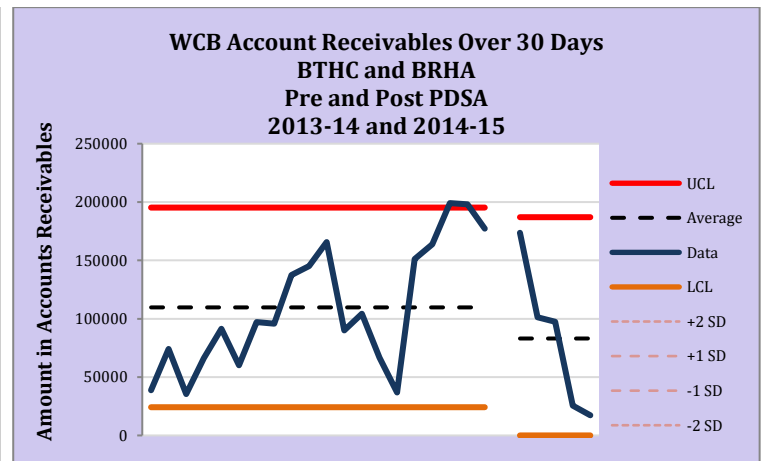
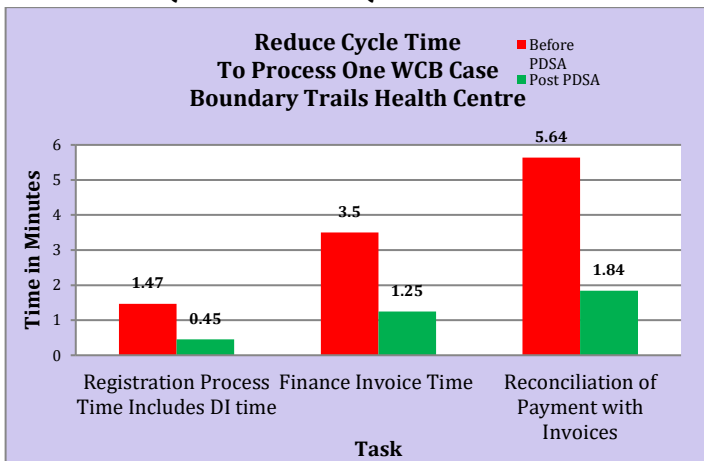
	PDSA – Brief Description	Implementation Date
1	Reduce cycle time of the process. Old practices will be discontinued such as forwarding copies of outpatient forms to WCB and Finance. Existing reports will be utilized for pricing.	December 12, 2014
2	Change invoicing process for the disclosure of personal health information by creating one template to be used as a communication tool between WCB, Finance and the client record.	December 12, 2014
3	Reduce the number of incorrect responsibility for payments by revising the coverage type screen and providing education to the Ambulatory Care Clinic.	December 12, 2014

# A3 Report

## Controls Utilized

<input type="checkbox"/> <b>Fundamental Change</b>	<ul style="list-style-type: none"> <li>Discontinued sending copies of face sheets (with phi) to WCB</li> <li>Reports used for billing</li> <li>One letter used for the release of personal health information for communication, fax and billing</li> <li>RFPs not used, removed from ADT system</li> <li>Finance discontinued retaining copies of finance sheet. Review aged accounts receivable for invoices in arrears.</li> </ul>
<input type="checkbox"/> <b>Visual Control</b>	<ul style="list-style-type: none"> <li>RFPs not used, removed from ADT system, bringing WCB in to view</li> <li>WCB at the beginning of the comment section in the scheduler</li> </ul>
<input type="checkbox"/> <b>Standard Work</b>	<ul style="list-style-type: none"> <li>Standard letter template for the ROI of information to WCB, same verbiage to collect information on work related injuries, standard invoice template in finance system and standardized entry of information into the ADT</li> </ul>
<input type="checkbox"/> <b>Training</b>	<ul style="list-style-type: none"> <li>Training provided to those in the Ambulatory Care Clinic on data entry during the scheduling process</li> <li>Training to DI to review insurance screen for existing WCB information</li> </ul>
<input type="checkbox"/> <b>Continue to Measure</b>	<ul style="list-style-type: none"> <li>Accounts Receivable and monthly payments</li> </ul>
<input type="checkbox"/> <b>Audit</b>	<ul style="list-style-type: none"> <li>Daily review of cases shown on the Coverage Report for data entry errors</li> </ul>
<input type="checkbox"/> <b>Policy &amp; Procedure</b>	<ul style="list-style-type: none"> <li>Revision of existing policies and procedures</li> <li>Creation of procedure for processing rejected claims</li> </ul>
<input type="checkbox"/> <b>Written Sign</b>	<ul style="list-style-type: none"> <li>Poster in ACC "Please inform us if this is a work related injury"</li> </ul>

## Outcomes – Qualitative and Quantitative Outcomes



**ADDENDUM:** As of April 30, 2015 the average percentage of monies owing in account receivables (greater than 30 days) for Boundary Trails Health Centre has dropped from 58% to 39%.

RFP errors reduced from 34% to 13% and cycle time reduced by 67% resulting in a decrease in accounts receivable over 30 days. Change in invoicing for the release of information and awareness to bill, resulted in increased billings and revenue from an average of 38 to 62 billings per month, a 38% increase.