

Southern Health – Sante Sud

Quality Improvement Project Report Out

We Communicate Best (WCB)

February 11, 2015

LearningToSee



CONSULTING

Define

The team chose to focus on the process of capturing, reporting and billing for work related injuries.

The following areas were reviewed;

- *Presentation of the client with a work related injury*
- *Invoicing to the Workers Compensation Board (WCB)*
- *Disclosure of personal health information to WCB*
- *Reconciliation of invoices with payments from WCB*
- *Invoices over 30 days*

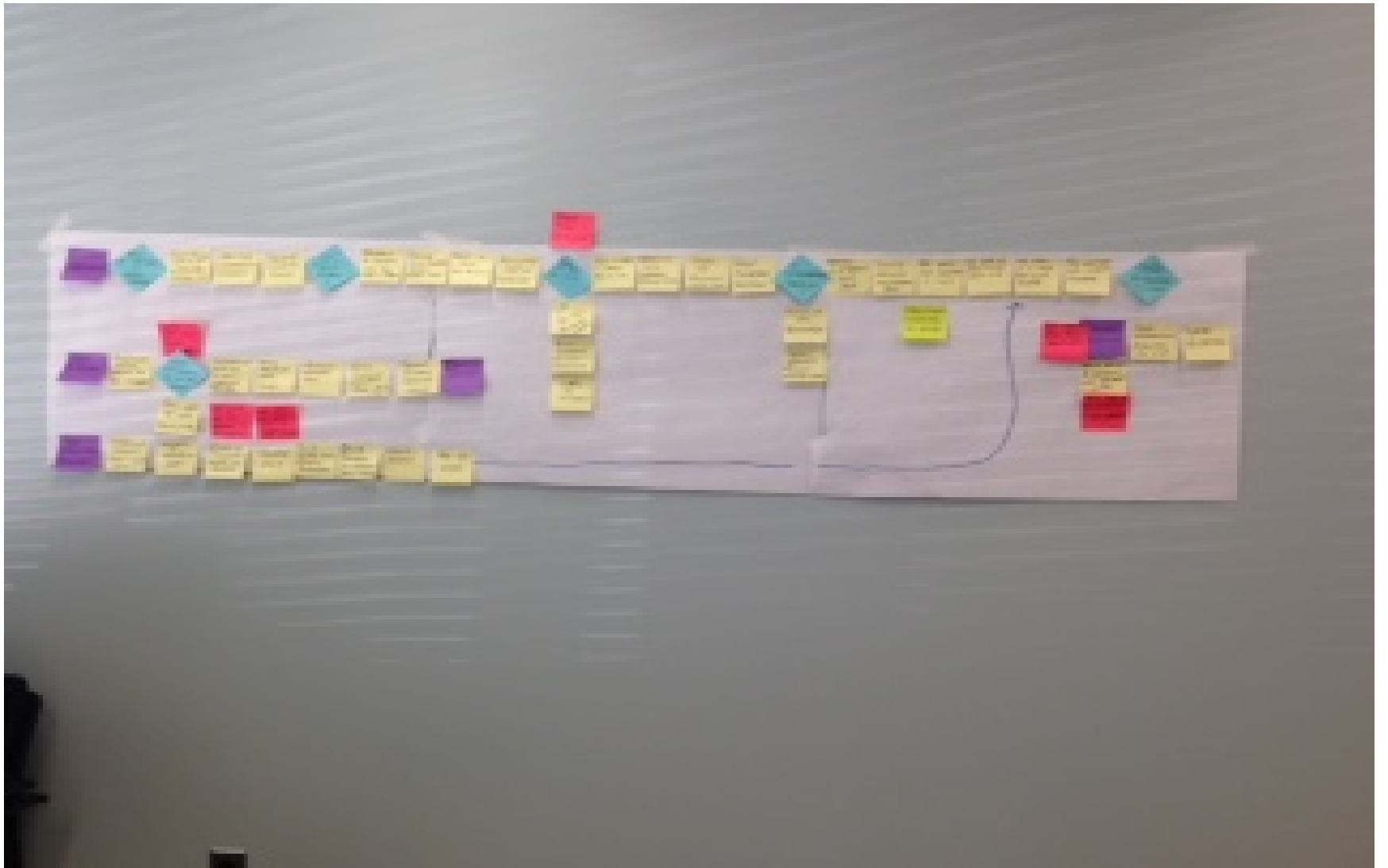
Define

Problem Statement

“Our Current state allows for inconsistent communication and data collection between staff, clients and WCB resulting in time wastes, the replication of documentation, corrections; and delays in the receipt of payments to the region.”

Define

Numerous processes, as seen in the following slide, resulted in time wastes, extra processing and frustrations.



7/14/2017

Measure

The team decided the following measures would best support our assumptions of where the opportunities for improvement were:

- 1. The number of times we didn't collect the information required for billing purposes; i.e. accident date, body part, employer.*
- 2. The number of times the finance sheet is discarded at registration.*
- 3. The number of times the face sheets are not copied at discharge.*
- 4. The number of times the responsibility for payment is incorrectly documented as PHIN (or other) instead of WCB. Basically, the number of times we did not capture that the visit should have been WCB thus missing payment from WCB and having to make changes after the fact.*
- 5. The number of times an invoice for a disclosure is not paid.*
- 6. The cycle time from the time of invoice preparation to payment and invoice reconciliation.*
- 7. Amount of dollars received from WCB monthly.*
- 8. WCB receivables amount over 30 days.*

Measurements 1 through 6 were collected between October 29 and November 12, 2014.

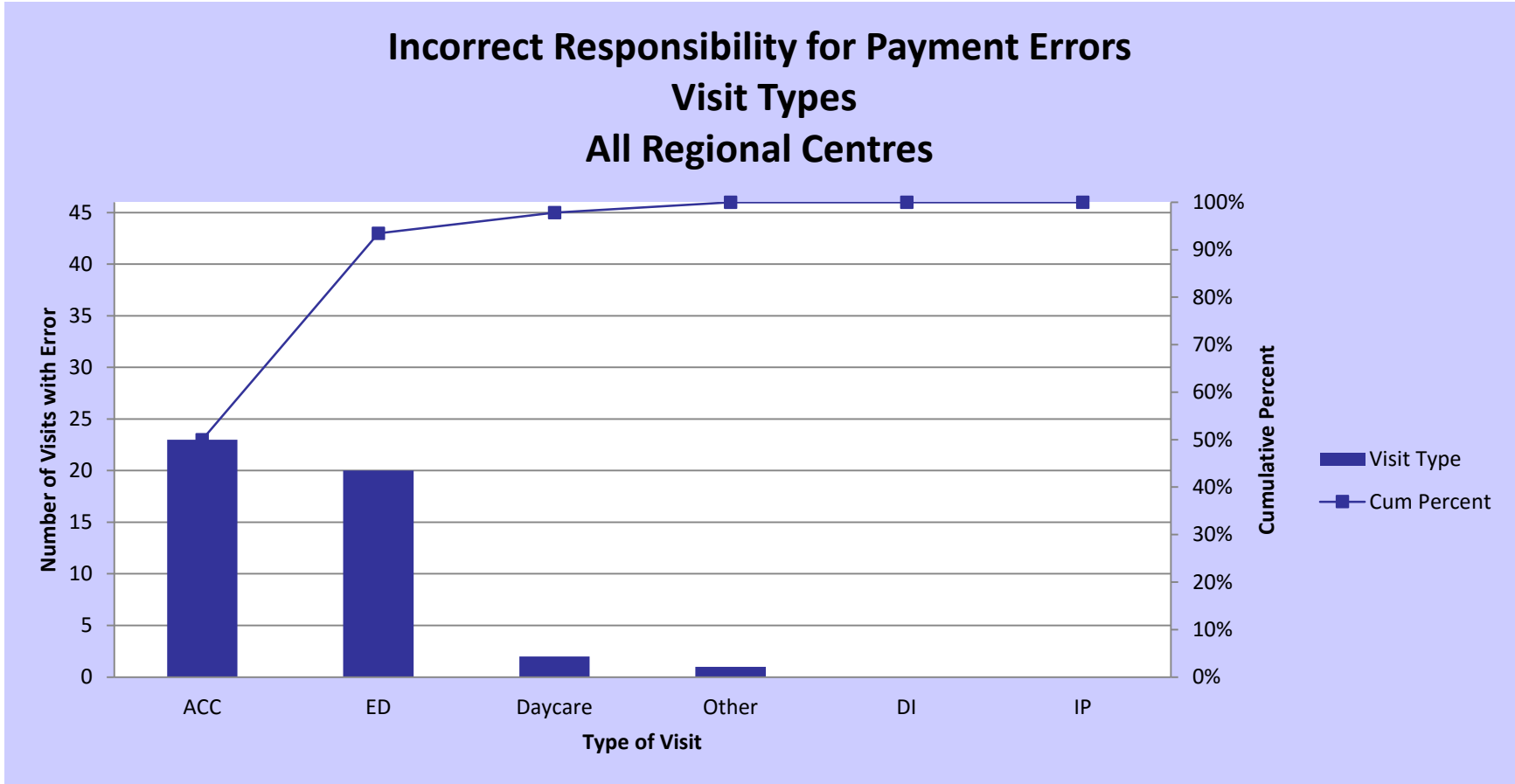
Measurements 7 and 8 were collected retroactively for the months April to September, 2014.

Analyze

Number and Type of Error Based on Review of 136 WCB Visits
All Regional Centres

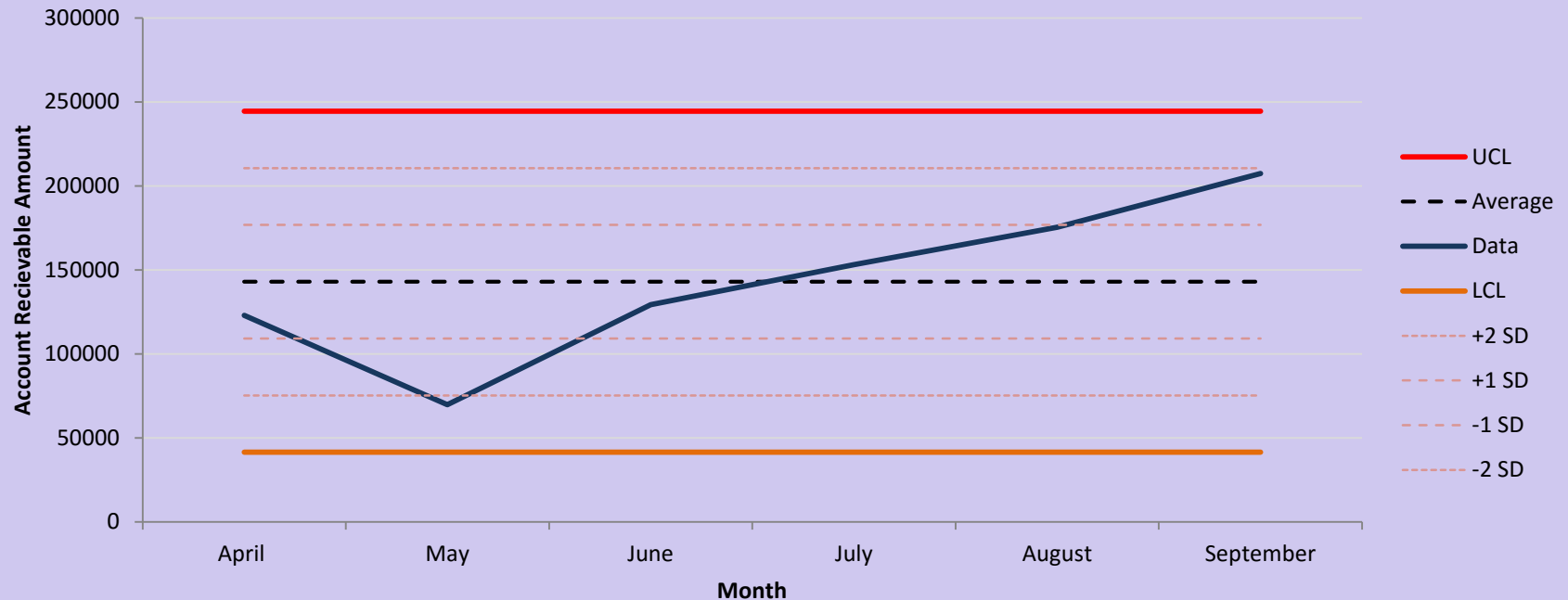


Analyze



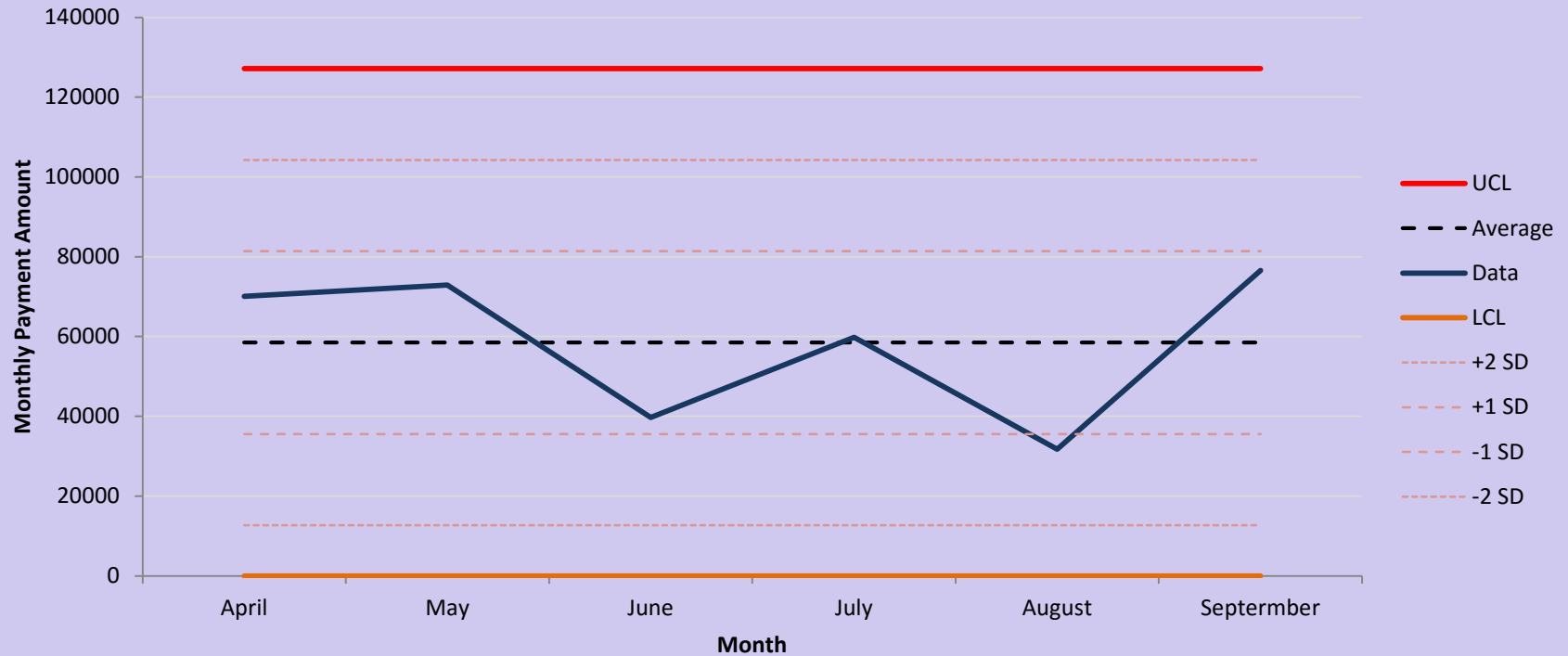
Analyze

Accounts Receivable Over 30 Days X-Chart
All Regional Centres
April to September 2014

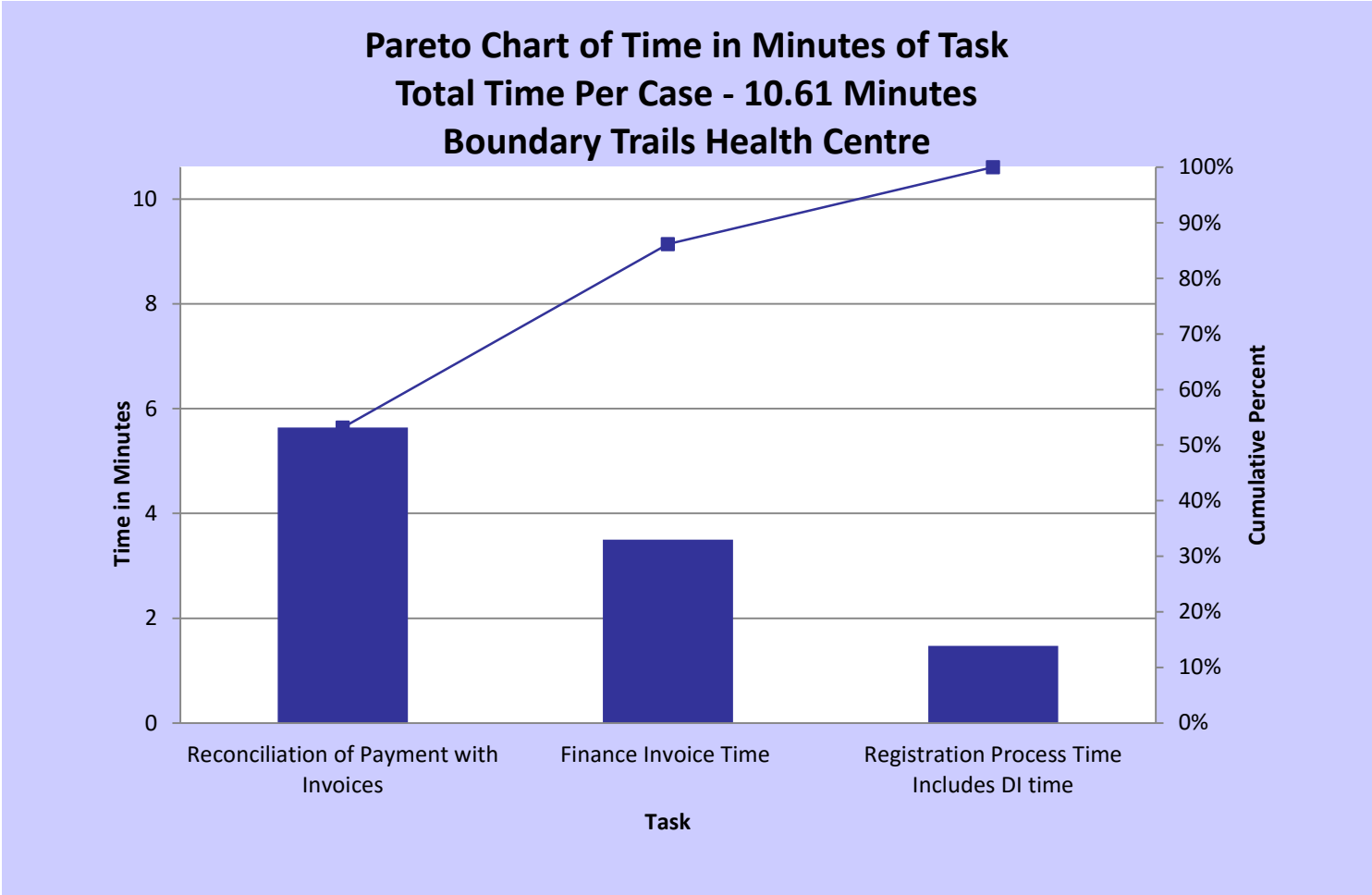


Analyze

Amount Received per Month X-Chart
All Regional Centres April – September 2014

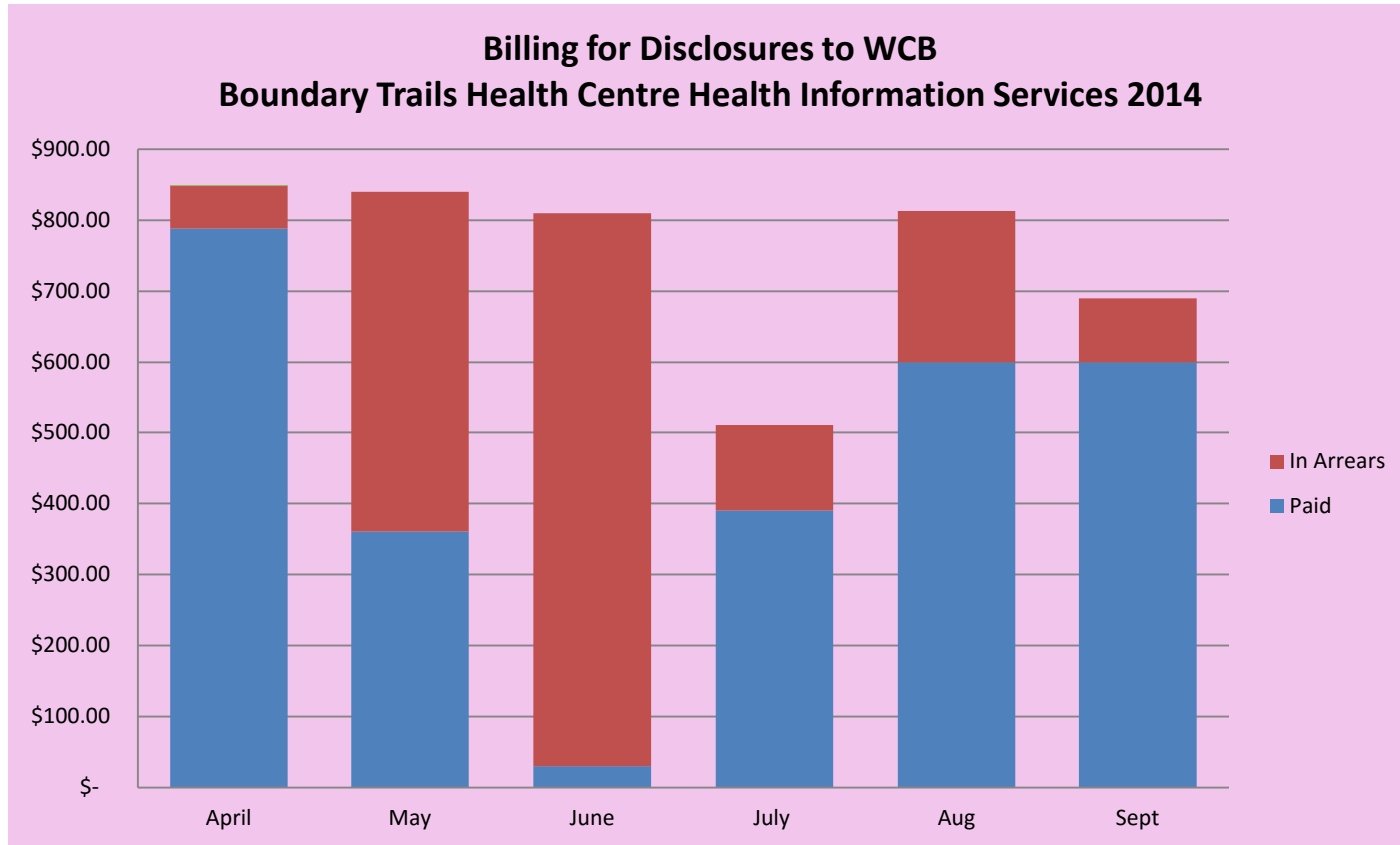


Analyze





Analyze





Analyze

Does our current problem statement align with the data story?

“Our current state allows for inconsistent communication and data collection between staff, clients and WCB resulting in time wastes, the replication of documentation, corrections and delays in receipt of payments for the region.”

Areas of Opportunity

- **Collection of correct RFP, elimination of errors**
- **Decrease in Process Time**
- **Increase in billings to WCB and prompt payment of such**
- **Reduction of the mean in account receivables over 30 days**



Improve

Aim statement

- Improve billing process to *reduce* both the cycle time to invoice and the cycle time to reconcile payments with invoices by **75%**.
- Improve communication between staff and client by creating a standard approach for collecting information which will result in a *reduction* of RFP errors from **34% of WCB cases to 10%**.
- *Reduce* mean amount in accounts receivable by **30%**.
- Increase Release of Information billings and payments by **40%**.



Improve

PDSA 1 – Reduction of Process Time

Reduce cycle time of the process by discontinuing copying and faxing redundant information to WCB. Reference existing report to determine special pricing; looking at every visit is not necessary. Finance will bill and forward an invoice to WCB using reporting as the reference.

December 12, 2014



Improve

PDSA 2 – Receive Payment for All Disclosures to WCB

Change the process for invoicing WCB 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

WCB Letter



Boundary Trails Health Centre
Box 2000 Station Main
Winkler MB R6W 1H8
 HIS Dept
Tel: 204-331-8949 | Fax: 204-331-8800
 DI Dept
Tel: 204-331-8811 | Fax: 204-331-8812

Portage District General Hospital
524 5th Street SE
Portage la Prairie MB R1N 3A8
 HIS Dept
Tel: 204-239-2219 | Fax: 204-239-6039

Rehabilitation and Compensation Services
Workers' Compensation Board of Manitoba
333 Broadway Ave
Winnipeg MB R3C 4W3
Fax: 1-877-872-3804

Name: ,
DOB: _____

Claim #:
PHIN: _____

Dear _____ :

Your request dated _____, for the personal health information on the above-mentioned client has been approved.

As per your request, please find the following documents enclosed:

A correspondence fee applies for this service. An invoice will be forwarded to your organization from our finance department. Should you have any questions, please contact the applicable department as noted above.

Sincerely,

cc:

The client documents accompanying this transmission contain confidential information intended for a specific individual and purpose. The information is private and is legally protected by law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this communication in error, or the number of pages received is incorrect, please notify us immediately and return the original transmission to us. Thank you.

7/14/2017



Improve

PDSA 3 – Reduce RFP Errors by Standardizing Process

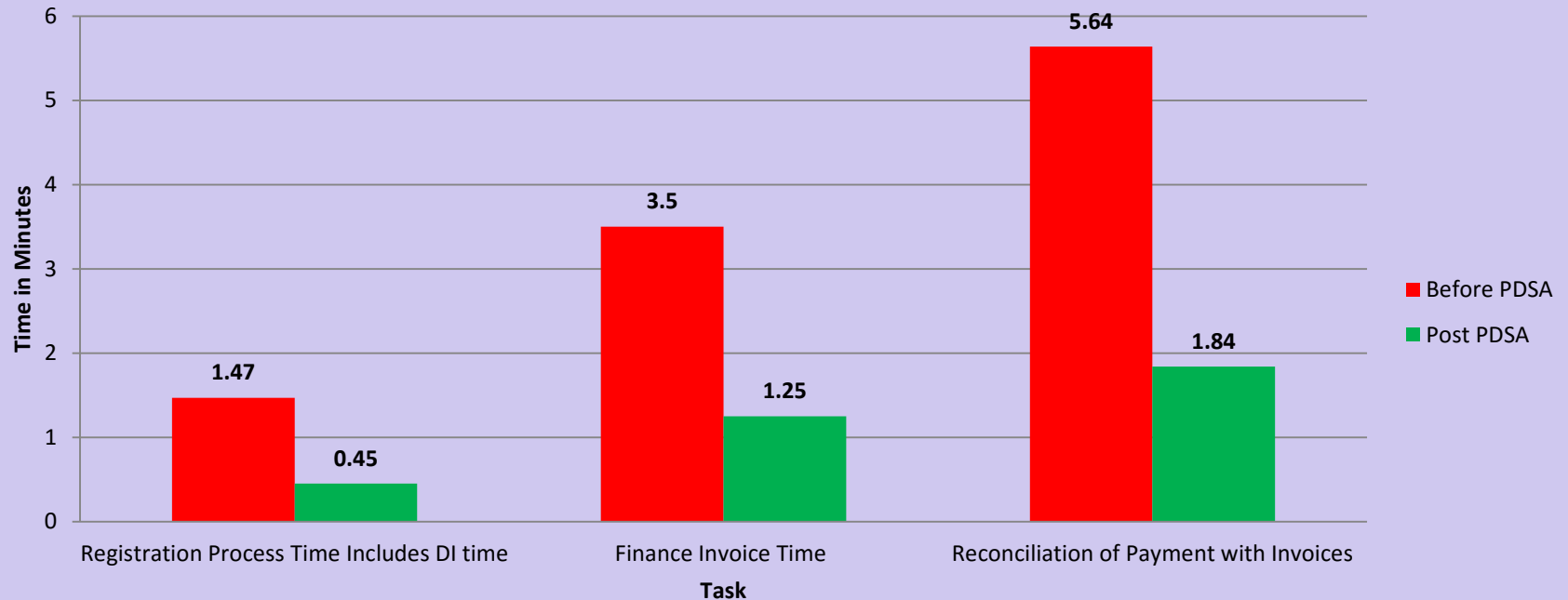
Reduce the number of incorrect responsibility for payment entries by revising the coverage type screen and providing education to the Ambulatory Care Clinic. Scripts will also be assigned to the staff to use when collecting information. Posters asking clients to inform staff if this is a WCB case will be posted in the ACC exam rooms.

December 12, 2014

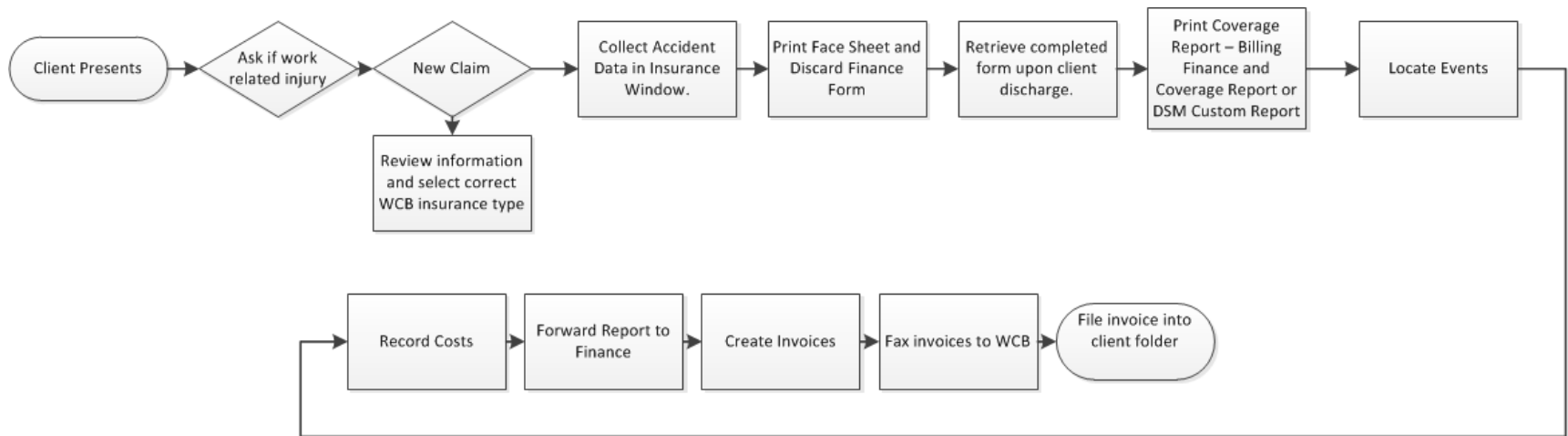


Improve

PDSA 1 - Reduce Cycle Time Based to Process One WCB Case Boundary Trails Health Centre

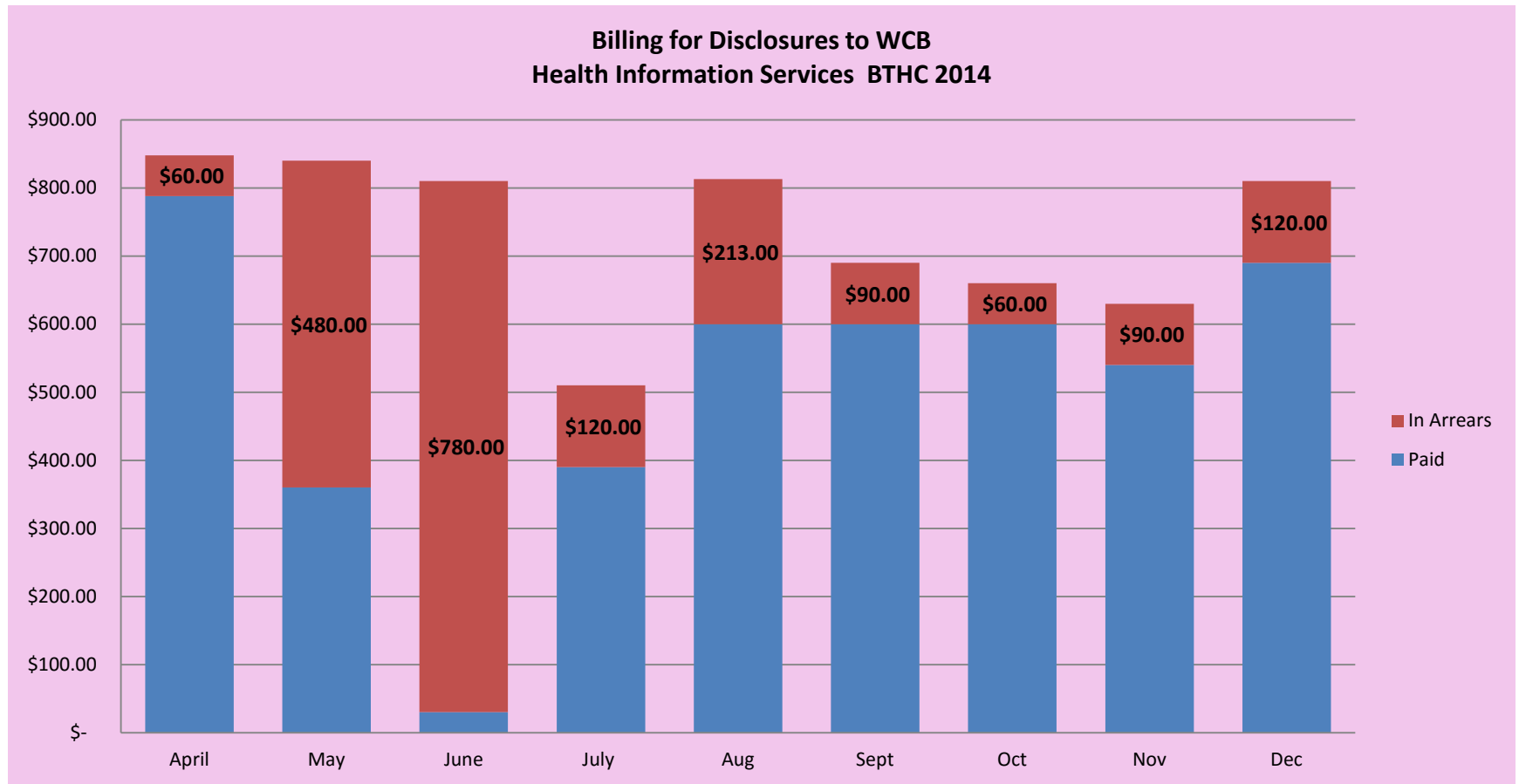


Improve



7/14/2017

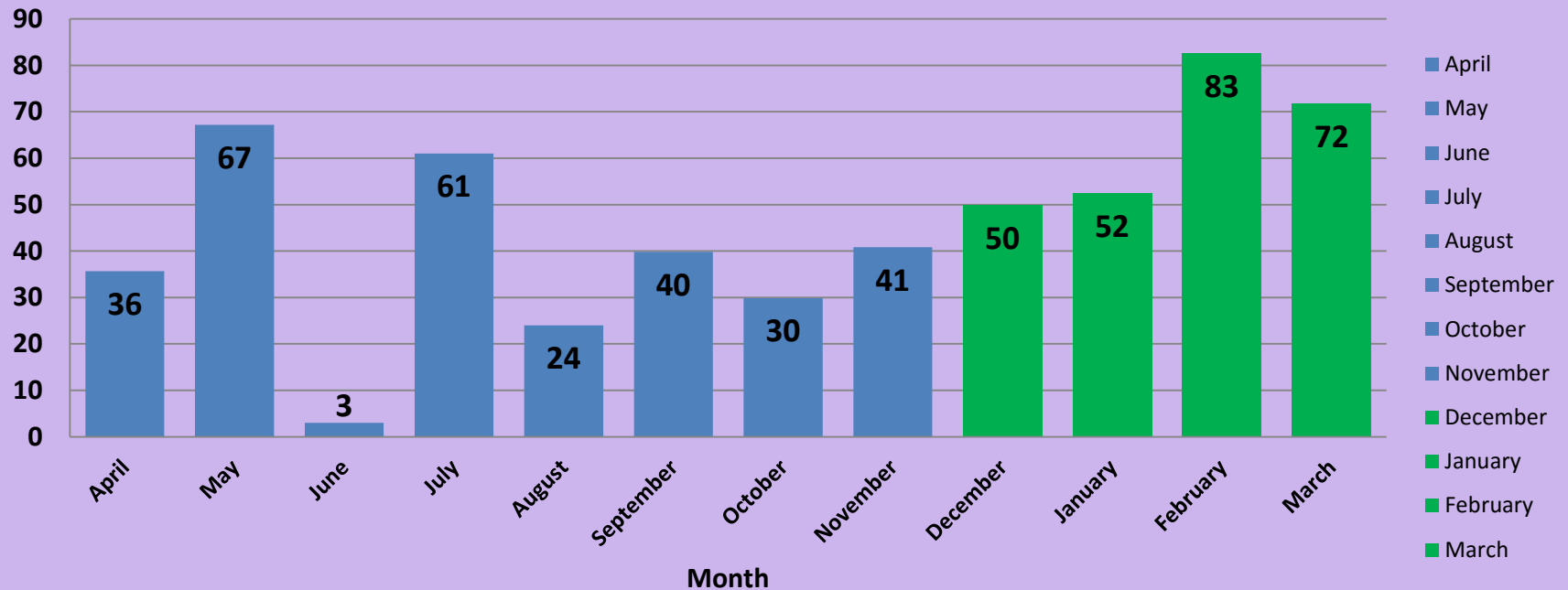
Improve





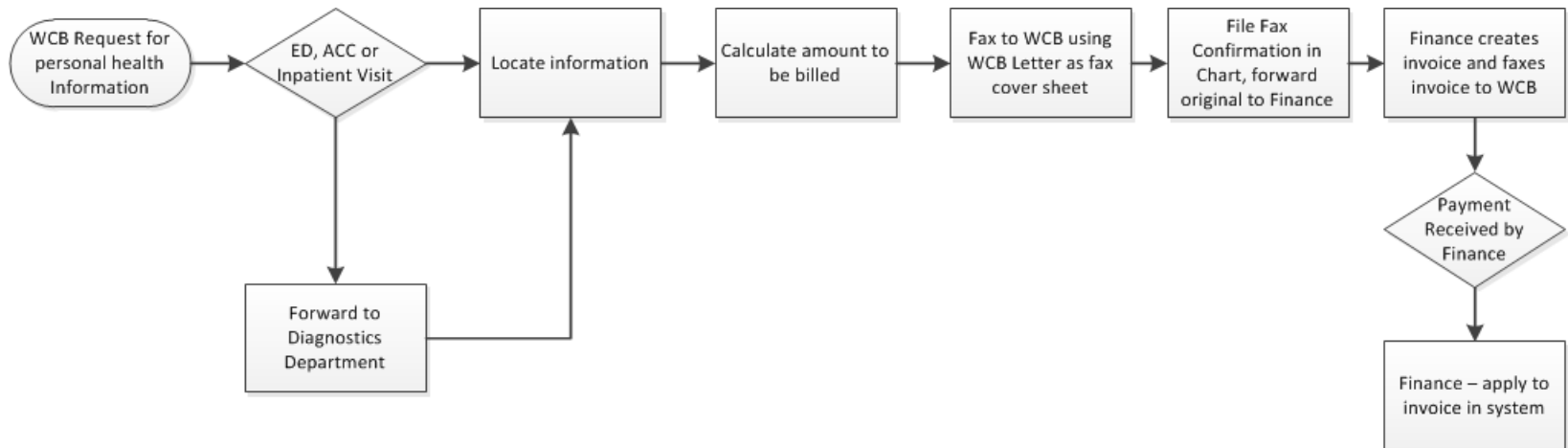
Improve

Number of Billings for Disclosure to WCB
All Regional Centres
2014-15



7/14/2017

Improve

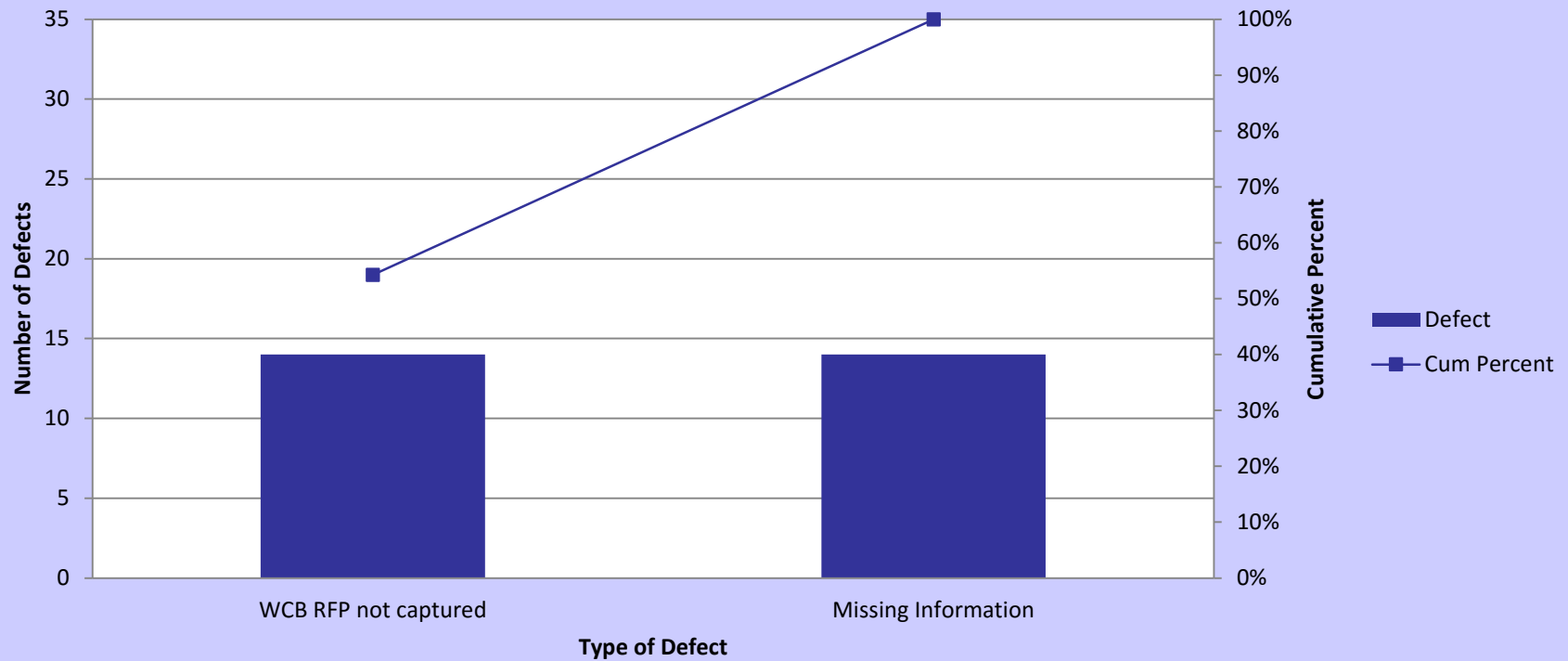


7/14/2017



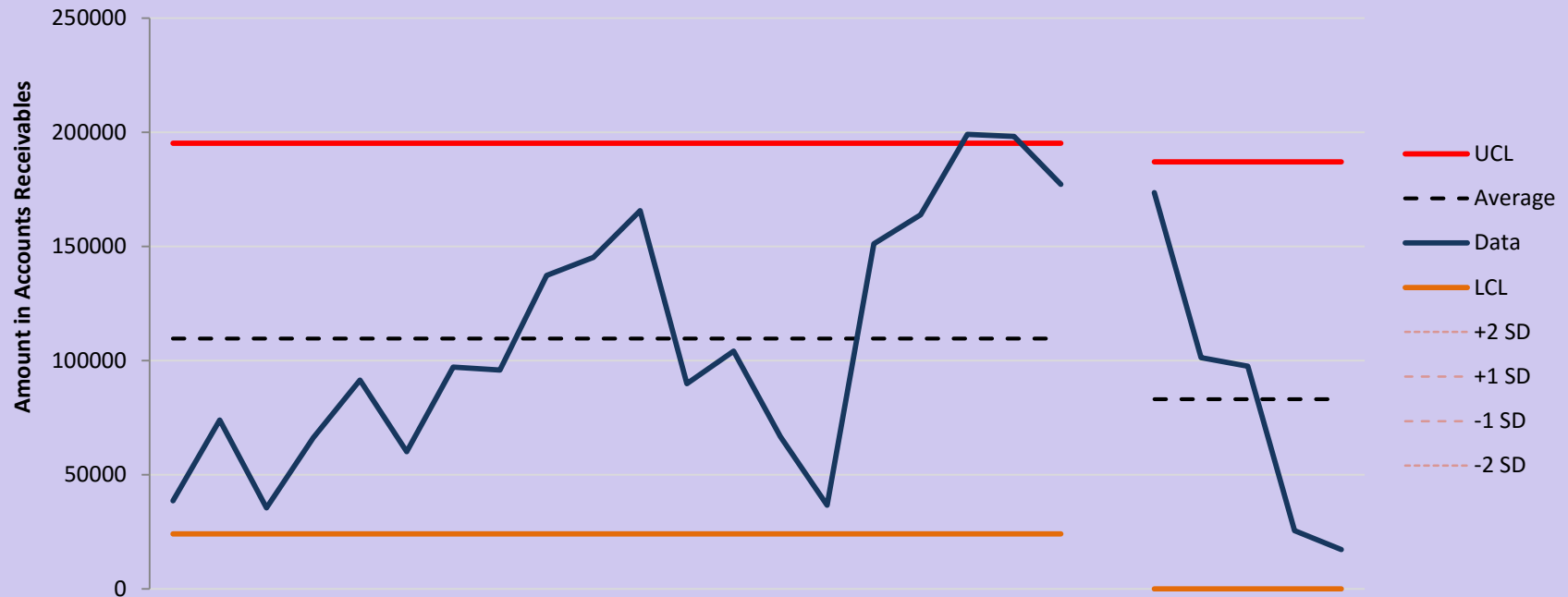
Improve

**Pareto Chart Based on a Review of 113 WCB Cases
All Regional Centres**



Improve

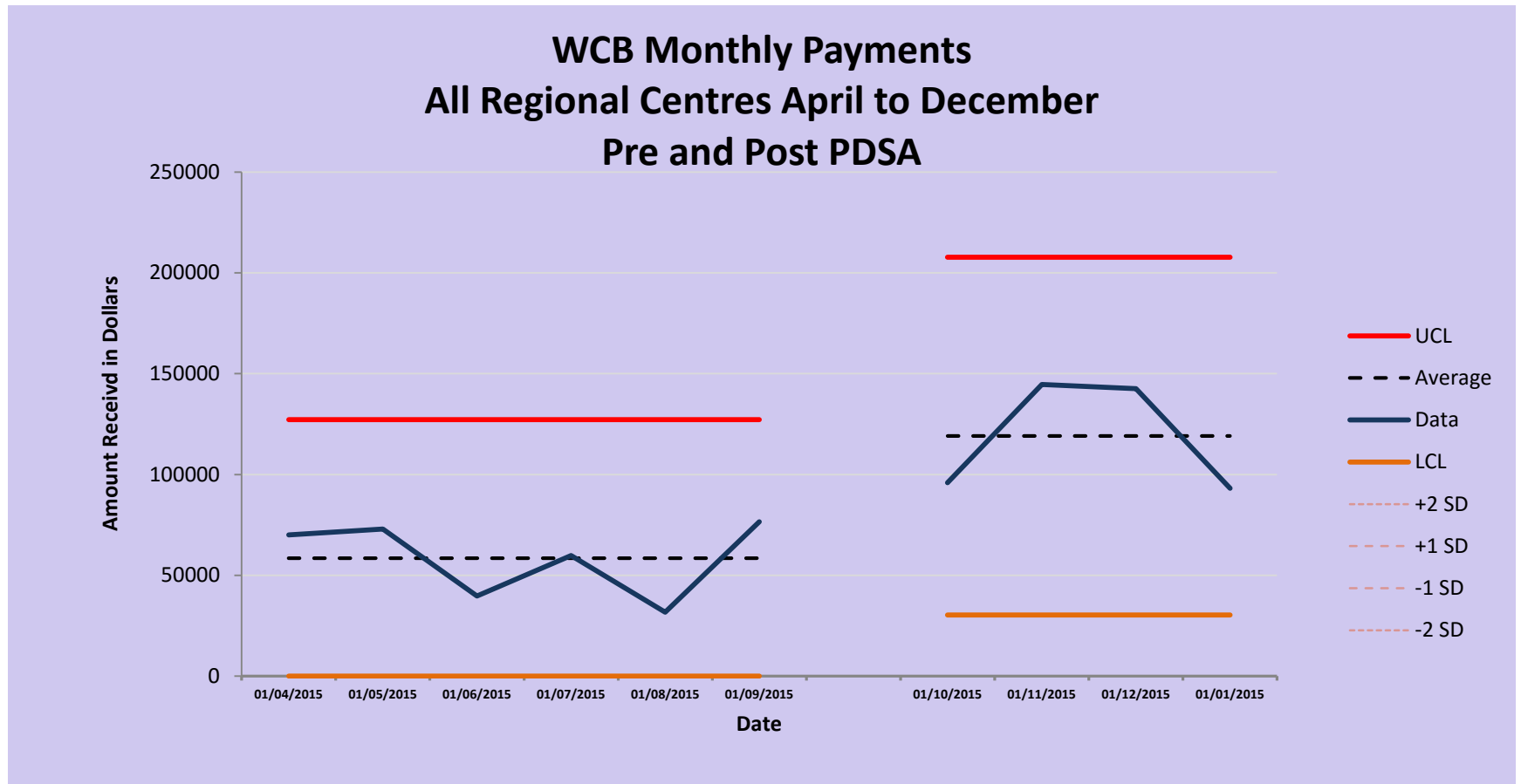
WCB Account Receivables Over 30 Days
BTHC and BRHA
Pre and Post PDSA
2013-14 and 2014-15



7/14/2017



Improve



7/14/2017

Improve

Aim statement

- **Improve billing process to reduce both the cycle time to invoice and the cycle time to reconcile payments with invoices by 75%.**
- **Improve communication between staff and client by creating a standard approach for collecting information which will result in a reduction of RFP errors from 34% to 10%.**
- **Reduce mean amount in accounts receivable by 30%.**
- **Increase Release of Information billings and payments by 40%.**

Improve

- **Fundamental changes resulted in a reduction of the cycle time by 67% or 26 processing days.**
 - Discontinued supplying finance sheets
 - Discontinued supplying WCB with copies of personal health information
 - Created reports for DI visits
 - Use of reports for invoicing
- **Reduction of RFP errors from 34% to 13%**
 - Education to Ambulatory Clinic
 - Standard collection practices
- **In 2013-14, the Health Records database for the collection of monies owing for the release of information (ROI) indicates \$1638.50 remains outstanding. New billing process has resulted in ROI invoices being paid in a timely manner. To date all invoices dated between December and March have been paid.**
- **Improvements have resulted in the following:**
 - ROI invoicing has increased by 67%
 - Average amount in Accounts Receivable over 30 days has been reduced from 58% of the total owing to 39%.



Improve

- RFP errors reduced from 34% to 13% and cycle time reduced by 67% resulting in a decrease in average in accounts receivable > 30 days.
- Change in invoicing for the release of information (ROI) resulted in the average # of Releases paid from 38 to 62 per month for the 3 regional centres.
- Total income recovered is anticipated to be just over \$100,000 per year as a result of increased ROI revenue, revenue from missed WCB visits, and staff time savings.

Improve

Staff comments and customer feedback on the improvements

- ✓ *“I really like looking in one spot for the information (insurance screen)”*
- ✓ *“It was interesting to see the impact one error had on another department”*
- ✓ *“It’s taking me A LOT less time to prepare”*
- ✓ *“It’s wonderful that I don’t have to photocopy anymore”*
- ✓ *“The procedure is more consistent with everyone entering information in the same place. No searching, no guessing, no forgetting”*
- ✓ *“I like that it has cut my time spent on WCB by 50%, easily”*
- ✓ *“Frees up space in my filing cabinets”*
- ✓ *“We are saving a lot of trees!”*
- ✓ *“A nice smooth flow”*
- ✓ *“Not faxing or copying the information has had an impact.”*

Control

What controls have we put in place to ensure that performance does not lapse?

- Use reports for invoicing instead of a copy of the finance sheet.
- Standardize release of information practices. One letter for communication to WCB/client chart and finance. Finance will bill and issue reference number.
- Finance will discontinue keeping copies of finance sheets and will review aged receivables in the system.
- Standardized entry of information in ADT.
- Training.
- Invoice standard template in finance program.
- Daily audits.
- Posters.
- User permissions revised to accommodate finance needs.
- Revision/additions to policies and procedures
- Continue measuring accounts receivables, monthly payments and statements



Lessons Learned

What were some of the key things we learned about quality improvement while doing this project?

- Solicit better involvement from frontline personnel involved in the process (the vendor and clinics). The right information is retrieved from those directly involved.
- Communication, communication and communication
- Awareness of how all departments function, what their role is, their responsibility and the impact the process has on all involved. Better understanding of the circle of workflow.
- Little steps of improvement can have a huge impact.
- We easily accept corrections as part of our process.
- Many errors originate due to “forgetfulness” and how strong an impact the error can have.
- One small mistake can have a huge impact on the entire process.

Next Steps

What next QI project or where is the project spreading?

- Analysis of rejections.
- Roll out to regional sites.
- Retrieval of information for clients arriving by ambulance.
- ROI on Consults – Standard fees should apply.
- Surgical Slating – Retrieval of information from clinics.

The Team!



From left to right, front to back; Denise Grant, Lee Bassett, Cheryl Reimer, Patti Barclay, Lonnie Rietze, Kaitlin Macpherson, Linda Reimer, Sherri Gofflot, Donna Samborski and Brenda Hiebert