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Clinical Documentation received by Referring Provider

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The KPI was created to rule out the fact that requests were not being sent due to notes not being signed, the misses were sent, just not within 48 hours stated on the KPI.

It was discovered that the cc requests never sent did not appear on the report run by HIM department daily. This is a glitch with the EMR currently being used, the Data Analyst is working with there team to resolve.

July 1, 2018 is the target date to correct all steps below. It was discovered that the only documentation not sent was documentation not on the report.

Plan

The current process for Referring Providers to receive the CC Requests.

Study

The graph below displays CC requests made. All requests on the report were sent out, requests not sent were not on the report, 2 examples were deleted by Provider for unknown reasons and not sent. A total of 6.57% were not sent.

Root Cause Analysis:

- The KPI was created to rule out the fact that requests were not being sent due to notes not being signed, the misses were sent, just not within 48 hours stated on the KPI.
- It was discovered that the cc requests never sent did not appear on the report run by HIM department daily. This is a glitch with the EMR currently being used, the Data Analyst is working with there team to resolve.

Countermeasures

July 1, 2018 is the target date to correct all steps below. It was discovered that the only documentation not sent was documentation not on the report.

<table>
<thead>
<tr>
<th>Solution Description</th>
<th>Root Cause Addressed</th>
<th>CTG Impact</th>
<th>Implementation Effort</th>
<th>Quick Win</th>
</tr>
</thead>
<tbody>
<tr>
<td>CC request will be entered correctly into EMR</td>
<td>Not all staff were trained to enter correctly resulting in not all requests being captured on report</td>
<td>High</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Clinical documentation will be signed within 48 hours so CC request can be sent timely</td>
<td>HIM staff cannot send notes in draft, note must be final signed</td>
<td>High</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Meditech report will be corrected to capture all CC requests</td>
<td>If signed by multiple providers the request is not showing on report</td>
<td>High</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Do all staff involved with appointment need to sign the notes</td>
<td>Notes signed by multiple providers are not pulling on the report</td>
<td>High</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>All Maine Health Departments will be on the same EMR</td>
<td>Different EMR's throughout the system delay documentation being readily available to Providers</td>
<td>Low</td>
<td>Low</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Outcomes

Below is the temporary process put into place until report was corrected:

Providers will send intake folders to HIM within 48 hours of appointment.

HIM will check EMR for CC request.

HIM will send CC request.

This chart displays all request made were captured on the report. The 3 requests not sent were at the Providers request, not an error.

Providers are able to focus on patient care

Providers no longer researching why clinical documentation not available

Exceptional customer experience for both the patient and referring Provider

Next Steps

Health Information Management

- Run CC request daily, follow up all pending requests

Providers

- Enter CC request correctly
- Record and final sign all notes within policy guidelines

Management Team

- Monitor staff performance
- Educate staff on all policy and procedure changes

Executive Sponsor: Linda Butler
Facilitator: Julie Plourde

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Project: Clinical Documentation received by Referring Provider
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