NEMOURS CHILDREN'S HEALTH

STAFF PERCEPTIONS OF A REAL TIME RESPIRATORY THERAPIST AUDITOR TO REDUCE CHARGE ERRORS AND INCREASE REVENUE GENERATION OF A RESPIRATORY CARE DEPARTMENT

Katlyn L. Burr[1], Ashleigh Peterson[1], Paul O'Brien[1,3], Kelly Massa[1], Kimberly McMahon[1,2]

Respiratory Care Department[1], Department of Pediatrics[2,] Nemours Children's Health,
Nemours Children's Hospital- Delaware, Wilmington, DE, United States

Disclosures: Ms. Burr has a relationship with Hill-Rom, as a patient contract trainer, no other authors have relationships to report.

NEMOURS CHILDREN'S HEALTH

Original Abstract

STAFF PERCEPTIONS OF A REAL TIME RESPIRATORY THERAPIST AUDITOR TO REDUCE CHARGE ERRORS AND INCREASE REVENUE GENERATION OF A RESPIRATORY CARE DEPARTMENT

Katlyn L Burr RRT-NPS AE-C[1], Ashleigh Peterson RRT-NPS[1], Paul O'Brien RRT[1,3], Kelly Massa RRT-NPS[1], Kimberly McMahon MD[1,2]

1. Respiratory Care, Nemours Alfred I. duPont Hospital for Children, Wilmington, DE
2. Department of Pediatrics, Nemours Alfred I. duPont Hospital for Children, Wilmington, DE
3. Business Operations and Finance, Nemours Alfred I. duPont Hospital for Children, Wilmington, DE

Background: In our health system, Respiratory Therapists (RTs) bill for services as they document within the electronic medical record (EMR). In the USA, hospitals lose millions of dollars in revenue annually because of documentation errors,[1]and this is true in our institution. After using LEAN principles to increase our EMR utility in 2019, RT errors remained plentiful and resulted in financial impact. **Method:** An RT auditor role was posted and filled internally as a trial. The RT was experienced in RT policies, procedures, and charting. Minimal training was performed prior to the start of the role. The RT auditor trial began 11/1/2019, and ended 1/31/2020, during which time, the auditor worked 3pm-11pm Monday through Friday and reviewed charting and charges for the prior 24 hours for all inpatients in our facility with respiratory services. At the end of the trial period, an IRB approved survey was sent to staff within the respiratory care department to determine impact and perceptions related to the auditor role and overall trial effectiveness (see Table 1). **Results:** The RT auditor was successful in reducing charge errors by 79% (January 2020 versus January 2021), translating to over $600,000 in increased gross billed revenue during the trial period. The staff survey received a response rate of 55.5% (n=55). Overall, 87.3% of RTs surveyed had been contacted by the RT auditor for charge related documentation opportunities. 98.2% of staff had a positive perception of the RT auditor role and 92.2% reported that they felt the role was effective. 92.5% of staff reported that a non-clinical associate in this role would have been less effective. 67.92% of respondents reported that feedback obtained from the auditor changed their practice and 43.4% felt the auditor assisted in education of department policies and practices. On a Likert scale of 1-5, the staff rated the RT auditor's overall effectiveness at 4.7. **Conclusion:** An RT auditor successfully aided in reducing charge errors in real time while maintaining positive perceptions from RT staff providing clinical care. More studies must be done to evaluate the full-time impact of positions such as this in a variety of healthcare settings. **References:**

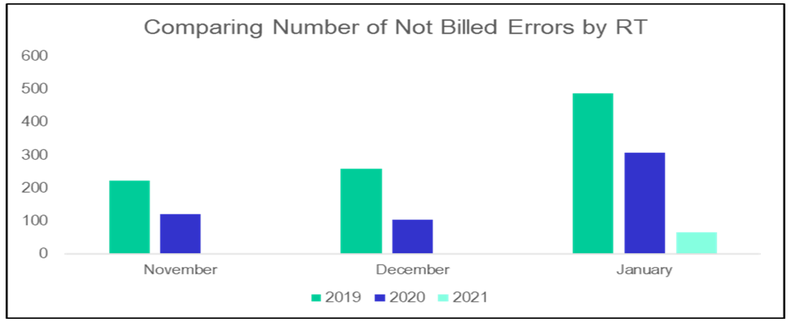
1. Koshy, S. (2012). Documentation tips for pulmonary medicine - implications for the inpatient setting. *Chest*, *142*, 1035-1038.

BACKROUND: In our health system, Respiratory Therapists (RTs) bill for services as they document within the electronic medical record (EMR). In the USA, hospitals lose millions of dollars in revenue annually because of documentation errors,1and this is true in our institution. After using LEAN principles to increase our EMR utility in 2019, RT errors remained plentiful and resulted in financial impact.

METHOD: An RT auditor role was posted and filled internally as a trial. The RT was experienced in RT policies, procedures, and charting. Minimal training was performed prior to the start of the role. The RT auditor trial began 11/1/2019, and ended 1/31/2020, during which time, the auditor worked 3pm-11pm Monday through Friday and reviewed charting and charges for the prior 24 hours for all inpatients in our facility with respiratory services. At the end of the trial period, an IRB approved survey was sent to staff within the respiratory care department to determine impact and perceptions related to the auditor role trial.

RESULTS: The RT auditor was successful in reducing charge errors by 79% (January 2020 versus January 2021), translating to over $600,000 in increased gross billed revenue during the trial period. The staff survey received a response rate of 55.5% (n=55). Overall, 87.3% of RTs surveyed had been contacted by the RT auditor for charge related documentation opportunities. 98.2% of staff had a positive perception of the RT auditor role and 92.2% reported that they felt the role was effective. 92.5% of staff reported that a non-clinical associate in this role would have been less effective. 67.92% of respondents reported that feedback obtained from the auditor changed their practice and 43.4% felt the auditor assisted in education of department policies and practices. On a Likert scale of 1-5, the staff rated the RT auditor's overall effectiveness at 4.7. .

Graph 1



Graph 1 shows the number of not billed errors by RT

Table 1

QUESTION	RESPONSE OPTION
1.Were you contacted by the real-time RT auditor within the last 3 months?	Yes/No
1.Did you hear about another co-worker being contacted by the RT auditor?	Yes/No
1.Is there a positive perception of the auditor duties?	Yes/No
1.How was your overall interaction with the RT auditor?	Rating scale 1-5
1.Was it helpful that the RT auditor was an RT?	Rating scale 1-5
1.Did your feedback and interactions with the auditor change your practice?	Yes/No
1.Did you feel that the RT auditor trial was effective in improving appropriate documentation and charges?	Yes/No

Table 1: Displays Survey Template Distributed to Staff within the Respiratory Care Department

CONCLUSIONS: An RT auditor successfully aided in reducing charge errors in real time while maintaining positive perceptions from RT staff providing clinical care. More studies must be done to evaluate the full-time impact of positions such as this in a variety of healthcare settings.

References

1. Koshy, S. (2012). Documentation tips for pulmonary medicine - implications for the inpatient setting. Chest, 142, 1035-1038.