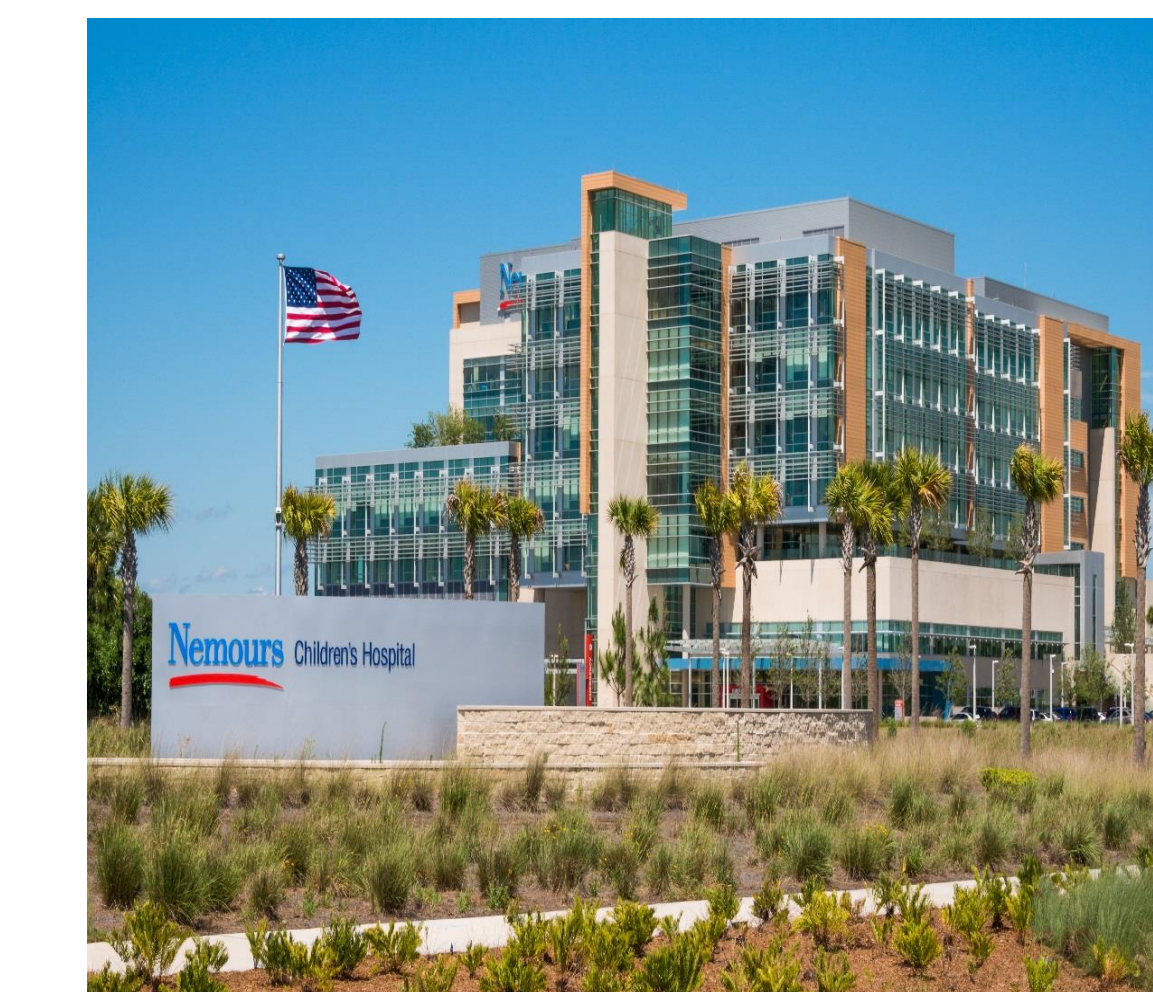


NEMOURS CHILDREN'S HEALTH



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FINANCIAL IMPACT OF A REAL TIME RESPIRATORY THERAPIST AUDITOR TO INCREASE REVENUE GENERATION

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

Original Abstract

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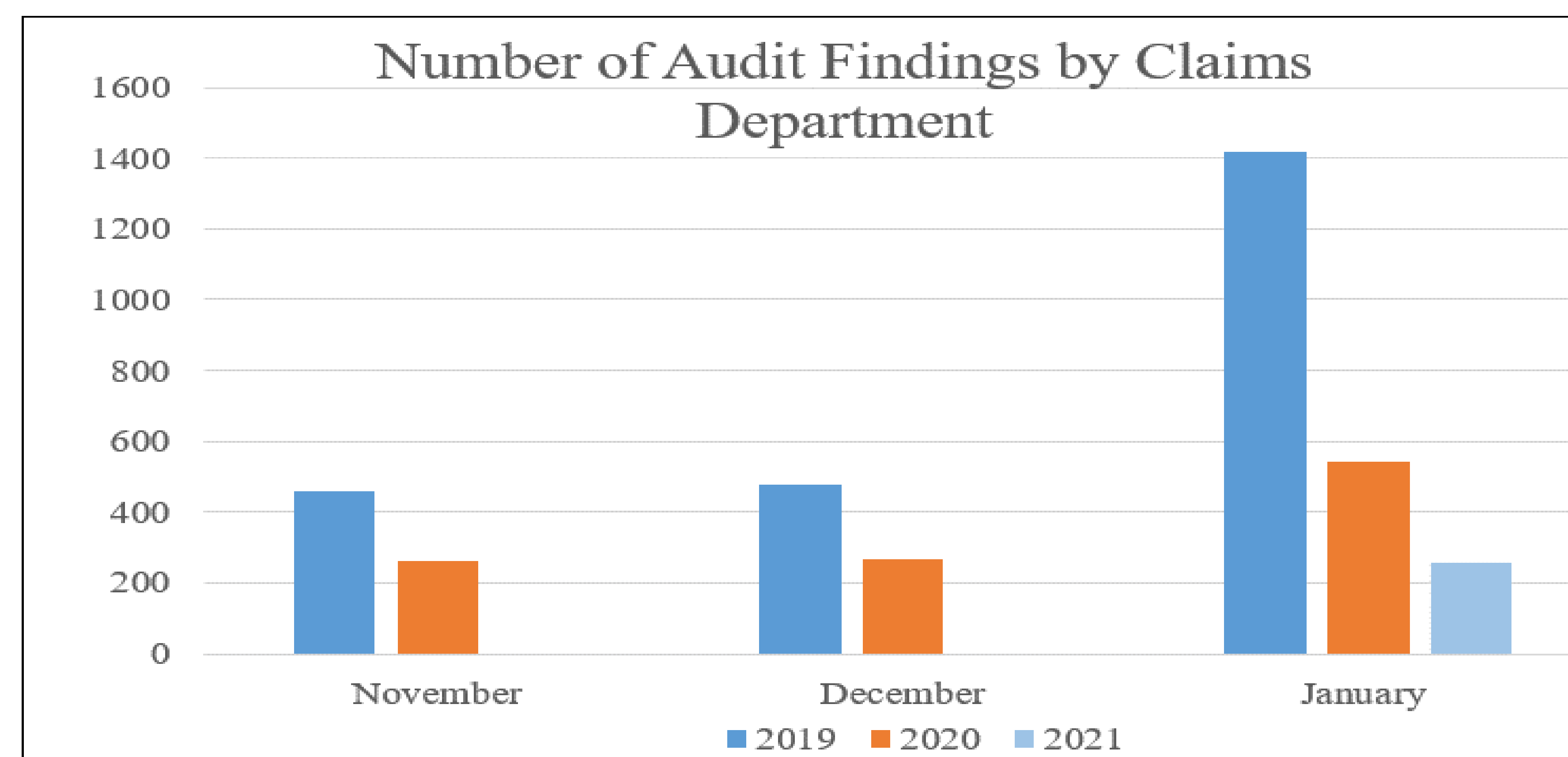
Background: In 2018, our Respiratory Department noted large losses of revenue due to incorrect staff documentation. A continuous improvement project was completed in December 2018 in order to streamline documentation in an effort to increase revenue generation. While charge errors were reduced after documentation changes, numerous opportunities were still missed that decreased gross revenue. **Method:** A new respiratory department position was created, on a trial basis, where an internal RT candidate transitioned into a full time RT auditor role from 11/1/2020 to 1/31/2021. Minimal one-on-one training was completed with the RT auditor from the clinical instructors of the respiratory department, in order to ensure documentation/billing errors were not missed. The RT auditor was a fully oriented, experienced staff RT. The auditor worked 3pm-11pm, Monday- Friday, to capture both dayshift and nightshift documentation in real time. IRB approved retrospective financial analysis was completed to assess the financial impact of the real time RT auditor. **Results:** In comparison to the same months in 2019, the hospital claims audit team found 43% less total errors and 53% less not-billed errors in the 2020 trial months after patient discharge. The trial month of January 2021 had 53% fewer total errors with 79% fewer not-billed errors than January 2020. Of note, the workload units were 8% less in Nov-Dec 2020 versus 2019 and 20% less in January 2021 versus 2020. After trial completion, we analyzed documentation errors and revenue generation for the following month. In the month following the trial, with no RT auditor, we saw a 48% increase in not billed errors. The real time RT auditor was able to produce an increased gross revenue from chart auditing of \$341,000 in 3 months; equating to an expected \$1.4 million annual gross revenue. **Conclusion:** The real time RT auditor was able to produce an increased gross revenue from chart auditing. The position required minimal training, and revenue gains outpaced expected clinical productivity of the RT auditor. There was a decrease in documentation errors, increased quality of our department's documentation and recognition of improvement by our hospital's claim auditor manager. The utility of this position and high benefit of a fully trained RT auditor, raises a potential new career opportunity for respiratory therapists. Further research must be done to assess impact within the field of respiratory care.

BACKGROUND: In 2018, our Respiratory Department noted large losses of revenue due to incorrect staff documentation. A continuous improvement project was completed in December 2018 in order to streamline documentation to increase revenue generation. While charge errors were reduced after documentation changes, numerous opportunities were still missed that decreased gross revenue. We aimed to evaluate the effectiveness of a real time Respiratory Therapist Auditor role within our revenue generating department.

METHOD: A new respiratory department position was created, on a trial basis, where an internal RT candidate transitioned into a full time RT auditor role from 11/1/2020 to 1/31/2021. Minimal one-on-one training was completed with the RT auditor from the clinical instructors of the respiratory department, in order to ensure documentation/billing errors were not missed. The RT auditor was a fully oriented, experienced staff RT. The auditor worked 3pm-11pm, Monday- Friday, to capture both dayshift and nightshift documentation in real time. IRB approved retrospective financial analysis was completed to assess the financial impact of the real time RT auditor.

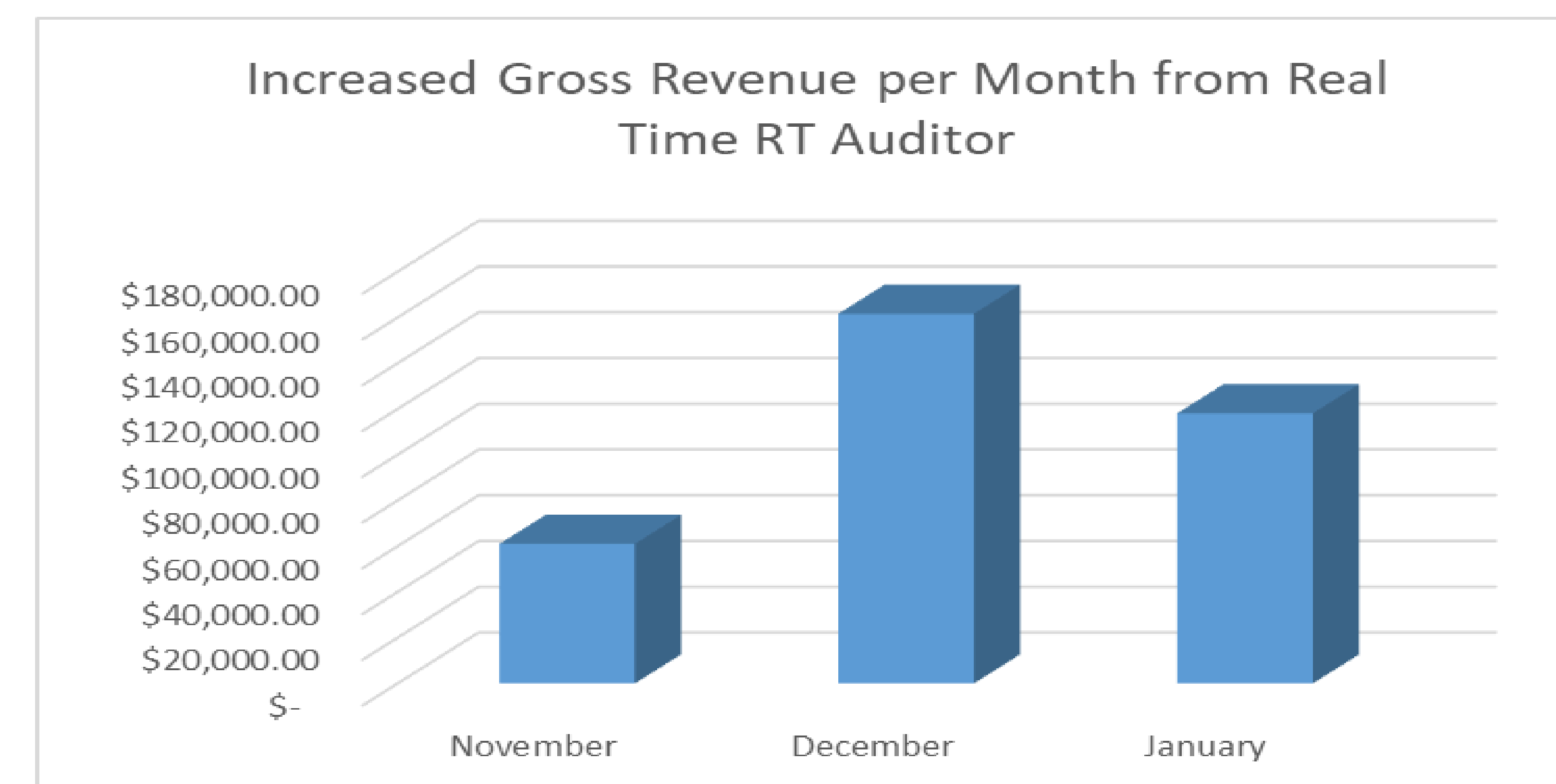
RESULTS: In comparison to the same months in 2019, the hospital claims audit team found 43% less total errors and 53% less not-billed errors in the 2020 trial months after patient discharge. The trial month of January 2021 had 53% fewer total errors with 79% fewer not-billed errors than January 2020. Of note, the workload units were 8% less in Nov-Dec 2020 versus 2019 and 20% less in January 2021 versus 2020. After trial completion, we analyzed documentation errors and revenue generation for the following month. In the month following the trial, with no RT auditor, we saw a 48% increase in not billed errors. The real time RT auditor was able to produce an increased gross revenue from chart auditing of \$341,000 in 3 months; equating to an expected \$1.4 million annual gross revenue.

Graph 1



Graph 1: Displays the number of audit findings by the claims department by month/year studied.

Graph 2



Graph 2: Details the increased revenue per month from the trial role.

Table 1

Auditors Daily Workflow to Audit Patient Charts

1. Identify Respiratory Therapist (RT) on Dayshift and Nightshift that have not previously been audited.
2. Select several patients assigned to the RT and audit documentation and double check all patients have orders.
3. Document findings and communicate to the RT any findings so corrections can be completed in a timely manner.
4. Escalate to RT manager if an individuals continue to have repeat documentation errors.

Table 1: Shows the typical auditor daily workflow.

CONCLUSIONS: The real time RT auditor was able to produce an increased gross revenue from chart auditing. The position required minimal training, and revenue gains outpaced expected clinical productivity of the RT auditor. There was a decrease in documentation errors, increased quality of our department's documentation and recognition of improvement by our hospital's claim auditor manager. The utility of this position and high benefit of a fully trained RT auditor, raises a potential new career opportunity for respiratory therapists. Further research must be done to assess impact within the field of respiratory care.