



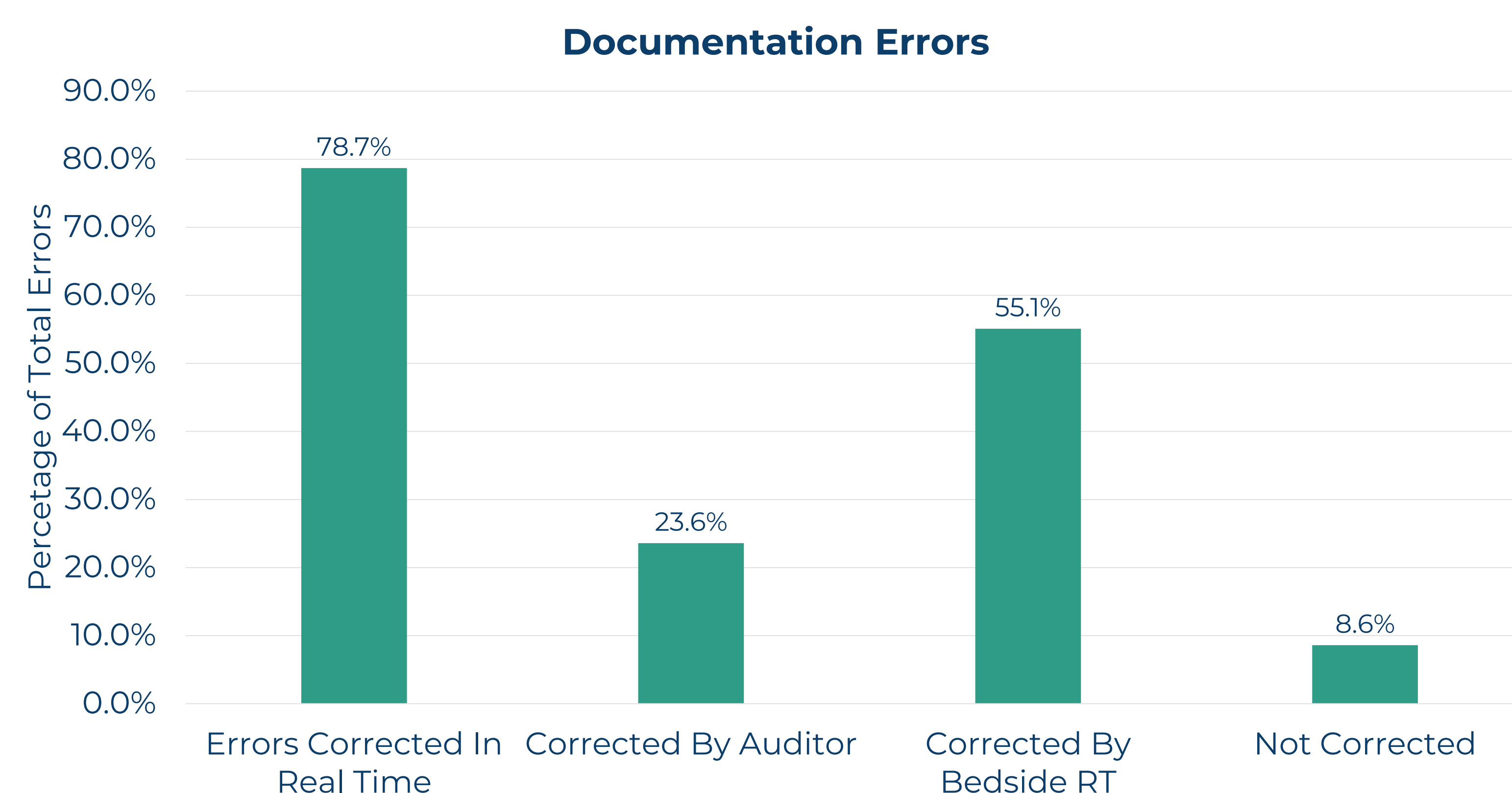
Background

- Respiratory Care departments generate revenue for services and care provided.
- In our pediatric hospital (244-beds, Level 1 Trauma Center, Level IV NICU) respiratory care charges (fee-for-service) are reviewed post discharge by a non-clinical auditing team for accuracy prior to billing.
- Our internal claim audit team reviews post-discharge charts for accuracy but the non-clinical auditing team cannot adjust patient charges if there are errors.
- Our respiratory care department trailed a Respiratory Therapist real-time auditor in 2021, gained approval for a new full-time position in 2022, and went live with a full time Respiratory Therapist Auditor on 4/9/2023.
- This clinical associate contacts RTs in real time for necessary adjustments.

Objective

- We aim to review the impact of real time RT auditing on revenue generation within our pediatric respiratory care department.

Graph 1



Graph 1 Show the percentage of documentation errors found that were corrected.

Method

- A new respiratory department position was approved 7/12/2022, where an internal RT candidate transitioned into a full time RT auditor role starting 4/9/2023.
- The internal candidate requirements included a BS degree, RT certification, and impeccable documentation in the EMR.
- The RT auditor worked 40 hours per week from 5:00 am to 1:30 pm, Monday through Friday, to be available to errors found and tracking of quality metrics.
- An IRB approved retrospective financial analysis was completed to assess the impact of a full time RT Auditor during the first 30 days of this role being active (4/9/2023 – 5/9/2023).

Figure 1

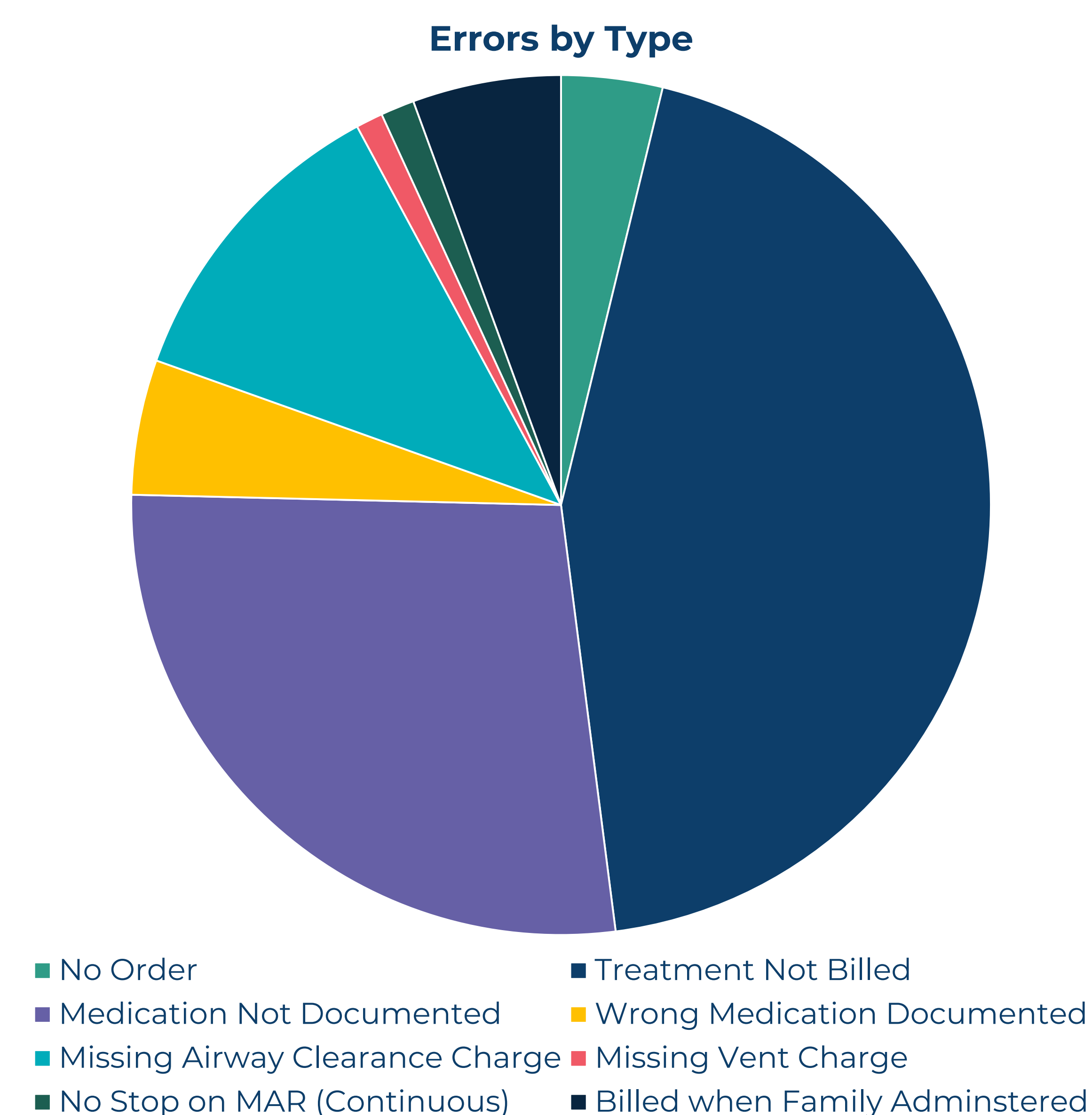


Figure 1 Show the most common documentation errors found while utilizing a Respiratory Therapist Auditor.

Results

- The RT auditor reviewed 298 patient charts (30.4%) in the study period.
- Of which 254 (85.2%) contained errors in documentation related to revenue generation.
- 44 charts (14.7%) contained documentation errors that were inconsistent with policy standards.
- The RT auditor contacted RTs in real time (working a cross shift model) to adjust documentation as errors were found.
- 78.7% of errors were able to be corrected in real time with 23.6% corrected by the auditor and 55.1% corrected by the bedside Respiratory Therapist.
- 21.3% of errors were either not corrected (8.6%) or unable to be corrected due to policy (12.7%).
- 65% of Respiratory Therapists had at least one documentation error.
- The most common errors (Figure 1) were treatments not billed and medications not documented.
- RTs working clinically are thankful for oversight and have been positive about this new role.
- Increased revenue from auditor driven adjustments was \$292,000 inclusive of \$38,000 in reversed charges.

Conclusion

- The real time Respiratory Therapist Auditor produced increased gross revenue from chart auditing and decreased policy documentation errors.
- The utility of this position and high benefit of a fully trained Respiratory Therapist Auditor, raises a potential new career opportunity for Respiratory Therapists.
- Further research must be done to assess the impact within the field of Respiratory Care, especially as billing and reimbursement models change.