In Brief

Name & Location

WakeMed Health & Hospitals
Raleigh, North Carolina

Customer Overview

WakeMed is a 752 bed network of medical centers, ambulatory care centers, and outpatient facilities.

Focus

Case Management & Discharge Planning

Issue

WakeMed was looking for an innovative approach to improve their communications with payors and post-acute care facilities.

Solution

Provider*Link*™ Internet-based communication and work flow management.

Results

WakeMed's commitment to provide quality case management coupled with ProviderLink helped to reduce average length of stay by 1.35 days for patients discharged to extended care facilities. Improved patient experience by streamlining discharge planning process.

Introduction

Healthcare systems are faced with conflicting demands – first and foremost they must deliver high quality care for their community, yet meet budgetary constraints. So when WakeMed's Raleigh Campus evaluated the patient experience, particularly in the case management process they realized they needed to streamline this communication intensive workflows. They looked for a cost-effective, Internet-based solution that would help manage the thousands of communications between WakeMed and their owned and external business partners. WakeMed decided to partner with ProviderLink because its Internet-based communications delivered management and accountability to all communications, without significant capital investment. The ProviderLink solution, coupled with WakeMed's commitment to provide quality case management helped to reduce length of stay by 1.35 days for patients being discharged to extended care facilities. The patient's experience improved as they traveled through the entire care delivery system.

Challenge

Effective communication between two parties is in and of itself challenging enough. Add to this over five owned business partners, several external partners, internal patient movement, and the challenge immediately becomes a priority business operations improvement imperative. At the turn of the millennium, WakeMed realized this conundrum and set-off on a mission to integrate and automate communications with post-acute care facilities, NC Medicaid TPA (Third Party Administrator), and payors.

Staff Interchangeability

As is typical in an acute care setting, patients transfer from one clinical area to another prior to discharge. The issue is that the patient's information wouldn't always follow in a timely manner. Hospital staff found it difficult to let other areas know prior communications related to payor authorizations and discharge planning. The paper-based environment forced staff to rely on a single knowledge source. WakeMed looked for a solution that would allow the staff taking care of the patient to change while keeping the communication history intact.

Oversight

Staff and managers did not have a formalized system to track what was communicated to whom and when. Audit trails in the paper-based environment didn't exist. If information requests were not responded to or fulfilled management couldn't follow the communication flow to identify the issue. If a fax document was lost or misplaced the entire discharge planning process was held up.

Pre-Approval Inefficiencies

Approval from payors for inpatient transfer to a skilled nursing facility (SNF) was slow. Case management staff would wait "on hold" trying to communicate with payors. The paper-based process of filling out and submitting pre-authorization forms were time intensive and error prone. If data was missing the communication loop would start again. The result was often a greater length of stay than was clinically necessary.

Managing Referrals

Once authorization for placement to a SNF was obtained, case management staff would communicate referrals via fax and telephone. SNF Admissions Representatives were dependent on the fax machine to find referrals. If a fax document was misplaced the referral process fell out of cycle. Hospital-based staff didn't have a global view of all skilled nursing facilities with bed availability. The same information was communicated in a linear process to each potential SNF. The challenge was to compress the amount of time to obtain and communicate required referral information.
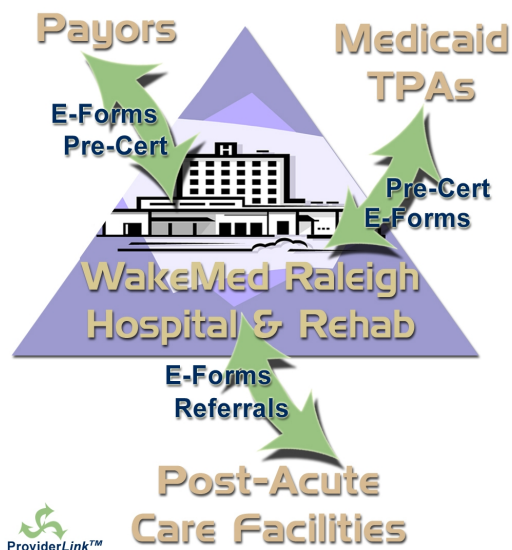
Solution

WakeMed chose ProviderLink to help address these pressing issues. Over 60 employees across WakeMed's network of facilities are using ProviderLink.
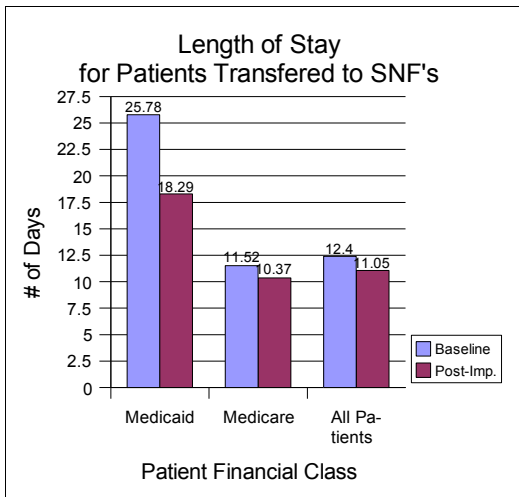
Staff can image and send clinical data from any source to payors. Discharge papers and forms for transfer to SNFs are now electronic with built-in validation. Alerts can be triggered if there is missing information prior to a form being sent. Forms now have automatic validation to ensure data is sufficient and valid prior to sending to payors and SNFs.

Clinical information needed to post a referral can be pulled from multiple systems and imaged onto the referral. The forms are now immediately communicated to TPAs and post-acute care facilities

with ProviderLink's broadcast referral and tracking feature. Admission Representatives at post-acute care facilities can ensure adequate patient census and communicate bed availability back to WakeMed without use of the fax machine. Referrals, with all necessary documents, are now viewed in ProviderLink. Admissions Coordinators can also be notified via pager when a referral has arrived.

With a single interface for both online and faxed communications, there is now one place to check for an immediate account of what communications have transpired. Management can identify communication bottlenecks and take proactive steps to move information through the work flow. Staff can fill in for each other and immediately bring themselves up to date on open tasks. There has been a substantial decrease in 'hold time' on the telephone to communicate with TPAs.

Length of Stay for Patients Transfered to SNF's

Reduced Length of Stay

WakeMed realized an average 1.35 day reduction in length of stay for all patients transferred to extended care facilities. Medicare and Medicaid patients LOS were reduced by 1.15 and 7.49 days respectively. All the while, the case mix index remained relatively stable. With a large percentage of patients subject to capped reimbursement rules it has benefited WakeMed to cut out clinically unnecessary patient days. WakeMed attributes this decrease in LOS to operation improvement initiatives and ProviderLink's tool set, which enabled them to communicate via the Internet, crucial forms and information necessary for discharge.

Faster Authorizations

WakeMed's Rehab Hospital was able to receive approval numbers from TPAs in approximately 12 hours vs. 24-48 hours pre-implementation. Christi McCloud, clinical case manager at WakeMed Rehab commented, "We are now receiving information from TPAs through ProviderLink at a 50% faster rate."

Case Mix:

	Baseline	Post-Imp.
Medicaid	2.68	2.42
Medicare	1.70	1.74
All Pts.	1.83	1.84

Notes:

1) Source: WakeMed SoftMed Discharge Report

2) Baseline (10/1/03-6/30/04)

3) Post (10/1/04-6/30/05)

More Patient Focus and Less Administrative Work

Staff can now focus more of their time on proactive patient care. Request for additional information from TPAs and post-acute providers are now easily handled and delivered. There has been a reduction in "lost communications," an unfortunate consequence of a paper-based environment. Staff spend less of their time on administrative work and more time focusing on the unique needs of each patient.

Positive Patient Experience

All told, the patient's experience is positive. Concerned family members inquiring about the patients discharge status can now obtain direct information about discharge alternatives. As Charlotte Terwilliger, manager of case management at WakeMed said, "The patient's transition from acute to post-acute care is smoother. Most importantly, we now communicate more efficiently with payors and post-acute care facilities, which positively impacts our patient's experience."