

# Electronic Health Records: Improving Patient Safety



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LEARNING

# Ronald Sterling

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- Ron Sterling authored Non-Fee-for-Service Revenue Cycle Management from Greenbranch Publishing. He is a nationally recognized thought leader on electronic health record and healthcare billing systems.
- Ron advises practices, and healthcare organizations on EHRs and Medical Billing tactics and strategies. Ron has analyzed software from over 150 vendors. He is a frequent speaker to a variety of organizations on MACRA/MIPS, HIPAA Security, Quality, and Medical Professional Liability. Ron has contributed over 250 articles to a wide range of publications including Medical Economics.
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# Objectives

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1. Identify clinical process issues associated with clinical notes, patient portal activities, patient service orders, messages and other important activities.
2. Describe the available tools to support clinical process for each class of patient information.
3. Explain why having an effective clinical process improves relationships with patients and creates efficient electronic health record management.

# Why is End of Day (EOD) Important?

# Why Do HCOs/Practices Need a Clinical EOD?

- EHR Records are Vulnerable
- Patient Service Expectations
  - First Response
  - Final Resolution/Recommendation
- Due Diligence to Protect Patient Records
  - Avoid Degradation
  - Maintain Accuracy and Consistency

# Clinical EOD Objectives

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- Verify Record Standards
- Maintain Integrity of Patient Records
- Protect Against
  - Quality Lapses
  - Fraud Claim
  - Medical Professional Liability
- Support Professional and Industry Standards



# EOD Addresses Key EHR Requirements

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- HIPAA Security Requirements
  - Accountable for Integrity
  - Assure Accessibility
- EHRs Maintain Information on Performance
  - Audit Trails
  - Connections Between Key Documents
  - Monitoring Practice Activities

# EOD Addresses Key EHR Requirements

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- Managing Increasing Number of Electronic Interactions
  - Patients
    - Messages
    - Patient Access to Information
    - Remote Patient Monitoring Systems
  - Providers
    - Transition of Care
  - Labs
  - Diagnostic Tests and Results



# EOD Addresses Key EHR Requirements

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- Proving Provider Effectiveness in “Stretching the Clinic”
  - Meeting Evolving Standards
    - Patient Centered Medical Home (PCMH)
    - Patient Centered Specialty Practice (PCSP)
  - Required to Meet MACRA
    - Merit Based Incentive Payment System
    - Moving Patients to Alternative Payment Models

# Contextual Question for EOD

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- What is your most pressing concern with the integrity of your patient's EHR records?
  1. The quality of the documentation.
  2. The way we use the EHR.
  3. Problems the vendor will not fix.
  4. Changes to Healthcare Industry that cannot be managed by our EHR.
  5. Technology changes that trigger changes to our system with no apparent benefit.

# Contextual Question for EOD

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•Do you currently use an End of Day process for your EHR?

1. Never

2. Sometimes

3. Daily



# End of Day (EOD) Process

# Establish EOD Standards

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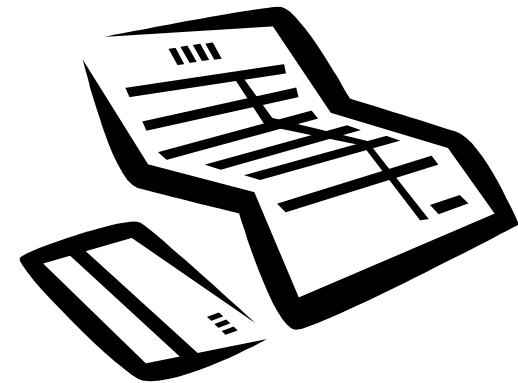
- Standards Based on:
  - Standard of Care Requirements
  - ACO/Payer Contracts
  - Clinical Operations
  - EHR Features
  - Product Use
  - Practice
  - Services
  - Doctors



# EOD Checklist

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- Notes Signed Within X Hours/Days
  - Regular Office Visits
  - eVisits
  - Evolving Activities (Ex. ACO Support)
- EHR Interface with PMS/Billing
  - Accuracy
  - Timeliness
  - ICD10 Coding
  - Changes
  - Substantiation



# EOD Checklist Items

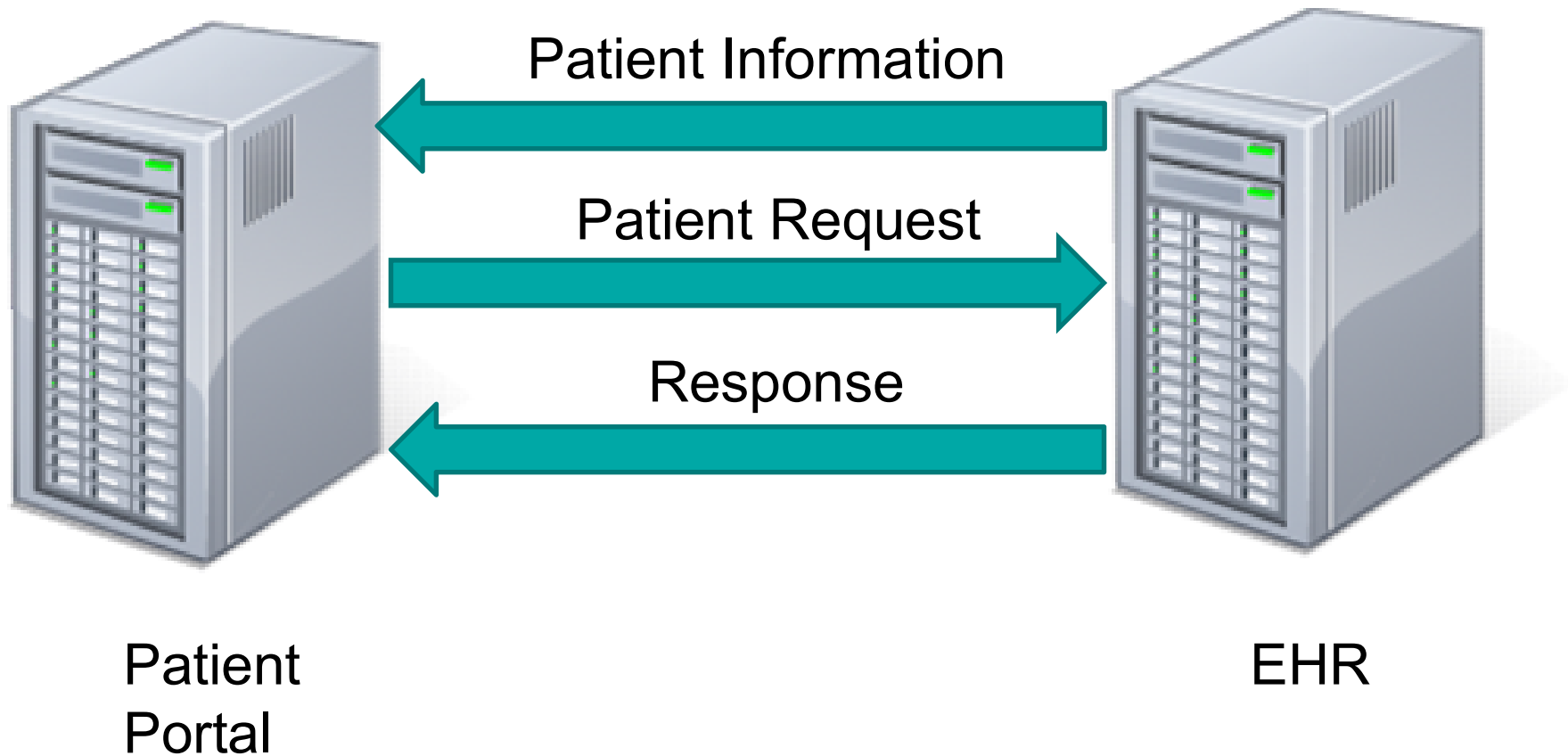
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- Reconcile
  - Charges
  - Appointments
  - Cancellations
  - No Shows
- Supporting Documentation for Clinically Significant Events



# Patient Portal

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# EOD Checklist

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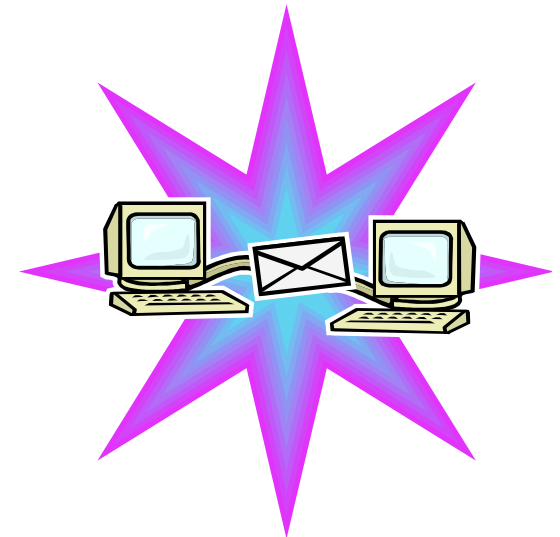
- Patient Portal Traffic
  - Patient Submission of Information
    - New Patients
    - Follow Up
  - Turnaround Time
  - Follow Up on Undelivered Messages and Items
  - Documentation Supports Care Standards



# EOD Checklist

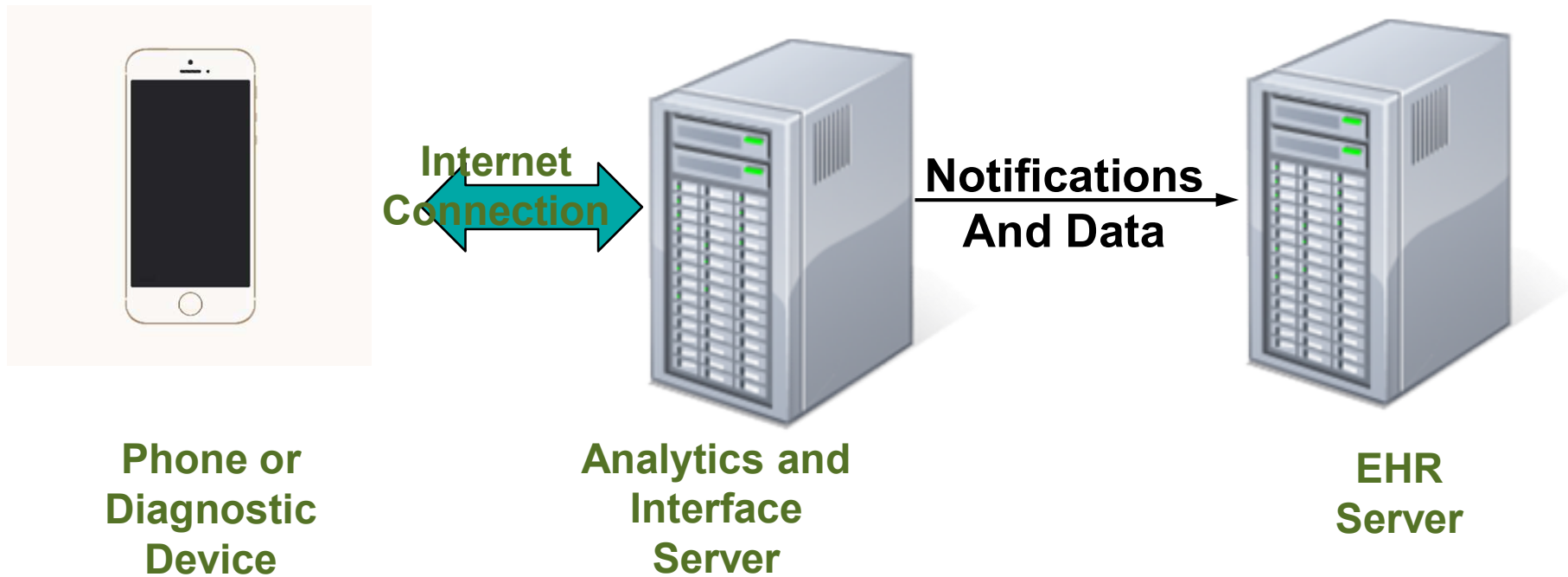
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- Outgoing and Incoming Electronic Traffic Check
  - Rx
  - Transition of Care
    - Outgoing Referral
    - Incoming Result
  - Lab Results
  - Patient Orders
  - Other Results



# Remote Patient Monitoring System

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# EOD Checklist

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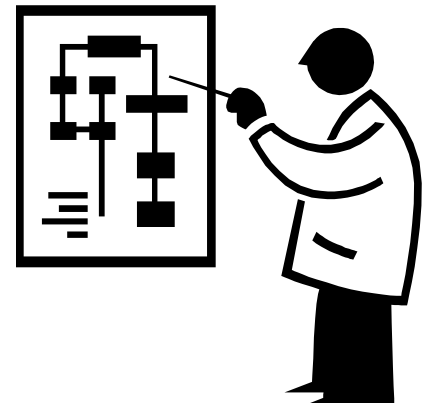
- Remote Patient Monitoring Systems (RPMS)
  - Provisioning of Devices and Equipment
  - Alert Triggers Properly Set
  - Status Checks may be Required More than Once a Day
    - Alert Receipt
    - Overdue Readings and Reports
    - Problematic Trends
  - Timely Alert Response
    - Objective Measures
    - Subjective Submissions
  - Timely EHR Recording



# EOD Checklist

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- Workflow Management
  - Patient Appointments Cleared and Completed
  - Manage To Dos and Messages
  - Part of Patient Service Strategy
  - Status and Response by Type



# EOD Checklist

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- Incoming Documents/Images
  - Status of Items to be Indexed
  - Routing of Indexed Items
  - Documentation of Decisions
  - Changes to Care Plan
  - Document Patient Notification



# EOD Checklist

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- Quality Assurance
  - Documentation Standards
  - Outlier Detection – Treatment and/or Management
  - Remediation Standards
- MIPS
  - Quality
  - Clinical Improvement



# EOD Checklist

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- Quality Patient Services
  - Procedure/Surgery Follow Up
  - Referral Follow Up
  - Reminder Transmission
  - Reminder Follow Up
  - Health Maintenance Items
  - Outstanding Orders
  - Obsolete Orders
  - Patient Refusing of Recommendations





# Managing End of Day (EOD)

# Implementing EOD

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- Establish Supporting Policies and Procedures
  - Empower Process
  - Assure Provider and Staff Support and Compliance
  - Mandate Corrective Actions and Maintenance
- Tracking EOD is an Operational Issue
  - Start with Basics and Extend
  - Performed Daily by Operational Staff
  - May Include Periodic Items

# Managing EOD

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- Maintain Statistics to Prove Performance
  - ACO/Alternative Payment Model
  - Payer
  - Contract
  - Patient Population
  - Provider
  - Location



# Periodic Checking

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- Periodic Reporting on Standards
  - Performance
  - Trends
- Develop and Maintain Issues Lists
  - Privacy and Security
  - Procedures
  - Clinical Content
  - Workflow



# Parting Question

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•What is the most important benefit you expect from the End of Day process we discussed today?

1. Prepare for Quality Based Care
2. Improve Patient Care
3. Improve Operations
4. Meet HIPAA Security Requirements
5. Improve Our Clinical Records

# EOD Reporting

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- Maintain Statistics by
  - Provider
  - Location
- Report on Standards
  - Performance
  - Trends
- Management



# Periodic Checking

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- Review Month Results and Trends
- Review Issues and Problems
- Develop and Maintain Issues Lists
  - Privacy and Security
  - Procedures
  - Clinical Content
  - Workflow



# Go Forward Plan

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- Monitor EHR Vendor tools to support EOD under evolving payment and performance systems.
  - MIPS
  - Alternative Payment Model
- Maintain EHR Documentation and Performance Standards
  - Align with evolving revenue models (ACO, Shared Savings, PCMH, PCSP, etc.)



# Significance of EOD

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- EOD is an important strategy to protect EHR based patient records.
- Lack of an EOD process can undermine the use of the EHR and the integrity of the patient record.
- EOD offers a strategic view of patient records and services to support evolving patient service and operational standards as well as assure optimum reimbursement and incentive payments.

# End of Day (EOD) Metrics

# Potential EOD Metrics

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- Referrals
  - Referral Tracking by Stage
  - Time to Visit
  - Supporting Documentation
  - Follow Up with PCP/Referring Doctor/HCO
  - Report to PCP/Referring Doctor/HCO
  - Survey PCP/Referring Doctors/HCO

# Potential EOD Metrics

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- Messages
  - Messages Over Portal
  - Incoming Calls Answered At Time of Call
  - Time to Answering Message
  - Time to Patient Reply
  - Follow Up and Remediation of Messages

# Potential EOD Metrics

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- Clinical Call Center
  - Monitoring Remote Patient Information and Secure Messages
  - Handling of Scripted Situations
  - Completeness of Documentation
  - Escalation within Practice/Call Center
  - Appropriateness of Issues Passed to Doctors
  - Coordination with Practice Locations/Units
  - Additional Scripting Situations

# Potential EOD Metrics

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- Orders
  - Patients with Go Forward Treatment Plans
  - Treatment Plan Item Aging
  - Percent of Compliance
  - Automatic Order Management
  - On Time Surgery/Procedure Percentage
  - Surgery/Procedure Order Aging Analysis
  - Closure of Orders on a Timely Basis

# Potential EOD Metrics

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- Clinical Notes
  - Outstanding Services Requiring Clinical Content
  - Notes Recorded with Clinical Content
  - Appropriate Use of Free Text Notes
  - Proper Coding of Services and Problems
  - Signed Notes within Established Time
  - Notes Outstanding Beyond Allowed Time
  - Aging of Note Creation to Signing

# Potential EOD Metrics

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- Patient Service
  - Patients Using Technology Enabled Tools
    - Patient Portal
    - RPMS
  - Timeliness of Records Available to Patient
  - Timeliness of Service Response by Service Channel
  - Percentage of Patient Service Items by Channel



# Potential EOD Metrics

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- Clinical Workflow
  - Time Statistics on Visit Steps
  - Analysis of Workflow Deviations
  - Backlog of To Do and Messages by Type
  - Aging of To Do and Messages by Type



**Questions?**

**THANK YOU**