

healthcare **now**

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customer success story



Name and 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 and Discharge Planning

Issue

WakeMed was seeking an innovative approach to improve communications with payers and post-acute care facilities.

Solution

Covisint

Results

WakeMed's commitment to provide quality case management coupled with Covisint's solution helped to reduce average length of stay by 1.35 days for patients discharged to extended care facilities.

WakeMed Reduces Length of Stay by 1.35 Days; Uses Internet Technology for Communication Workflow

Introduction

Healthcare systems are faced with conflicting demands; first and foremost, they must deliver high-quality care for their communities, yet meet budgetary constraints. When WakeMed's Raleigh Campus evaluated the patient experience, particularly in the case management process, it realized it needed to streamline its communication-intensive workflow. The healthcare provider looked for a cost-effective, Internet-based solution that would help manage the thousands of communications between WakeMed and its internal and external business partners. Choosing to partner with Covisint delivered management and accountability for all communications, without significant capital investment. Covisint's 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 experience improved as patients traveled through the entire care delivery system.

Challenge

Effective communication is challenging enough. Add five owned business partners, several external partners and internal patient movement, and the challenge immediately becomes a critical business imperative. At the turn of the millennium, WakeMed confronted the issue and decided to integrate and automate communications with post-acute care facilities, North Carolina Medicaid Third Party Administrator (TPA) and payers.

Staff Interchangeability

As is typical in an acute care setting, patients transfer from one clinical area to another prior to discharge. The issue was the patient's information wouldn't always follow in a timely manner. Hospital staff found it difficult to let other areas know about prior communications related to payer 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 unfulfilled or left with no response, 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 payers for an inpatient transfer to an extended care facility (ECF) was slow. Case management staff would wait "on hold" trying to communicate with payers. The paper-based process of filling out and submitting pre-authorization forms was 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 clinically necessary.

Managing Referrals

Once authorization for placement to an ECF was obtained, case management staff would communicate referrals via fax and telephone. ECF 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 extended care facilities with bed availability. The same information was communicated in a linear process to each potential ECF. The challenge was to compress the amount of time to obtain and communicate required referral information.

Solution

WakeMed chose Covisint to help address these pressing issues. More than 60 employees across WakeMed's network of facilities are using Covisint.

Staff can image and send clinical data from any source to payers. Discharge papers and forms for transfer to ECFs 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 payers and ECFs. 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 Covisint'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 the use of a fax machine. Referrals, with all necessary documents, are now viewed within Covisint. 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 workflow. 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.

Results

Reduced Length of Stay

WakeMed realized an average 1.35-day reduction in length of stay (LOS) 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 Covisint's tool set, which enabled them to communicate, via the Internet, crucial forms and information necessary for discharge.

"We are now receiving information from TPAs through Covisint at a 50 percent faster rate."

Christi McCloud, clinical case manager at WakeMed Rehab

Faster Authorizations

WakeMed's Rehab Hospital received approval numbers from TPAs in approximately 12 hours versus the 24-48 hours before implementation.

More Patient Focus and Less Administrative Work

Staff can now focus more time on proactive patient care. Requests 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 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 a patient's discharge status can now obtain direct information about discharge alternatives. As Charlotte Terwilliger, manager of case management at WakeMed, said, "The patients' transition from acute to post-acute care is smoother. Most importantly, we now communicate more efficiently with payers and post-acute care facilities, which positively impacts our patient's experience."

covisint ... helping people and systems work better together

Covisint enables the secure access to and the improved visibility of health information. Leading healthcare organizations and communities across the healthcare continuum leverage Covisint to exchange information and support real-time collaboration, including the automation and streamlining of basic clinical and administrative processes that are generally paper-based transactions today.

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