



What I Learned

- Don't add work
- Total work effort must be less
- Make it visible • Others in the group know who isn't doing their job
- Link it to billing/productivity process with 'Hard-
- Stops'
- User-Friendly
- ROI

Hospitalist Needs Billing/Collecting Process Census Management Publication of patient assignments Communication Sign-Offs Collaboration Discharge Process: Safe & Efficient Earlier Discharges (Throughput)



ERHX: Hospitalist



- Patient Centric Database
- ADT import from hospital
- Electronic Charge Capture
- Charges go directly into billing software
- Electronic Census Management

EHR

EHRX

EHRX: Hospital Access

- Secure web access to Patient-Provider assignments
- Staff knows immediately who was assigned to a particular patient
- Messaging via link on site pushing messages securely to provider
 Hospitalist knows who is calling, from what number, regarding what room, and urgency status
 - Web-page or mobile App contains more detailed PHI data

EHRX: Requirements

- Require estimated discharge date (E.D.D.) at time of charge capture
- Identify and Increase discharges earlier in the day Increased our orders to discharge before 10 am from 10% to 40% during the first 20 days of implementation
- Require summary statements at time of charge capture
- Allows for Sign-Offs and running Hospital Course electronically

Collaboration through Sharing



- Who else would benefit from these Summary Statements and E.D.D.?
 - Nurses
 - Case ManagersSocial Workers
 - Social Workers
 Utilization Management
 - Bed Control
 - Environmental Services
 - PCPs
 - Patients & Families



Care Transitions

- Integrate Discharge Checklists
- Trigger Pharmacist notification for Medication Education
- Real-time communication with PCP during transition
- Maintain communication with patient postdischarge
- Help patient with 'What if' situations
- Allow access to Home Health Agencies prior to and after discharge
- Allow hospitalists to learn of unknown problems occurring with transition process