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USA TODAY

Optimize Resources with Block Scheduling in the OR

By Marion Sachs, RN, MSN, CNOR - Director, Surgery Systems Products

Surgeons, who are the hospital's biggest revenue generators, are on a list of the least happy physicians, according to a report by Press Ganey in 2007. Of the five least satisfied physician specialties, four were in surgery. (Also dissatisfied were anesthesiologists.)

What are surgeons least happy about? Surgeons are the least satisfied with the operating room; particularly surgery's inability to schedule surgery, tests and therapy in concert with each other. As a subset of this dissatisfaction, the primary issue for surgeons is being able to coordinate their practice hours with the OR schedule.

In the past, many hospitals have thought of physicians/surgeons as customers. More recently, however, there has been a shift to considering them as business partners instead. Surgeon under-utilization within the OR can be particularly costly to a hospital. How quickly



surgeons can get patients on the schedule is important for patient care as well as practice revenue. Difficult access to available operating time and inaccurate or delayed schedules often lead surgeons to reduce the number of cases performed at the hospital.

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Client Spotlight: Oakwood Healthcare (Part 2)

According to the National Association of Healthcare Access Management (NAHAM) *Access Management Journal*, "For any single visit, the average insured patient owes the hospital \$389. If the patient leaves the facility without paying, the chance of collecting plummets by sixty percent, resulting in millions of dollars in uncollected cash for the average mid-size hospital." The journal further explains, "The overall cost for a hospital to collect is typically reported between two and three percent of revenue, meaning front-end processes become important, especially with much higher co-payments and high-deductible, consumer-directed health plans." In order to accomplish these front-end revenue cycle goals of verifying insurance eligibility, obtaining authorizations and medical necessity checking, all prior to service, Oakwood Healthcare System of Dearborn, MI, re-engineered their scheduling and pre-registration process with Unibased Systems Architecture's (Unibased) Resource Management System (RMS).



Pictured above clockwise: Oakwood Hospital & Medical Center, Oakwood Heritage Hospital, Oakwood Annapolis Hospital, Oakwood Southshore Medical Center

Unibased's RMS facilitated the development of Oakwood Healthcare System's Financial Clearance Center. The goal of the Financial Clearance Center is to financially clear all non-emergent patients and assure that all medical necessity guidelines, authorization requirements, insurance benefit rules, and co-insurance/deductibles are met and collected, prior to service, in order for the organization to receive appropriate reimbursement for the services being provided.

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Scheduling Dynamics in the OR Space

Efficient scheduling in the OR affects the entire organization in the following ways:

- Increases Productivity of Surgeons and Anesthesiologists as well as Pre- and Post-Op Units
- Maximizes Resource Utilization of OR Suites, Anesthesia, Equipment and Nursing Staff
- Decreases Wasteful Costs and Lost Revenue Directly Associated with the Surgery Suite
- Expands Community Marketability of the Hospital’s Surgical Services Program to Physicians and Patients

There are four groups of people who are impacted by the OR schedule. Besides surgeons, they are anesthesiologists, nurses and hospital administration. The most basic key to maximizing the operational effectiveness of all surgical programs is a streamlined OR scheduling system, which must effectively balance the diverse needs of these four groups.

The schedule planning process is imperative in allowing for the balance of surgical demand, variable OR room access, materials and equipment requirements, and case duration times that are accurate. Offering block time scheduling is one way to facilitate the accurate coordination of these key components.

Why Block Time Scheduling?

Planning OR time in blocks, designated for individual surgeons, has several advantages:

- The surgeon is informed months in advance which day(s) of the week he will operate, and thus can avoid scheduling clinic appointments on those days.
- The surgeon is aware of how many ORs have been planned for him, therefore can schedule patients and surgical assistants accordingly.
- For the hospital, block time for different surgeons can be planned to spread the workload evenly among days of the week.
- Block time can also be planned to distribute admission to the ICU more uniformly on different days of the week. Planning additional block time beyond that required to meet current needs is a tactical decision made for the purposes of capacity planning.



A critical first step in the discussion of block time scheduling must be an honest appraisal of the OR’s profitability margins. Implementing block schedules may have a heavy impact on payment schedules. Changes in the payment schedule or payers, as well as the impact of those changes should be evaluated with finance management, as block scheduling decisions can proactively impact financial performance and the overall income statement.

Block Reporting and Surgeon Satisfaction

Empowering an OR Policies and Guidelines Committee as a governance/oversight body to allocate and evaluate block time compliance is essential. A good strategy for addressing surgeon satisfaction is to prioritize surgeons by volume, revenue per case and social influence. An automated surgery management system can assist hospitals in capturing and evaluating appropriate data to allocate block time. Important data elements include:

- Annual Elective Cases
- Average Cases/Wk (48 Wks/Yr)
- Turnover Minutes Per Case
- Hrs/Wk Plus Turnover
- Cost Per Case

While many hospitals have fully automated surgery management systems, not all provide the full range of data needed to analyze performance at the level that takes major considerations of profitability and performance impact into effect. For daily operational needs, the Unibased ForSite2020® block utilization reporting tools can optimize forecasting of elective OR suite occupation by procedure, surgeon, specialty or patient type. The detailed daily block utilization report examines each day’s activity, both block and non-block days.

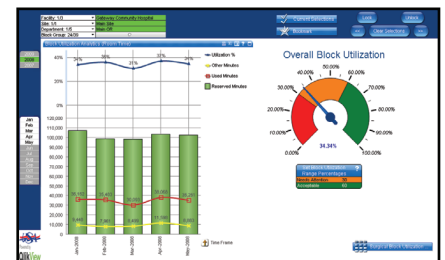
Frequently, a low utilization block owner will show signs of a consistently unused day of the week. This analysis can be used to reassign time to higher valued users.

A block summary report is instrumental in evaluating whether the block owners are using the time allocated to them. The typical target for block utilization is between 75-80%. Any block owner whose utilization falls significantly below that target is then forced to reevaluate the appropriateness of the allocated time. These unique reporting tools also factor in any block time the owners release to others, and will not penalize them for doing so.

Business Drivers for Block Reporting in Business Analytics Tools

Since maintaining positive profit margins is important when achieving organizational mission goals with block time scheduling, robust analytics tools are crucial. The ForSite Analytics tool can provide a full range of data needed to analyze not only performance in allocated block time, but also surgeon rankings according to the largest contribution margin by payer mix. This data allows an OR governance team to look at each situation and support its decisions with facts. For example, the surgeons might be given additional block time, provided their contribution margin per OR hour is above average and they have the potential for growth (and other constraints are not limiting). If the hospital places some intangible value on certain types of surgeries and wishes to encourage growth, then that intangible value should be added to the contribution margin for these cases, and more OR block time may be planned.

The key to success in block scheduling is an approach that readily taps into the operational, financial and outcome information. The ForSite2020 suite of products can help automate and collect empirical data for analysis of the workflow processes that drive collection of that information, and can be the difference between a positive and profitable or a marginal and unrewarding block scheduling experience.



Pictured Above: ForSite Analytics Overall Block Utilization Screen Shot

Bar Coding Confirms Charge Capture in the Operating Room

Bar coding is not a new idea in itself; it has been used to promote efficiency and accuracy in many industries for years. However, healthcare is just beginning to realize the full advantages of bar coding and its associated processes. The benefits of bar coding for procedure supplies in the operating room are well documented. Healthcare facilities see enhanced quality and patient safety, cost savings from reduced waste, improved supply chain logistics and easier recall facilitation. That is why it is critical for providers to understand the role of this technology within the different hospital workflow settings, and have access to the proper equipment to support it.

Bar code technology in the OR can resolve charge discrepancies that occur when OR staff members use items, and subsequently, forget to charge for them. This oversight may happen when surgery departments use a charge-by-exception process from the preference card pick list, as the pick list then becomes the charge document. When extra items are used and not entered on the pick list as charge items, there is a lost charge. Unibased is positioned to assist in recapturing lost

charges with bar coding technology that automatically allows scanned supplies to be directly entered into the exception noting screen. Unibased was also the first vendor to provide a successful inbound interface between the Pyxis Materials Management System and charge by exception screen in its Surgery Management System. This allows nurses to spend time with patient care, not the computer. At Unibased, nurses don't work for technology; the technology works for nurses! ■

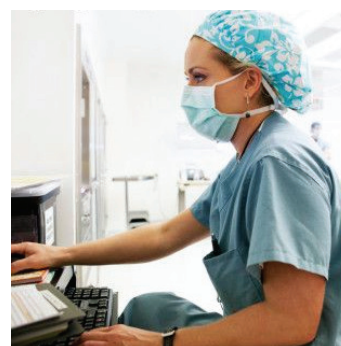


Bar Coding Process Improvement Statistics:

50% reduction in the time required for back-end charge reconciliation of items used in surgical procedures

62% reduction in overall process time it takes to procure an item and document it in the operating room clinical record

33% reduction in implant documentation time



(Continued from Page 1 – Oakwood)

The extensive use of the highly-intuitive work queues embedded within the RMS system allowed Oakwood to take a paper-based insurance verification/authorization process to 90% paperless for all of their diagnostics services scheduled (174,860 appointments scheduled annually). Some other key benefits to the unlimited and completely customizable work queues provided in RMS include the ability for Oakwood to:

- Enter and maintain managed care rules by insurance and procedure, which has improved the no-authorization adjustments by a favorable decrease of 27% within the first year.
- Automate the medical necessity process in order to work accounts prior to service to reduce the medical necessity adjustments.
- Create user-defined and automatic work queues to improve the workflow for both scheduling and financial clearance.
- Transfer accounts to specific work queues for other departments to complete.
- Run and create unique reports to track productivity.

The flexible search and sort criteria within the work queues has also allowed work to be prioritized, drastically reducing redundancy and allowing Oakwood to be an average of 2 to 3 days ahead of service, versus working the account the day before.

As the Access Management Journal reports, "The U.S. healthcare industry suffers from more than \$300 billion in lost revenue every year from the inability to offer an accurate patient statement prior to service, the high cost to collect on the back-end, write-offs and the ultimate bad debt." Oakwood Healthcare System has realized the endless benefits Unibased's RMS has provided, and will only continue to see the trickle down effect this will have on the organization and the community. From streamlined access to services for improved physician and consumer satisfaction to reduced errors and redundancy, decreased patient wait times and enhanced patient safety, Oakwood has transformed their revenue cycle and pre-visit access management process for an ultimately improved bottom line. ■

Visit Oakwood Healthcare at oakwood.org.

Exciting New Developments!

Amerinet GPO Selects Unibased

Unibased has been selected as a contracted supplier of process improvement and workflow enhancement solutions with ForSite2020®. The convergence of Unibased's award-winning suite of solutions and Amerinet's expansive GPO network will bring outstanding value to over 33,000 members. ■ amerinet-gpo1.com

Teaming With DST Technologies

Unibased has formed a strategic relationship with DST Technologies, Inc., to deliver solutions to innovative healthcare systems and hospitals seeking to improve productivity, quality and cost management. "This relationship will help healthcare systems more efficiently manage resources in support of their patients, attain operational excellence and reduce the estimated \$145 billion of annual waste in the healthcare industry resulting from administrative inefficiency and excess paperwork." ■ dstsystems.com

Employee Profile



Marion Sachs, RN, MSN, CNOR
Director, Surgery Systems Products

Marion Sachs joined Unibased in April of this year. She is the Director of Surgery Systems Products and brings to the role more than 22 years of surgery experience as well as six years of healthcare information technology expertise.

The stability of Unibased's products and rigid quality controls are what most interested Marion about joining our team. "Functioning in a client services role for the past five years, I spoke daily with perioperative clinicians and IT professionals alike. The consistent message I heard from my client base was the industry need for interoperability innovation, stability of software and timely customer service. Now I am in a position to

directly affect product development to meet clinicians' future needs with a #1 KLAS-rated organization in customer service. It's a win/win."

Marion most enjoys the client-facing part of her position and networking with fellow colleagues in the fields of clinical informatics. Marion's two daughters, successful in their own right, work in the Chicago area with their husbands. "I definitely lucked out in the son-in-law department!"

A self-professed adrenaline junkie, Marion enjoys any activity that is new to her and pushes the limits of physical competence and her comfort levels. Her ultimate goal is to become a paragliding pilot. ■

Hints From The Help Desk

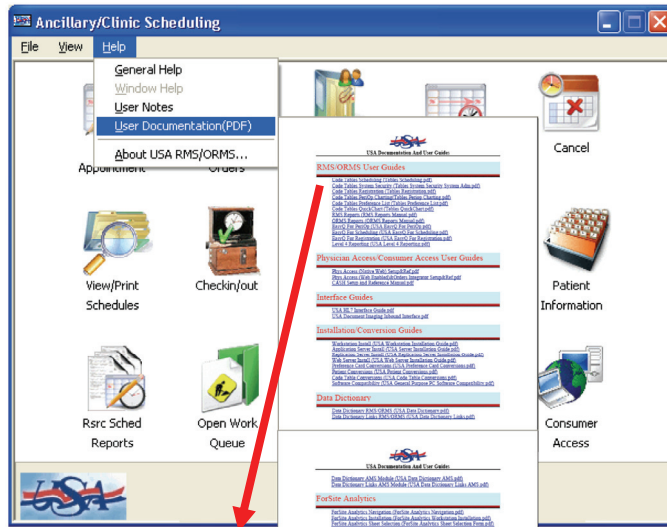
By Julie Hoevel, Senior Technical Writer

Did you know you can access your user documentation on your desktop?

Clients can now access all Unibased user guides such as; Code Tables, Reports, Physician Access, Consumer Access and Scheduling for Healthcare (CASH) manuals, etc., as well as the Interface Guides, Conversion Specifications, Data Dictionary, ForSite Analytics, Release Notes and Upgrade Instructions **on your desktop menu window** in Adobe Acrobat (.pdf) format.

From the desktop, select **Help** from the toolbar. Select **User Documentation (PDF)**. The system will automatically open Adobe Acrobat on the user's workstation and display a list of "links" to Unibased's Documentation and Users Guides.

If you have any questions, you may call us at (800) 489-6069, extension 6 for Support.



RMS/ORMS User Guides

[Code Tables Scheduling \(Tables Scheduling.pdf\)](#)
[Code Tables System Security \(Tables System Security System Adm.pdf\)](#)

Pictured at right:
Close up view of
links to user guides.

Customer News

BayCare St. Anthony's Hospital (St. Petersburg, FL) is first hospital in Florida to Earn EPA's prestigious Energy Star® Symbol for superior energy efficiency and environmental protection.

East Texas Medical Center Lake Palestine (Lake Palestine, TX) will celebrate its grand opening in December.

Inova Fair Oaks Hospital (Fairfax, VA) achieved the prestigious Magnet™ designation, the highest level of recognition a hospital can achieve for nursing excellence.

Inova Mount Vernon Hospital (Alexandria, VA) has named **Donald Brideau, MD**, as its new Vice President of Medical Affairs.

Jewish Hospital & St. Mary's HealthCare (Louisville, KY) appointed **James Fitzpatrick, M.D.**, as CEO of the Jewish Physician Group.

Lancaster General Health (Lancaster, PA) is First in Lancaster County to Offer Advanced TomoTherapy Radiation Treatments.

Lindsey Jarrell, CIO of **BayCare Health System** (Clearwater, FL), was awarded the CHIME-AHA Transformational Leadership Award.

Norton Cancer Institute (Louisville, KY) named as 2009 Summit Award winner by Press Ganey Associates for sustaining in the top 5% nationally in patient satisfaction scores for three consecutive years.

Oakwood Southshore Medical Center (Trenton, MI) wins named a 2009 Success Story Award Winner for achieving the 96th percentile in inpatient satisfaction scores.

South Florida Baptist Hospital (Plant City, FL) has been awarded a three-year term of accreditation in CT (computed tomography) and ultrasound as the result of a recent survey by the American College of Radiology.

Texas Scottish Rite Hospital for Children (Dallas, TX) elected **Sharon Ellis** as Vice President and Chief Financial Officer.

Tim Reiner has been promoted to Vice President of Revenue Management of **Adventist Health System** (Winter Park, FL)

United Hospital System (Kenosha, WI) has been awarded accreditation by the Commission on Laboratory Accreditation of the College of American Pathologists.

WellSpan Health York Hospital (York, PA) upgraded to a Level I Trauma Center, one of only two in south central Pennsylvania and one of fifteen in the state.

Everybody has a story!

Would your facility or organization like to be featured in an upcoming issue of this newsletter?

Please Contact:

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