Reduction in Billing Related Errors in In-Patients Department of Narayana Multispecialty Hospital

(A Quality Improvement Plan)

By:

Dr. Jharna Bajpai

Rollno. 1319

Introduction of the Project:

What is DAMS:

- DAMS (Daily Audit Monitoring System) team of Narayana Multispecialty Hospital, Jaipur comprises of 22 members in 11 teams including Facility Director, Medical Superintendent, Head of departments, Nursing Superintendent and others.
- The purpose of DAMS is to audit files, in order to do a clinical and financial audit in patient files leading to reduction of errors related to clinical process and thus achieving improvement in patient satisfaction.

Over the period of time, it has been found that billing errors in IPD were increased in the hospital. They were under the following heads:

- Medication errors: involves drug related billing errors.
- Investigation errors: involves billing errors of laboratory and other radiological investigations .
- Bedside errors: involves billing errors of random blood sugar, portable Xrays & arterial blood gas measurement.
- Others: involves billing errors of cross consultation by a consultant, discount issues.

Objective of the study

To find out the factors responsible for billing errors in IPD of Narayana Multispecialty hospital and to suggest action plans to reduce them.

Research Questions:

What are the factors responsible for billing errors and how to reduce these errors?

Methodology

Primary data collection

- To explore the factors responsible for billing errors.
- interviewing 10 people from billing department who generate the bills of the patients and who update the bills.
- 20 from nursing department which involved nurses as well as nurses' in-charge.
- 20 technicians from the department of laboratory medicine, department of radiology were interviewed.

Secondary data collection

- Auditing of total 85 discharge patient files.
- For consecutively 5 weeks, the discharge patient files which were audited by DAMS in the same week were re-audited.
- Action plans were suggested week wise.

Factors responsible for billing errors

FACTORS	Percentage of respondents (N=50)
Drug not advised requisitioned	13
Drug not administered but charged	22
Service received but bill not updated	18
Service not received but charged	16
Wrong documentation	7
Discount issue	8
Wrong billing of service / service code	10
Wrong service rendered not requested	4

Action Plans:

Daily Billing updation – IP Billing

Identifying dedicated IP billing staff of each ward.

Bedside Investigation / Procedures – Random checks at the bedside

Daily handover of draft bill to IP patients – IP Billing

Investigation Processing – emphasis on performing investigation only after verifying online requisition (incl. bedside investigations)

Shifting of accountability from Nursing to Technicians for compliance.

DAMS audit Checklist - Preparation of new checklist for DAMS team for verification of billing:

High Value Medicines administered against Med Card and bedside stock

Investigations prescribed at bedside / others with reports

Bedside procedures performed against draft bill / billing sheet

Consultant notes against billing updates

Surgery Charge updation including Implant charges

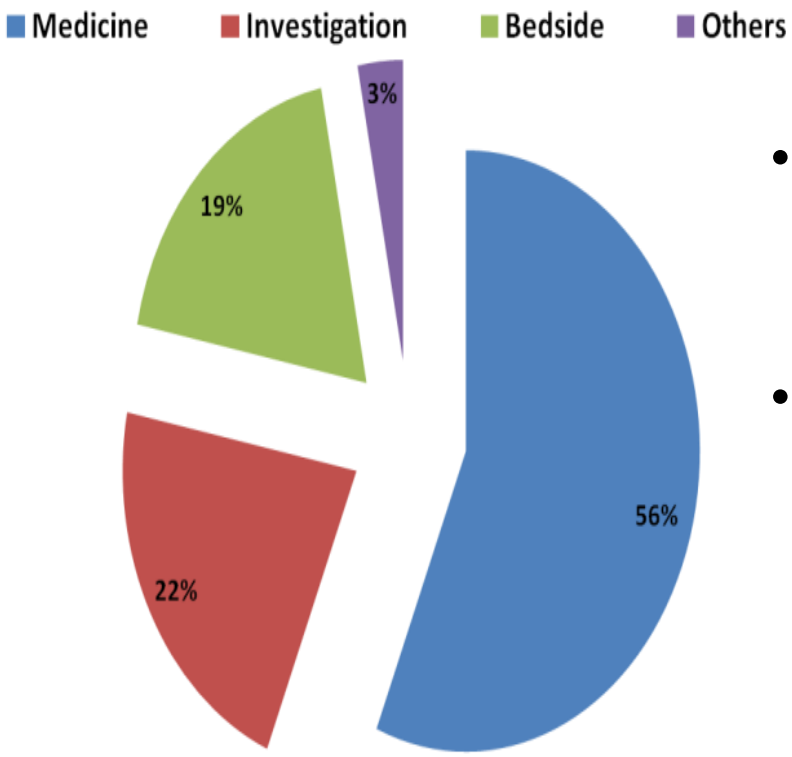
RESULTS

Results are presented for 5 weeks of this study:

WEEK 1:

DAMS team= 35 files;

Discharge patient files=25



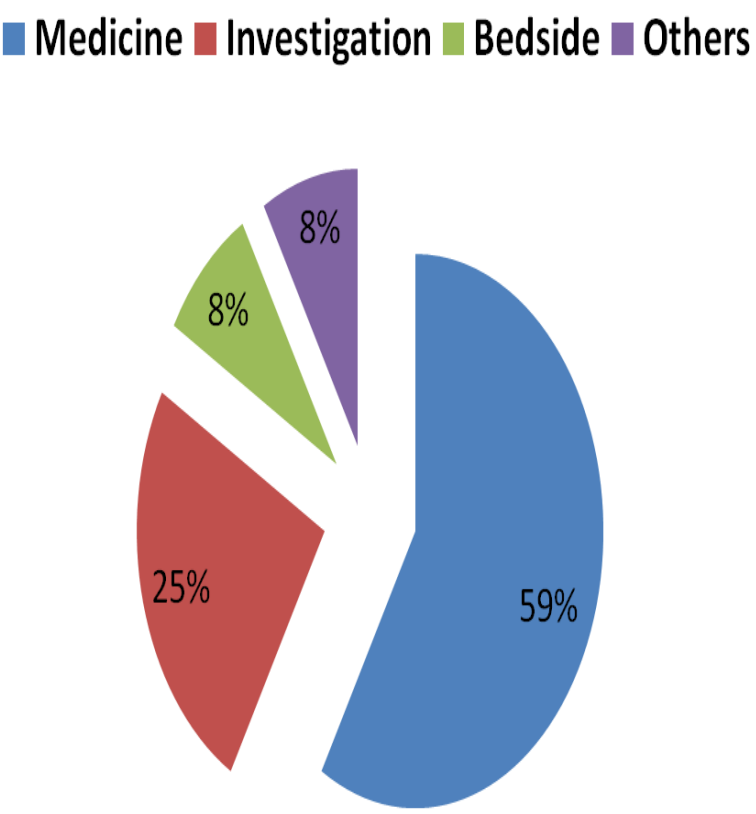
Challenges & improvements in first week:

- The billing department was doing only bill updation.
- Also, there was lack of coordination between departments when it comes to billing updation.
- There were updation related several issues, so I have to keep chasing stakeholders around to make the updation process time bound.
- The billing department was not doing bedside audit. For Implants – Goods Receiving Note (GRN) for consignment were not generated timely, so resulted in delay in receipt of implant invoice. This was mainly for non cardiac implants.
- A new checklist was handed to DAMS team for verification of billing errors.

WEEK 2:

DAMS team= 30 files;

Discharge patient files=21

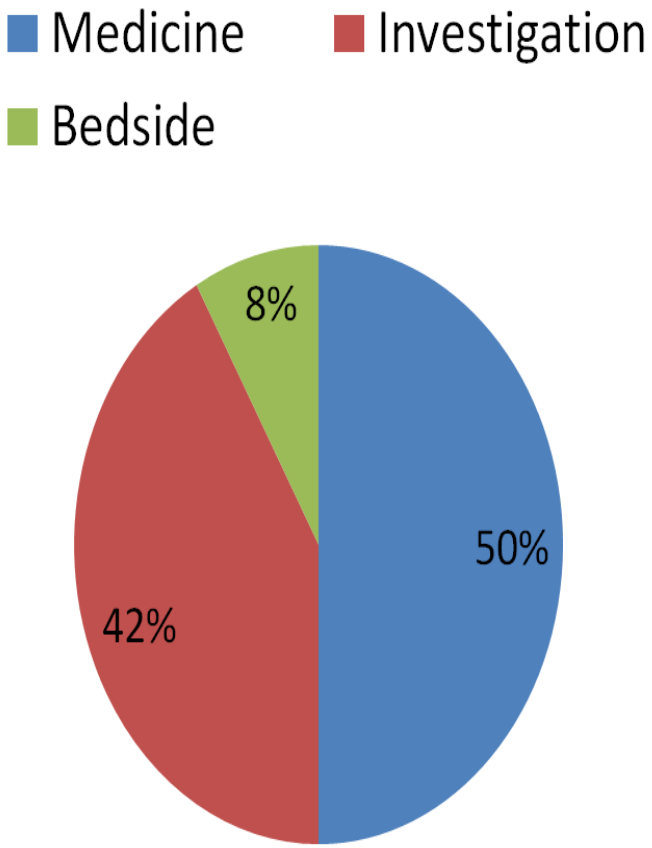


Challenges & improvements in second week:

- Improvements were seen in bedside errors due to action plans implemented in first week, yet medicine errors and investigation errors remained high.
- Bedside Investigation / Procedures – Random checks at the bedside was started.
- Investigation Processing – only against online requisition, since the technicians were accountable for compliance, bill processing were randomly checked for radiology, non invasive cardiology and bedside investigations to check the adherence.
- Billing department was told about the improvements made and was motivated to get the errors further down.
- The billing department was asked to handover the bill to patients.
- DAMS checklist: was also responsible for reduction in errors.

WEEK 3:

DAMS team= 24 files;
Discharge patient files=14



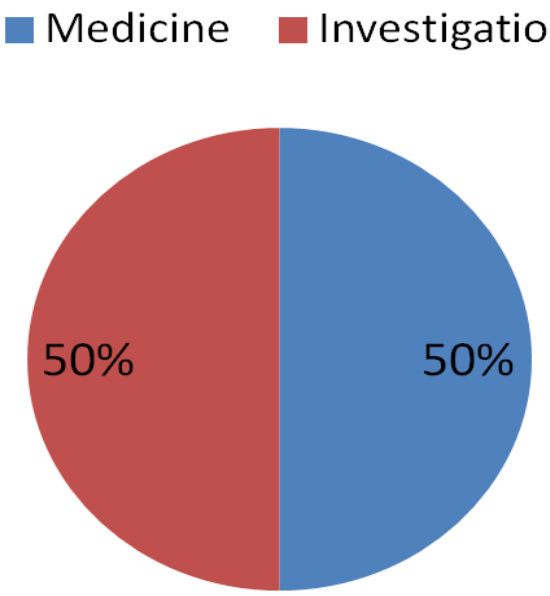
Challenges & improvements in third week:

- Bedside errors have shown an increase. it was only being done 2-3 times a week, the billing department was asked to perform bedside audits routinely
- Timely handover of bill summary to patients had not been started, the billing department was asked to make it time bound.
- An increase in investigation errors was also seen this week, as investigation processing only against online requisition was made and technicians were made accountable for its compliance, they were pushed to implement this more seriously.

WEEK 4:

DAMS team= 22 files;

Discharge patient files= 15



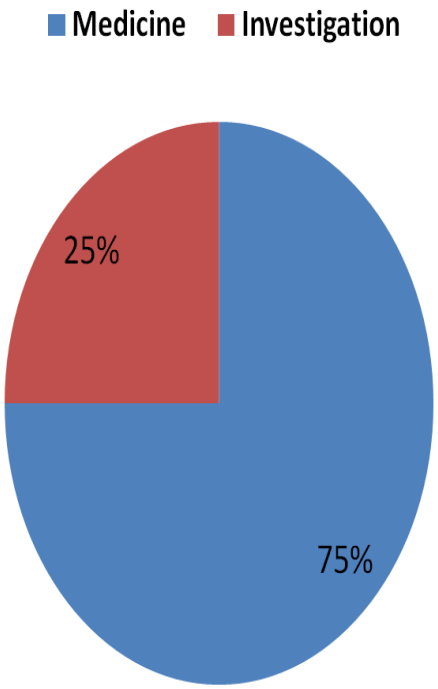
Challenges & improvements in fourth week:

- Due to the sincere efforts put by the billing department, no bedside errors and others have found, but still medicine errors and investigation errors were needed to bring down.
- Technicians were followed up to verify online requisitions so that compliance is maintained.
- The teams were appreciated for their sincere efforts in bringing down the bedside and others errors to Zero.

WEEK 5:

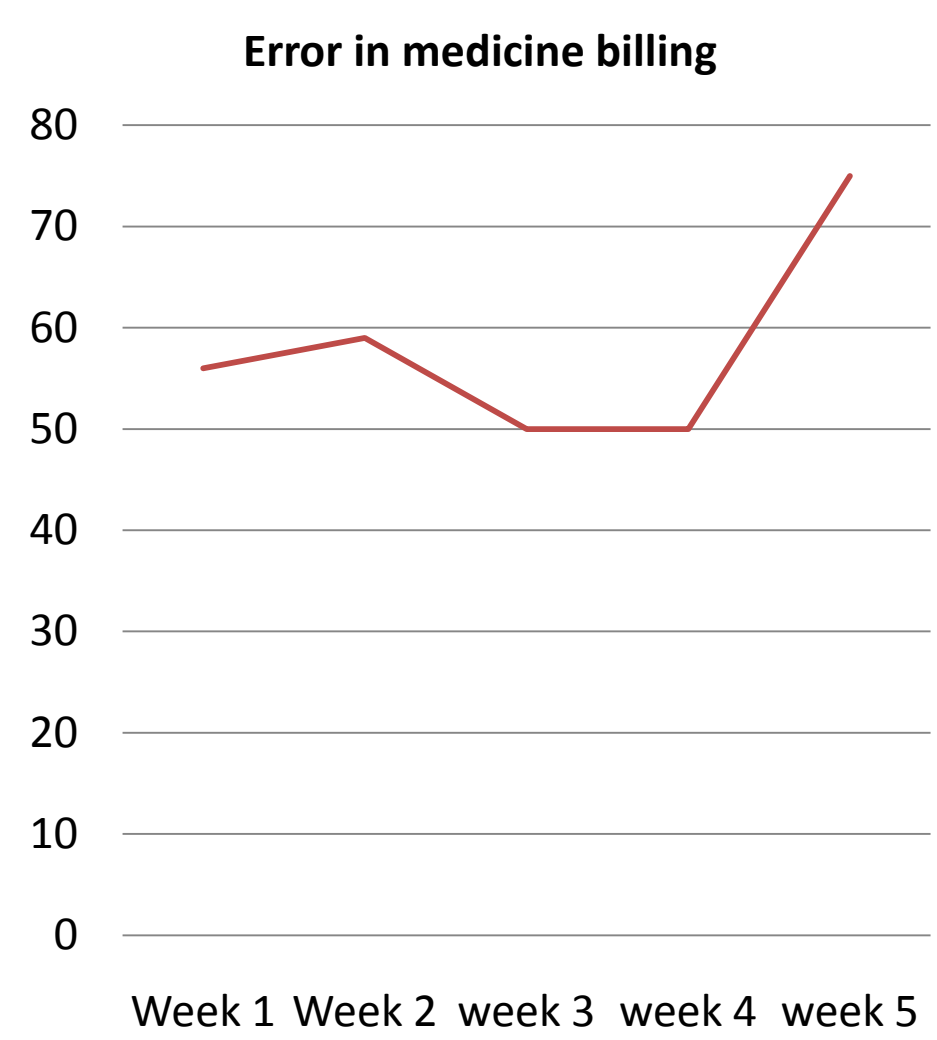
DAMS team= 18 files;

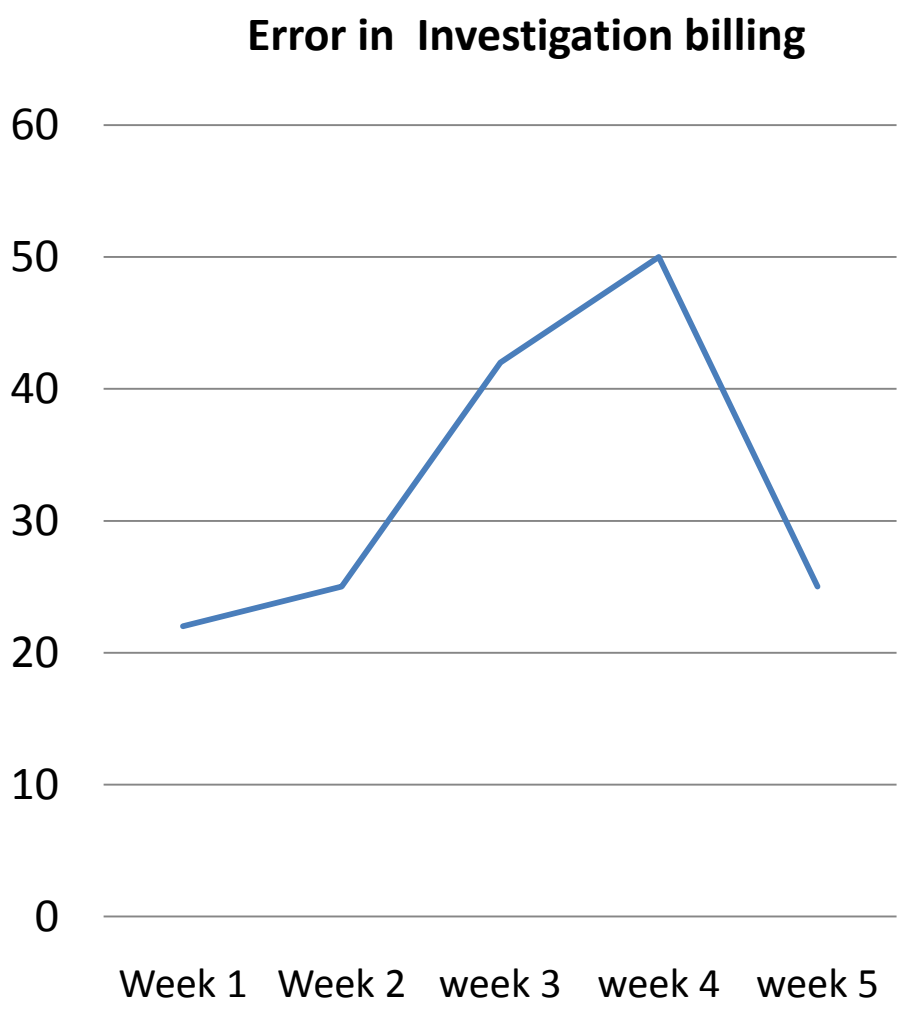
Discharge patient files= 10

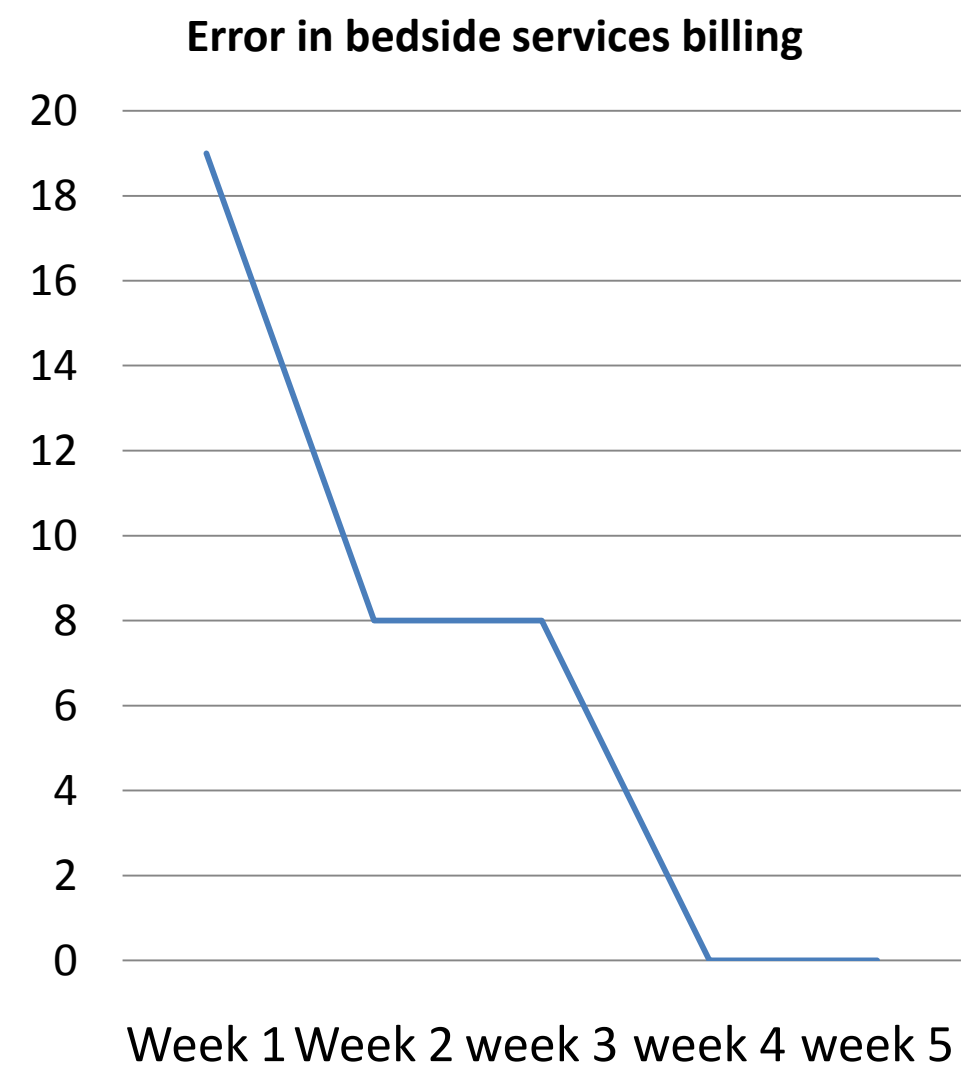


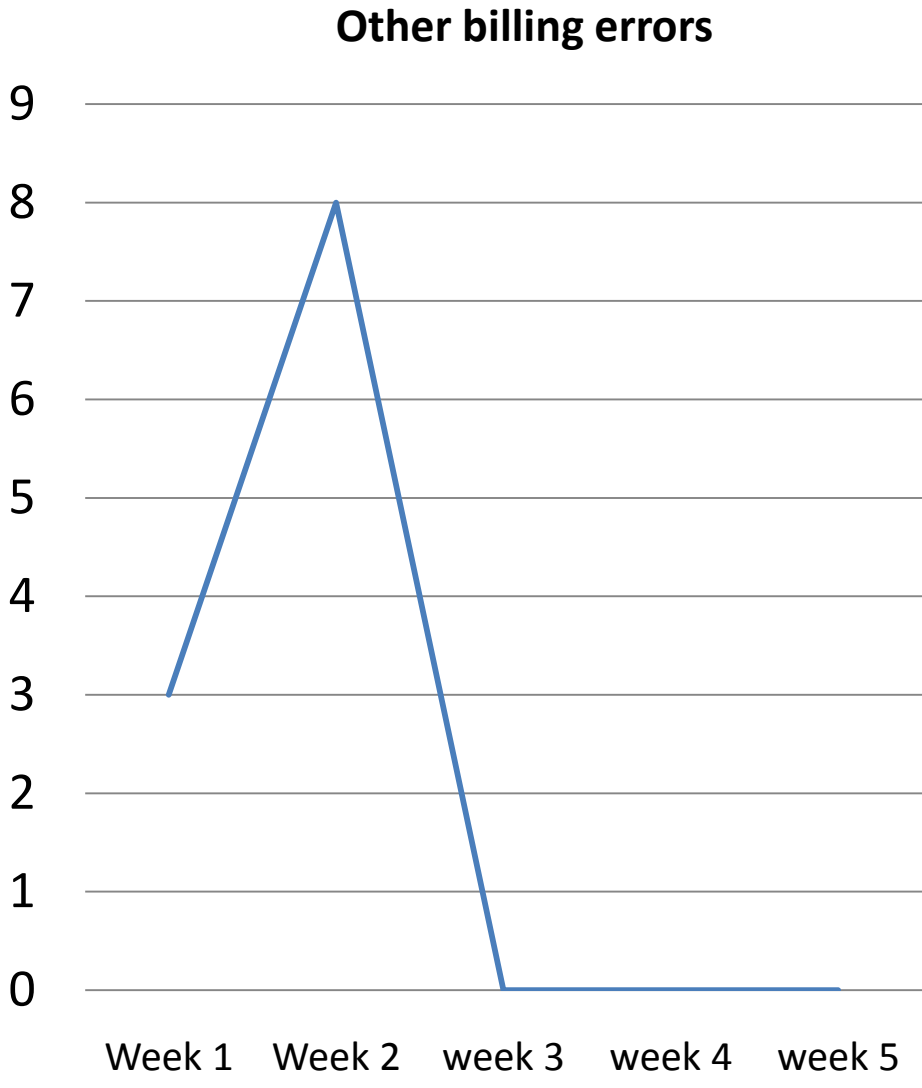
Challenges & improvements in fifth week:

- The technicians were informed about this improvement in investigation errors & were still followed up to verify online requisitions so that compliance is maintained.
- On the other hand, medication errors showed an increase.


Error in medicine billing
80
70
60
50
40
30
20
10
0
Week 1
Week 2
week 3
week 4
week 5


Error in Investigation billing
60
50
40
30
20
10
0
Week 1
Week 2
week 3
week 4
week 5


Error in bedside services billing
20
18
16
14
12
10
8
6
4
2
0
Week 1
Week 2
week 3
week 4
week 5


Other billing errors
9
8
7
6
5
4
3
2
1
0
Week 1
Week 2
week 3
week 4
week 5

Result

After five weeks of implementation plan there was a reduction in In patient billing errors from **61% to 28%**