CASE STUDY

Improving patient access to high-quality rehabilitation care at Madonna Rehabilitation Hospitals

Madonna Rehabilitation Hospitals has automated complex documentation processes to improve patient access to care and help ensure accurate payment. By customizing its technology solution to meet specific post-acute care requirements, Madonna Rehabilitation Hospitals exceeded national performance benchmarks, improved compliance and increased reimbursements.

IRF-PAI DECREASE
IRF-PAI admission scores decreased by 4.8%

INCREASE IN CMI
More accurate scoring resulted in a 1.3% increase in Case Mix Index (CMI)

IRF-PAI FUNCTIONAL SCORING ERROR RATE
within nursing areas

100%

COMPLIANCE
submitting therapy charges with supporting documentation

Allscripts Solutions
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- Knowledge-Based Medication Administration (KBMA)
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Experience

With two campuses located in America’s heartland, Madonna Rehabilitation Hospitals has evolved to a nationally recognized leader in medical rehabilitation. It provides comprehensive rehabilitation services for adults and children, conducts research to improve outcomes, and prevents disabilities and promotes wellness through community programs.

“We work with people who have sustained injuries or disabling conditions, and we measure success from the patient’s point of view,” Marilyn Dongilli, physical therapist, said. “What’s going to get them back to the activities that give their lives meaning? The ultimate goal is to help them resume their life roles.”

Madonna Rehabilitation Hospitals serves patients with extremely challenging conditions. Patient severity in inpatient rehabilitation, as measured by case mix index (CMI), is typically in the 98th to 99th percentile, compared with the national average for other rehabilitation facilities.

Despite this medical complexity, Madonna Rehabilitation Hospitals was able to discharge 72% of its patients to community settings in fiscal year 2015-16. Patients made greater functional gains and discharged at a higher functioning level compared to regional and national benchmarks.

To maintain its level of excellence in providing rehabilitation services, Madonna Rehabilitation Hospitals requires a flexible, comprehensive electronic health record (EHR) as its clinical core. “Madonna is unique as it provides a continuum of post-acute care services, including long-term acute care, acute rehabilitation care, transitional care, nursing home beds, and outpatient services,” Roberta Steinhauser, director of hospital applications, said. “Our goal was to find an EHR system that had the versatility to meet the needs of all types of post-acute care. We knew that there were no ‘plug and play’ systems out there for our type of organization.”

Solution

In 2011, Madonna Rehabilitation Hospitals advanced from a paper-based records system to an EHR. In the experience of Dongilli, who also teaches physical therapy documentation at the University of Nebraska Medical Center, it can be difficult to find the right EHR platform.

“Nursing workflows and physical therapy workflows are totally different. Most EHRs meet a medical or nursing need, and therapists often have to ‘make do’ with options that are not pertinent to their patients,” Dongilli said. “But in the post-acute world, the patient’s ability to receive care is based on having the right documentation. Madonna needed to be able to design the EHR and make it intuitive for clinicians to capture all of the necessary information.”

The organization selected Allscripts Sunrise and used the solution’s flexibility to create the nation’s first truly transdisciplinary, intuitive, rehabilitation-driven content solution. It includes transdisciplinary, automated, logic driving scoring for the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) and Section GG functional measures, Long-Term Care Hospital (LTCH) CARE Tool measures, and Minimum Data Set (MDS) CARE Tool measures. It also makes in-depth use of evidence-based interpretations of patient evaluation results.

These capabilities improve patient access to care because they document the case for post-acute care, inpatient stays and continued stays. The rehabilitation content was so successful, it is now available to other Allscripts clients as Sunrise Rehabilitation.

“Documentation is about patient care, because it’s about access to care. Without it, patients may not receive the services they need…This is a technology solution that works well, across nursing and therapy disciplines, for four major hospitals and multiple outpatient sites.”

—Marilyn Dongilli, Physical Therapist
Outcomes

- Brought IRF-PAI admission scores in line with national benchmark comparisons, decreased by 4.8% overall and 6.2% in items scored by nursing
- IRF-PAI error rates within nursing areas decreased to 0%
- Achieved 100% compliance submitting therapy charges with supporting documentation

- Education documentation compliance increased to 100% at launch
- Therapy plan of care compliance increased to 90% in five months
- More accurate scoring resulted in more accurate Case Mix Group (CMG) coding, a 1.3% increase in Case Mix Index (CMI) and more appropriate reimbursement given the complex patient mix

This innovative package reflects Madonna Rehabilitation Hospitals’ priority of keeping patients at the center of its revised workflows. “Documentation is efficient, it drives a score, but it also tells the patient’s story,” Terasa Farlin, RN, senior nurse therapist, said. “The documentation captures everything we need to know about the patient and ensures all clinicians are on the same page.”

SINGLE PATIENT RECORD IMPROVES CARE

Steinhauser reports several improvements in charting since going live with its EHR. One example is the Team Composite, which takes information from every clinician that works with the patient — from therapists to nurses to physicians — and combines it into a single document that can be reviewed, edited and signed by the rehabilitation physician to create the Individualized Overall Plan of Care required by Medicare. “With the right technology platform, we were able to create this transdisciplinary Team Composite,” Steinhauser said. “It tells the complete story about the patient, which ultimately improves care and is efficiently created within the workflow of the clinicians.”

“This was the third EHR project I’ve been involved with, and this was the only one that accommodated different types of workflows,” Dongilli said. “We established a system that enables nurses and therapists to gather information according to their disciplines, then the EHR presents the data in one care plan that is easy for everyone to view and use.”

AUTOMATED SCORING INCREASES ACCURACY, SAVES TIME

Clinical documentation helped improve the organization’s Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) functional measures, which are fully integrated into documentation with automated scoring and the CMS uses to determine reimbursements for acute-care rehabilitation facilities. Madonna uses an algorithm to determine scores based on comprehensive charted information.

“Automated scoring for IRF-PAI really helped the nursing workflow,” Farlin said. “The expectation of a paper-based system was that nurses would review documentation and then follow decision rules to come up with scores. Nurses on the floor don’t have time for that...After we went live with the EHR documentation and automatic scoring, nurses could fully focus on doing what they do best — caring for patients.”

Farlin reports that the organization ran dual systems to compare the manual and automatic scoring methods. “There was a significant difference in our scores, by three or four points in some categories,” Farlin said. By eliminating inaccuracies from the manual method, Madonna Rehabilitation Hospitals’ IRF-PAI scores aligned more closely with national benchmarks.

CHARGE MODULE AND RECONCILIATION PROCESS FOR BETTER BILLING

Steinhauser shared another accomplishment enabled by its flexible technology foundation. “We’ve written a complete charging module. Now therapists use a simple process and identify charges during each encounter, directly linking each charge to the clinical documentation,” she said. “That solves the biggest challenge of any audit — from CMS down to internal procedures.”

A reconciliation process helps ensure that Madonna Rehabilitation Hospitals does not overlook billing patients for services rendered. For example, the organization has provided tools for therapists to submit charges and enable a quality assurance reconciliation process. “With this reconciliation process in place, we know that we are matching charges to services,” Dongilli said.
Outcomes

Using technology solutions, Madonna Rehabilitation Hospitals brought admission IRF-PAI scores in line with national benchmark comparisons by better capturing the greatest burden of care across all shifts within the first three days of admission. IRF-PAI scores decreased by 4.8% overall and 6.2% in items scored by nursing.

Chart audits showed IRF-PAI score error rates were essentially eliminated resulting in more accurate, well documented scores. IRF-PAI error rates within nursing areas decreased to 0%. More accurate scoring resulted in more accurate CMG coding, a 1.3% increase in CMI, and more appropriate reimbursement given the complex patient mix.

Madonna Rehabilitation Hospitals has demonstrated measurable outcomes. In addition to reducing IRF-PAI score variance with national benchmarks, it has improved reimbursement commensurate to the complex patient populations served.

As a post-acute organization, Madonna Rehabilitation Hospitals is surveyed and accredited by the CARF International, a nonprofit agency that provides an alternative to accreditation from the Joint Commission. CARF conducts periodic site visits as part of its quality review.

“When CARF surveyors came three years ago, they made some recommendations regarding our documentation,” Dongilli said. “But they were here again in April 2016, after our documentation-driven solution was in place, and they saw a big improvement…We’ve organized everything from the patient’s perspective, in user-friendly language for the clinician, and we report it out to match CARF’s preferred format.”

For example, CARF requires clinicians to document patient and family education has been completed in key areas related to the patient’s diagnosis and circumstance. CARF standards also call for various items to be assessed and addressed during a patient’s stay. Improved workflows enabled Madonna to improve its compliance in both of these areas. In fact, education compliance increased to 100% nearly immediately, while therapy plan of care compliance increased to 90% within five months.

“Everything we do is now 100% backed by documentation…demonstrating compliance with standards set by both accrediting bodies and third-party payers,” Steinhauser said.

ADAPTING TECHNOLOGY TO IMPROVE ACCESS TO CARE

Madonna Rehabilitation Hospitals places top priority on patients in its efforts to automate and customize processes to support its wide range of post-acute services.

“Documentation is about patient care, because it’s about access to care. Without it, patients may not receive the services they need,” Dongilli said. “This is a technology solution that works well, across nursing and therapy disciplines, for four major hospitals and multiple outpatient sites.”

“No single vendor can provide what you need for your specific environment. The critical factor is finding a system such as Sunrise that can present versatility and have the flexibility to enable your own staff to leverage the system to meet the hospitals’ needs,” Steinhauser said. “You have to look above and beyond compliance…Find what allows you the creativity to incorporate custom builds, custom reports and custom functionality.”

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