

Improved Physical Exam Documentation in a Pediatric After Hours Clinic

Amanda Higginson, MD

Department of Pediatrics

Unified Quality Improvement Symposium

March 31, 2017

Background

- ECU Pediatrics after hours clinic structure

Physical Exam:	WNL	Pertinent/Abn. Findings:	A/P:
Constitutional			
Eyes			
ENMT			
Neck (nodes)			
Cardio			
Respiratory			
GI			
Musc			
Skin			
Neuro			
Psych			
GU			



PROCEDURES CODE U/M FEE DX OTHER PROC/SUPPLIES CODE U/M FEE D
 EST PT: Level II 99212
 Level III 99213 TTT 2
 Level IV 99214

CC: 1815 c/o congestion, runny nose / fever
 T 923 rect Wt 27.9 kg BP _____ P _____ RR _____ Allergies N/A

PMH:
 HPI: past few days he has had a ^{no} medical ^{meds - CO} cold. He is very congestion. Highland Homeopathic cold and mucous relief at night helps with his congestion. He is and breathing He has more difficulty breathing the nose. No change in appetite. He has 3 bowel movements usually has 2. Unsure if he had any diarrhea in d

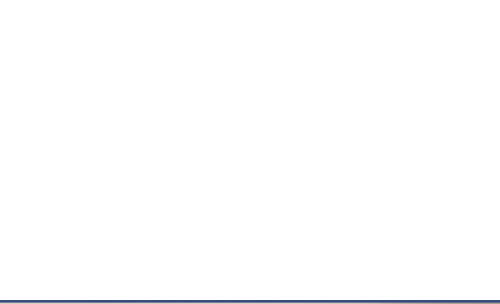
Physical Exam:	MM	Pertinent/Abn. Findings:	A/P:
Constitutional	✓		
Eyes	✓		
ENMT	✓		
Neck (nodes)	✓		
Cardio	✓		
Respiratory	✓		
GI	✓		
Musc	✓		
Skin	✓		
Neuro	✓		
Psych	✓		
GU	✓		

4 mo Malachi present
 ting with cold sx
 - Discussed with
 grandmother to
 continue to suction
 his nose
 - Green Saline
 suction then

Follow Up: PRN Resident Signature

GE MOD - I have reviewed and discussed with resident his or her findings and plan of care for this patient at the time of this patient's visit. I agree with the resident's note with any exceptions as documented herein.
 Sign: _____ Date: _____

NO MOD - Services were provided without re
 Sign: _____



Collaborative Team Members

- Amanda Higginson, Physician/Team Leader
- Shannon Kinlaw, Pediatric Resident PGY-3
- Mindy Dailey, Pediatric Resident, PGY-3
- Dawn Scott, Pediatric Resident, PGY-3
- Staci Hanchey, Medical Biller/Coder

AIM Statement

To improve the percentage of documented detailed physical exams* in the pediatric after hours clinic by 10% over 1 month

How Will We Know This Change Is An Improvement?

- Detailed physical exam documentation
- Pre and post intervention billing

Baseline Charting Data

<u>Week</u>	<u># of visits with "detailed" (at least 5 systems, >2 systems expanded)</u>	<u>Total # of visits</u>	<u>% of visits with detailed PE</u>
January 10-16, 2016	89	141	63.12%
April 17-23, 2016	91	147	61.90%
July 17-23, 2016	56	103	54.37%
October 3-7; 15-16, 2016	60	94	63.83%
TOTALS	296	485	61.03%

Baseline Financial Data

Date	Amount Billed	Amount Received	Amount Pending	# visits	Amount received per visit
Jan 10-16, 2016	\$35,988.00	\$11,327.14	0	141	\$80.33
Apr 17-23, 2016	\$36,138.00	\$12,027.77	0	147	\$81.82
July 17-23, 2016	\$22,654.00	\$8,066.32	0	103	\$78.31
Oct 3-7; 15-16 2016	\$23,808.00	\$8,518.68	0	94	\$90.62
TOTALS	\$118,588.00	\$39,939.91		485	\$82.35

Cycle 1 Intervention

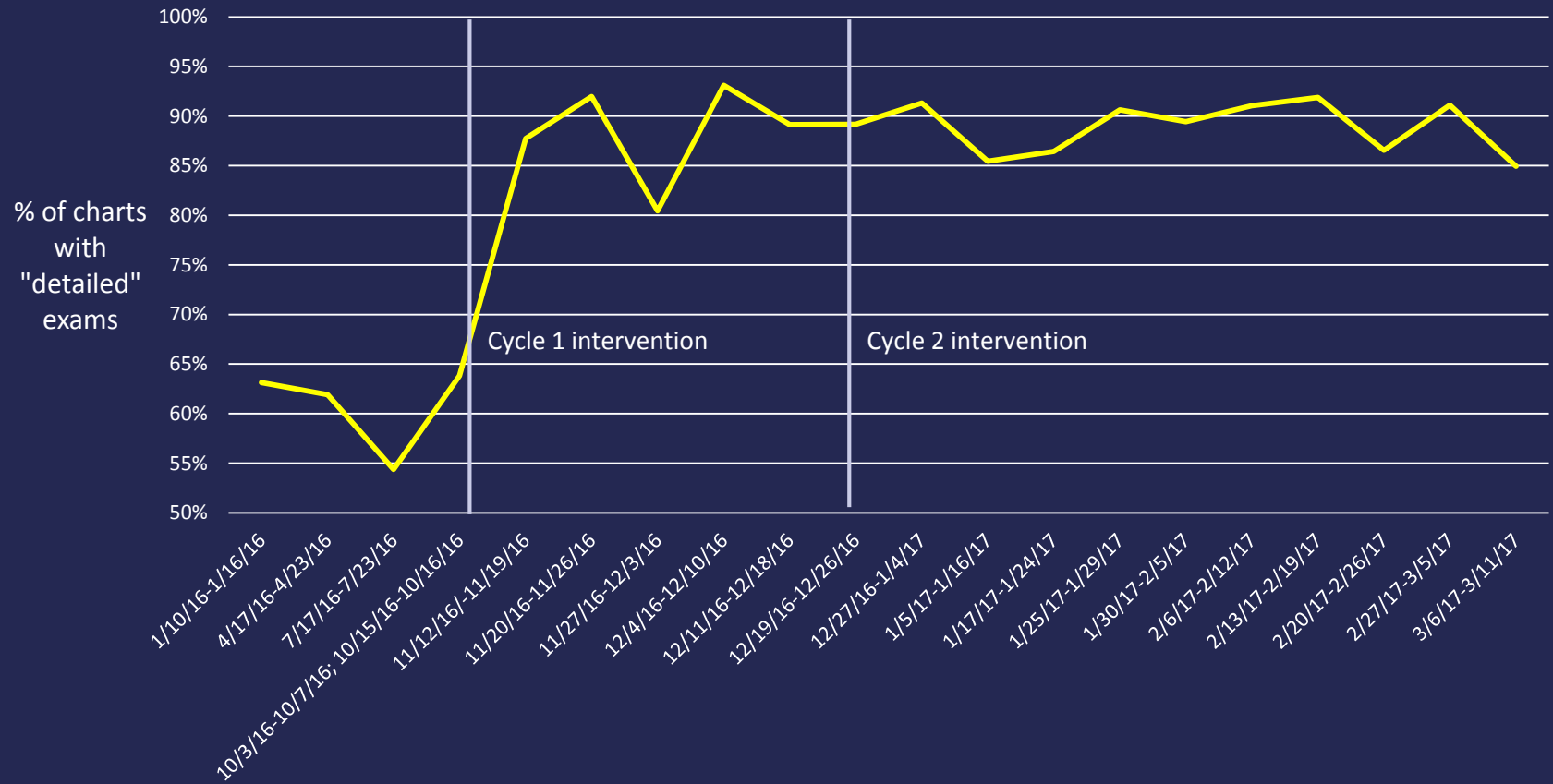
- Resident and attending education

Cycle 2 Intervention

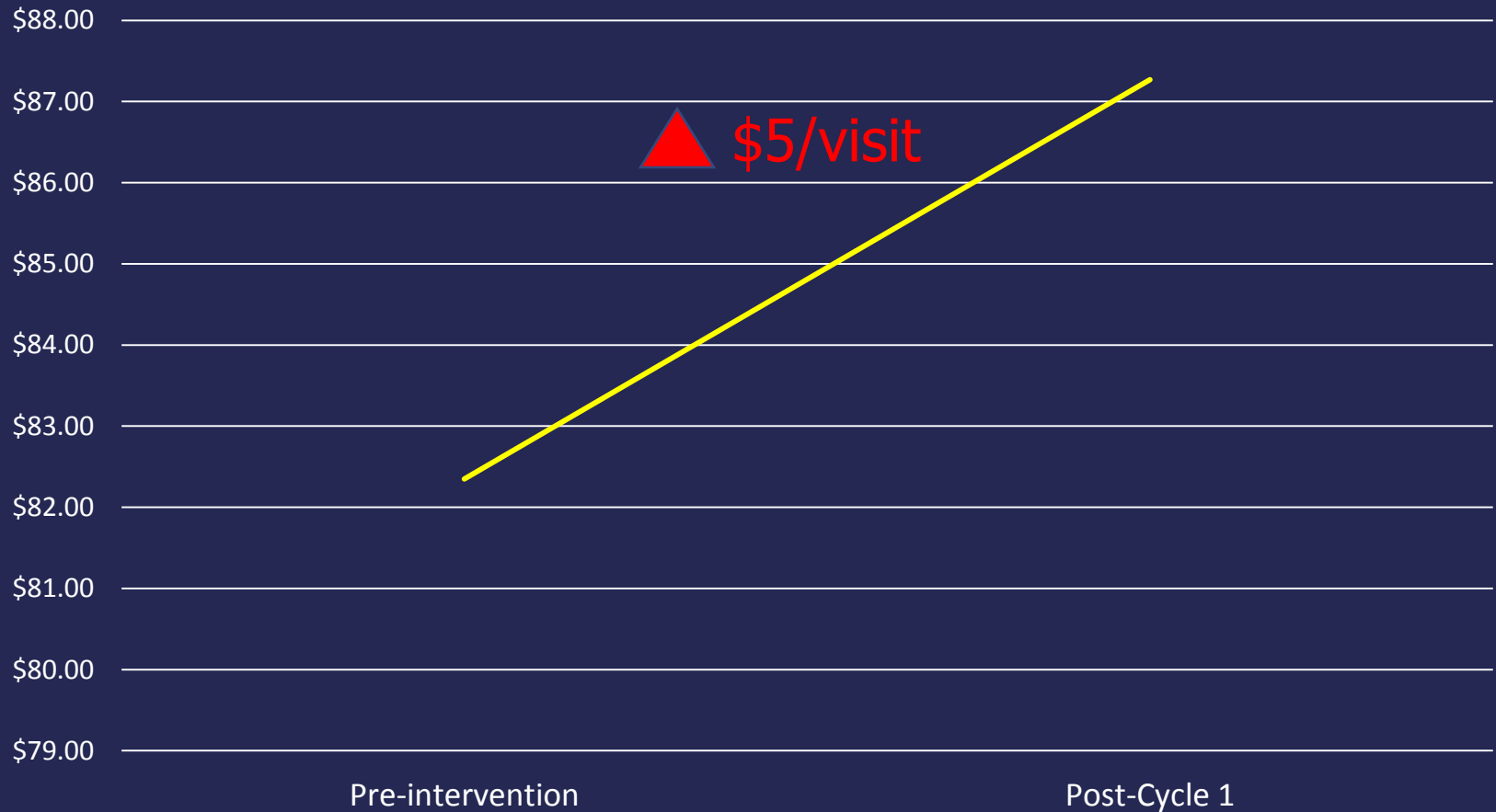
- Change in night clinic encounter form

Physical Exam:	WNL	Pertinent/Abn. Findings:	A/P:
Constitutional		WDWN NAD ill but nontoxic	
Eyes			
ENMT			
Neck (nodes)			
Cardio			
Respiratory			
GI			
Musc			
Skin			
Neuro			
Psych			
GU			

Improvement in “detailed” physical exam documentation



Reimbursement per clinic visit



Estimated yearly increase in dollars earned

- # after hours clinic visits/year = 7,319
- \$5 increase per visit after QI project

\$36, 595 extra per year

Challenges Encountered in QI Process

- Buy-in from residents/attendings
- Night clinic encounter form change process
- Obtaining financial data

Lessons Learned Through QI Efforts

- Education can make a significant impact
- Finding systemic fixes is challenging

Next Steps

- Cycle 3 intervention
- Off service residents
- Sustainability