

## Mount Sinai Hospital improves documentation, increases charges and boosts revenue by \$7.5 million



### Re-evaluating options

Back in the spring of 2003, nothing much was blooming for Kevin Baumlin, M.D., director of informatics in the emergency medicine department at Mount Sinai Hospital in New York. Baumlin was mired in an information systems makeover that was in danger of sinking in a sea of red ink. Having contracted with Cerner Corporation for a new emergency department (ED) information system, Mount Sinai, which has 1,000 staffed beds, was staring down some \$2 million in cost overruns resulting from hardware, software and infrastructure issues. Even though the Cerner system offered sophisticated data capture, a protracted installation was threatening to undermine value. "We could not see the ROI, so we chose a less expensive alternative," Baumlin recalled.

Initially, getting the funding for an automated emergency department system was a challenge, Baumlin said. The hospital spent \$150,000 on workstations and spends \$28,000 per year on maintenance. A little less

### Quick Profile

#### Mount Sinai Hospital

**Institution profile:**

Two facilities with 1,000 beds and 84,000 annual ED visits

**Key business/clinical drivers:**

Replace current EDIS system that resulted in \$2 million in cost overruns

**Picis solutions:**

CareSuite® ED PulseCheck®

**Interoperability:**

Cerner (ADT) and Eclipsys (lab and radiology)

**Results:**

- Tripled physician billing from \$2.5 to \$8 million
- Increased hospital net collections by 28%
- Eliminated misplaced or illegible patient charts
- Achieved 100% electronic documentation compliance



- ▶ than \$300,000 a year goes for application lease payments support and actual upkeep. After scrapping its Cerner client-server installation, Mount Sinai opted for Picis' CareSuite ED PulseCheck emergency department information system.

### Rolling out a methodical implementation

Mount Sinai signed its contract for ED PulseCheck in August 2003 and then went live with triage tracking and discharge instructions components of the software system in November of that year. A measured rollout of other capabilities followed until the last phase for scanning and an interface to the billing application went live in June 2004. Getting the staff to accept the new system was a hard sell, but Baumlin set about doing that in a "fairly methodical way," with all 28 ED doctors and 80 nurses invited to participate in evaluating vendors. He found the "rule of thirds" was in force, with one-third liking the idea of a thorough IT system, one-third ambivalent to it and one-third not keen on it.

Given Mount Sinai's daily ED volume (180 to 320 patients), one goal Baumlin set, and achieved, was making sure there were enough computers to go around so that even during peak times – when the ED triages up to 20 patients an hour – staff who need a workstation have access to one.

The ED has 143 computers, amounting to one for each doctor, nurse, support staffer, and consultant -- plus 10. "I did not want any provider who needed a workstation waiting for a workstation. In my world if you have to wait more than three seconds you're done, you're on to another task," he says.

### Realizing quick ROI

After completing the deployment in the summer of 2004, Mount Sinai has seen improvement in both hospital and physician billing, said Baumlin. Thanks to enhanced charge capture, physician revenue more than doubled within two years and tripled within three years of implementation, rising from \$2.5 million to \$6 million in 2006 and then hitting \$8 million by 2007. Likewise, hospital revenue jumped from

\$9.8 million to approximately \$14 million by 2006." In addition, they went from 5,000 lost or illegible charts in 2003 to none in 2005, a year after it moved from paper to electronic charts.

Baumlin commented, "Through enhanced documentation with ED PulseCheck, Mount Sinai increased professional receipts by 50 percent, completely eliminated lost charts, and raised end-of-month chart completion from 65 to 95 percent. Becoming a more efficient emergency department enabled Mount Sinai to further improve our high level of patient care."

### Improving research

Another benefit has been the ability to work with other hospitals using Picis software to share data sets and study information on crowding, how rapidly patients who say they are in pain are cared for when they arrive at an ED during a crowded time, as well as to design and share research. "It's a wonderful research tool," Baumlin said. He can also better respond to the needs of regulators and federal mandates that require chart analyses and metrics tracking. Without the electronic

system, "you'd have to actually hire FTEs [full-time equivalent employees] to do chart reviews and pull them out in real time. That's just nuts. ... I can sit here and pull up the number of pneumonia diagnoses we had last month. In two minutes."

### Focusing on patient care

Baumlin noted that patients, particularly those in emergency care, "want to talk to us." They don't want to talk to the computer in between us. The patients really want that three-minute encounter to just be you and them. As a physician, I'd rather just go touch the patient, hold their hand, say hello, find out what it is I need to do and then do the documentation later."

"I think that our patients get better care," added Baumlin. "That's the real point of all of this. It's about taking care of patients, not about making money." ■

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