

Veterinary Teaching Hospital Revenue Collection Process Improvement (UIUC)

Business Case

Significant revenue is not being collected at the time of services rendered, throughout the Veterinary Teaching Hospital, in an amount of approximately \$25,000 per month, resulting in customer dissatisfaction, quality control issues of delivery of services and administrative work.

Goal

Improve the process of collecting payment at time services, thus decreasing the amount of billings from \$25,000 to \$12,500/month by June 1, 2014.

Approach

Developed an understanding of the current process and related issues through process mapping and data collection. Analyzed the resulting information which resulted in six distinct categories towards brainstorming improvements (discharged after hours, charges entered after discharge, patient euthanized/died in hospital, always billed, no payment taken). Brainstorming sessions were held to develop recommendations towards solutions to improve the process of collecting payment at time of services rendered.

Key Findings

- **Process lacks consistent means to collect payment on services rendered.**
- **Patients discharged after hours equates to 25.9% of revenue not collected and 32% of patients serviced.**
- **Patients euthanized/died in hospital equates to 27.4% of revenue not collected with only 13% of patients.**

Short-term Improvement Recommendations

1. **Provide tiered dissemination of information to all VTH clients.** – The VTH Policy is that payment is due at time of service however common practice, especially in LAC, allows for routine billing of services. Increase communication of hospital policy.
2. **A Standard Operating Procedure needs to be created to provide guidelines for medical staff to follow in the cases where the patient is euthanized or dies.**– provides guideline to collect during difficult situations.
3. **Utilize the Client Services admissions area which will provide a designated professional area for client interaction for all services afterhours without impinging on clinical activities.** – Ensure greater ability to collect for payments during after hours.

Long-term Improvement Recommendations

- 1. Several measures are recommended in concert to ensure that accurate charging is entered prior to patient discharge.** - Allow medical staff unrestricted access to enter charges for all services. Allow all technicians and after hours medical staff (non-student) access to register patients and add clients in Vet Star. Charges associated with visit verified by medical staff responsible for patient prior to discharge or transfer to another service. Add invoice verification feature to Vet Star that requires charges to be checked by medical staff prior to initiation of patient discharge. The record would remain in 'locked' status until charges are checked. Implement medical staff accountability form; if no payment is taken after hours, staff must fill out form stating why a payment was not collected to address training deficits, protocol/compliance issues, and other problems.
- 2. Vital services for patient care that are always necessary for certain procedures need to be included in charge entry routinely.** - Failure to enter Vet Star charges prior to discharge results in unnecessary billing, this would ensure charges entered in a timely manner.
- 3. Creating a secure storage for credit card information will provide VTH and client a convenient, readily accessible means for payment that is common practice in business.** - alleviate the issue for no easy payment over phone during times of patient died or other services that are required on the patient when the client is not readily accessible to give payment.
- 4. Create Patient Coordinator position to oversee discharges of patients to collect on charges.** - main reasons that bills were sent to VTH clients were discharge after hours, no payment taken at time of discharge, patient died or was euthanized in hospital, and charges entered after discharge. Patient coordinator would address many of these issues.

Implementation of Recommended Improvements

Process owner will work with the project sponsor to determine the best actions to implement to improve the revenue collection of services rendered at the time of service rendered. A timeline will be developed and action items towards completion will be created and managed.

Outcome

Facilitator will check in with the process owner at 3 month, 6 month and 12 month intervals to determine success of the improvements.