Case study:
St. Margaret’s Health
Spring Valley, Illinois
About 100 miles southwest of Chicago, just off Highway 80, is the small town of Spring Valley, Illinois. Situated along the Illinois River, Spring Valley is a vibrant community of 5,400 people who receive health care from St. Margaret’s Health, an organization that includes a 57-bed hospital and 14 physician offices across Spring Valley and neighboring towns. Like many small community and rural hospitals, St. Margaret’s is too big for Critical Access designation and too small for economies of scale, which presents unique challenges in today’s changing healthcare environment.

One such challenge is the growing complexity of the clinical documentation process, resulting from new federal and state regulations that base healthcare payment on quality outcomes. Achieving complete and accurate documentation is a difficult process for all healthcare institutions, but even more so for facilities in rural areas with limited staff and fewer resources. Yet, accurate documentation is critical to the bottom line, especially for small hospitals where every dollar counts.

At St. Margaret’s Health, a team led by Linda Burt, MSN, RN, vice president of Quality and Community Services, is working with 3M Health Information Systems to keep pace with the changes. “We’re most concerned about achieving accurate reimbursement,” says Burt. “Budgets are very tight at smaller non-profit facilities like St. Margaret’s. Value-based purchasing, pay for performance, core measures, and quality outcomes are all nibbling away at our bottom line. We can’t afford to leave money on the table.”

Recognizing that poor documentation could have a significant impact on its financial health and its quality performance scores, St. Margaret’s Health signed on to be one of the first sites to use the new 3M™ Clinical Documentation Improvement (CDI) System for Small Hospitals.

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Linda Burt, vice president, Quality and Community Services, St. Margaret’s Health
Working with 3M CDI consultants, St. Margaret’s established a concurrent documentation process to strengthen communication between caregivers, physicians, and coding professionals. Designed to work within the staffing and budgetary constraints of small hospitals, the 3M system provides comprehensive training and automated tools to help CDI reviewers and physicians collaborate to fully capture patient diagnoses and treatment in the medical record.

“I can’t speak highly enough of the quality of education that we received. The 3M CDI instructors understood how to help our physicians focus on documentation issues pertinent to their specialty,” reports Burt. “Doctors understand data. When they saw that MedPAR data indicated their patients were less sick than what was actually the case, and then saw the impact on our quality scores compared with the state average, it definitely got their attention.”

St. Margaret’s physicians are now responding to CDI queries and, as a result, the organization has seen a significant improvement in documentation quality. Burt regularly reports success stories at medical staff meetings, highlighting the impact of greater specificity on reimbursement as well as physician performance profiles.

“I show them what I consider ‘wins’ for the organization, such as when a physician documented respiratory failure after we queried for a more specific diagnosis. When our documentation accurately reflects the care provided, we can be confident that our severity scores and quality outcomes data will be accurate too,” Burt explains. “And CDI definitely helped us with the conversion to ICD 10. We have been working on getting more specific documentation, so moving to ICD-10 coding on October 1 was almost a non-event for us. It went really well across the continuum—both hospital and physician offices alike.”

The 3M CDI System for Small Hospitals complements 3M’s complete program of ICD-10 consulting services and the 3M™ ICD-10 Education Program, a comprehensive web-based curriculum that helps physicians, CDI specialists and coders meet ICD-10 coding and documentation requirements.

“Our physicians work very hard and they are a very cohesive group, which I think you’ll find at most small rural hospitals,” Burt says. “Helping them understand the impact of documentation on their quality profiles—as well as on our bottom line—made all the difference. At the end of the day it’s all about the data.”

The 3M™ Clinical Documentation Improvement (CDI) System for Small Hospitals

By combining innovative software with consulting services, the 3M CDI System for Small Hospitals promotes accurate reimbursement and a healthy revenue cycle for small rural and community-based hospitals.

It incorporates the knowledge of clinically experienced RNs, physicians, credentialed health information management (HIM) professionals, and financial and reimbursement experts.

Learn more about the 3M CDI System for Small Hospitals by reading this fact sheet.

Information about 3M’s entire suite of clinical documentation improvement consulting services and software is available at www.3Mhis.com or by calling 800-367-2447.
About 3M Health Information Systems

3M Health Information Systems works with providers, payers, and government agencies to anticipate and navigate a changing healthcare landscape. 3M provides healthcare data aggregation, analysis, and strategic services that help clients move from volume to value-based health care, resulting in millions of dollars in savings, improved provider performance, and higher quality care. 3M’s innovative software is designed to raise the bar for computer-assisted coding, clinical documentation improvement, performance monitoring, quality outcomes reporting, and terminology management. For more information, visit www.3Mhis.com or follow us on Twitter at @3MHISNews.

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