



Summer 2018

Mental Health Minute

The Advantages of Electronic Medical Records

With the introduction of Electronic Medical Records (EMRs) to psychiatric hospitals, the face of clinical documentation is changing. During the last several years, Permedion has increasingly received EMRs for reviews rather than scanned paper charts, while receiving reports from other hospitals that they are preparing for transition to EMRs. For those hospitals working toward transition, the prospect of EMRs is frequently met with a mixture of excitement and trepidation. Although the use of EMRs does have some challenges, the advantages of them are significant as they offer exciting opportunities for transformative healthcare.



The legibility of EMRs make those days of desperately trying to read a coworker's notes just a vague memory. EMRs improve staff communication, decrease medical errors, and enhance the staff's ability to make informed clinical decisions during their workdays. Additionally, precision diagnosing is better supported.

Flipping through hundreds of pages of a paper chart is time consuming, frustrating, and can result in never finding integral information. EMRs ensure better-organized, easily accessible medical information. That same information is also both up-to-date and more accurate.

In paper charts the quality and quantity of documentation can wildly vary amongst the staff. They may over-think what needs documented, and as a result, write time consuming, lengthy narratives with unnecessary information. On the other hand, staff may not document enough. EMRs offer the advantage of providing prompts for very specific, precise documentation responses from the staff. They significantly decrease the use of excessive narratives, and improve the overall quality of documentation.

EMRs provide a higher level of security than paper charts. A hospital can better regulate chart access, and ensure that a patient's privacy is maintained.

Hospitals need to improve efficiency and meet business goals, while also ensuring that quality of care and compliance standards are consistently maintained. As compared to paper charts, EMRs offer the advantages of being able to easily monitor healthcare activity, gather statistics, establish metrics, audit charts, streamline billing and coding, and identify staff training needs. .

Lastly, the use of EMRs improves staff productivity and efficiency. Staff are less likely to get severely behind in documentation, stay beyond their designated shifts in order to complete notes, and feel weighted down by documentation demands. EMRs can have a direct, positive impact to the work-life balance of the staff, which in turn potentially decreases staff-turnover rates.

Precertification Forms for Hospital Admissions

When filling out precertification forms and entering cases into the Medicaid Information Technology System (MITS) portal, it is important that the contact person listed be someone available during regular business hours who is familiar with the patient. Under certain circumstances, the Permedion nurse reviewer may need to reach out to alert the provider of a problem with the case or request additional clinical information. For this reason, it is vital that the contact information be checked for accuracy prior to submission. Inaccuracy of the contact information could lead to a delay in processing the request or prevent Permedion from obtaining vital clinical information, which may lead to an adverse determination.

Lending A Hand to Long Term Care Facilities

The ability of Long Term Care Facility staff to manage behavioral health patients, particularly those with aggressive behaviors, is reliant upon their breadth of knowledge. It is a common concern of crisis clinicians that these patients are often received at emergency departments, assessed not to require inpatient psychiatric hospitalization, then promptly returned to the facilities at which they reside. Well intentioned facilities with limited mental health training, ability to manage adverse behaviors, and understanding of what constitutes the possible need for hospitalization, will more frequently send their residents to the emergency department for assessment.

Philosopher Francis Bacon once said "Knowledge is Power." Some Ohio hospitals are taking extensive steps to collaborate with their local Long Term Care Facilities. They are providing facilities with education and support in order to decrease psychiatric hospitalizations, prevent unnecessary emergency department visits, and better serve residents on a daily basis. The more knowledge imparted upon facilities, the greater ability for them to provide outstanding care for their mentally ill residents. Suggestions include:

- Involve local behavioral health agencies.
- Offer trainings and training resources.
- Designate a hospital liaison to build relationships and provide consults.
- Engage facility social workers.
- Provide Behavioral Specialist contacts.
- Review with facilities a few cases where residents were both determined and not determined to meet medical necessity for hospitalization.

What might your hospital do in order to empower the Long Term Care Facilities in your area?

Point of Contact Information

Do you know who your hospital contact is for Permedion? With staff changes, it is common that letters sent or calls made to hospitals from Permedion are unanswered. As a result, there are hospital delays in responding to record and onsite visit requests.

In order to update your contact, simply complete and send to us the Change in Contact form located at http://hmspermedion.com/wp-content/uploads/Permedion_Change-Of-Contact-Jan2016.pdf. Our fax number is at the bottom of the form.



Hospital Precertification Reminders

The timely processing of precertification requests is as important to Permedion as it is to psychiatric hospitals. In order to support our efforts at timeliness, be sure to always enter the correct date of admission into MITS. This date is that on which the patient is admitted to the psychiatric unit, not the emergency room.

Medicaid Fee-for-Service inpatient stays are paid by DRG rather than individual inpatient days. In the event that an admission is approved, you will see 1 unit in MITS rather than the number of inpatient days.