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Leading the way in procedure documentation and coding



## CASE STUDY

### CENTRAL BUCKS SPECIALISTS FINDS QUALITY TRACKING, EFFICIENCY WITH PROVATION SOFTWARE

#### **BUSINESS PROFILE: Central Bucks Specialists**

One of the largest physician practices in Bucks County, PA, Central Bucks Specialists includes nine cardiologists and seven gastroenterologists practicing in an office suite, a hospital-owned outpatient GI lab and GI inpatient facility.

The outpatient GI lab has four active endoscopy rooms and, with well over 8,000 GI procedures performed per year, Central Bucks Specialists finds itself pressed to operate as efficiently as possible to keep up with increased demand for procedures.

#### **BUSINESS PROBLEM**

Inconsistent room turnover was causing scheduling problems, which resulted in physician, staff, and patient frustration and overall operating inefficiency. "When we tried to get to the bottom of the problem," said Central Bucks Administrator Zvi Weinman, MBA, "We got myriad answers. The staff thought it was caused by the physicians, the physicians thought it was caused by the staff, and occasionally, everyone thought it was caused by the anesthesiologists." Management quickly realized it needed hard data to analyze the problem.

*"Physician practice is very individual, but when you show a physician solid data, it's hard to refute."*

**Zvi Weinman**

Central Bucks Administrator



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## CASE STUDY

# CENTRAL BUCKS SPECIALISTS

### **SOLUTION: ProVation Software**

Using ProVation MD and ProVation MultiCaregiver software for physician and nursing procedure documentation, the site was quickly able to pinpoint key anomalies and areas that were affecting consistent scheduling. An initial report run in January 2007 measured physician to physician in the following areas:

- Arrival to Patient-in-Room
- Patient-in-Room to Time Out
- Time Out to Scope-In
- Scope-In to Scope-Out
- Scope-Out to Recovery Start
- Recovery Start to Discharge
- Polypectomy Rate

The results were telling, with a few standout inconsistencies helping to identify practice patterns that could be addressed or adjusted in some way:

- **Time-Out to Scope-In Time:** Of the six practicing physicians, five were averaging within minutes of one another. The sixth was averaging close to 20 minutes longer than the others per procedure. Follow-up showed that the discrepancy was due to his conscious sedation practice, which differed from his peers' practices in the strength of his initial dosage.
- **Scope-In to Scope-Out Time:** Four out of six doctors averaged within minutes of one another for scope time. One took markedly longer, and another was significantly shorter. For both, Weinman determined it was a matter of practice preference. While the physician with the higher time opted to continue practicing the same way, the physician with the lower time opted to slow his scope withdrawal to ensure greater consistency and better adhere to identified GI best practices.
- **Polypectomy Rates:** One physician had a much higher Polypectomy rate than his peers. As there is no correlation between his patient base and higher risk factors, he has taken this data into consideration while looking for polyps and performing polypectomies.

"Physician practice is very individual, but when you show a physician solid data, it's hard to refute," said Weinman. "A doc's first reaction is 'huh.' His second reaction is, 'Maybe I've got to adjust the way I practice.'"

"Physicians can make their conclusions from there," he continues. "One doctor says, 'I'm fast. I should probably slow down.' Another says, 'I'm going to try a bigger bolus of sedation up front.' And another says, 'I just take longer - that's just the way I practice, so let's schedule some more time per procedure so we don't get off track.' As an administrator, I'm a lot closer to running a smooth practice when I have hard data from which to address concerns and adapt processes."

