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REGISTRATION: To Centralize or Decentralize?

by KATHY BERGER

As a healthcare consultant, the question I am asked most is: Should patient registration functions be centralized or decentralized? The answer to this question is: it depends. If I have learned anything in the course of my consulting experiences, it's that no two hospitals are the same. There is no one template that can be used and implemented in multiple institutions. To help you determine what will work for your facility, answer the following questions.

Are all scheduled patients pre-registered? Pre-registration allows hospitals a lot more flexibility in choosing whether to centralize or decentralize registration. If, for example, all patients are pre-registered, they can proceed directly to the servicing area where copies of insurance cards and signatures can be obtained.

Many hospitals, however, do not pre-register all their patients. In this instance, the registration process is more difficult. If the hospital has centralized registration, patients may arrive for service in the appropriate department and then be sent back to the centralized registration area. Because this inconveniences the patient, some hospitals have decided to decentralize registration using other staff such as techs and clerks to register in the department. This still can result in confusion for patients and the staff because no one really knows where to direct patients. It also creates an inconsistent registration process, multiple registrations per day, and no opportunity to coordinate certification procedures. Most importantly, the quality of the registration data collected is poor because it is not the focus of the hospital's technical and clinical staff.

How many patient entrances are there? This helps determine the best place to stop a patient for registration or check-in. In a facility that has one or two entrances, it would be fairly simple to stop all

patients as they enter to verify information, obtain signatures, and check scripts from the physician if they have been pre-registered or to obtain registration information if they have not. With a just two entrances, these areas can also serve as an effective place for patients to get directions and told which department to go to first if they require multiple tests. It also allows ample opportunity for pre-certifications to be completed. This situation supports a centralized registration process and staff.

With more than two entrances, the registration process is much more complicated. The key is to use a consistent and organized registration approach in each location, including pre-registration. It is imperative that patients are scheduled in one common system and that everyone is striving for and maintaining 100% pre-registration of scheduled patients. Patients can then be told to proceed directly to the servicing department for check-in where copies of insurance cards are obtained as well as the script from the physician for the service(s) to be performed. Signatures on consent forms, Medicare questionnaires, and coordination of benefits forms -- for patients that have more than one insurance carrier -- can also be completed. This situation supports a combination of a centralized and decentralized process.

To whom do staff performing the registration function report? I strongly recommend registrars, staff performing pre-registration and pre-certification as well as the check-in staff all report to the Registration or Patient Access Department. The check-in staff should also be trained to complete a registration in the event a patient has not been pre-registered. This structure also supports areas that have a higher walk-in rate such as Lab and Radiology. Decentralizing part of the process is necessary in some situations for patient convenience, but only if

the reporting structure of the staff remains centralized for consistency in training and flexibility in staffing.

Pre-registration as well as pre-certification can be centralized for added efficiency. This allows staff to obtain additional diagnosis information from physician offices to support Local Medical Review Policies and to avoid the need to have Advance Beneficiary Notices signed for Medicare patients. Patients can be contacted prior to arrival if a service is deemed to be non-covered.

And lastly, what is the accuracy of the registration information captured? I encourage creation of a group to audit the quality of each employee's completed registrations and maintain accuracy statistics for each person. This data review should become a major part of the performance appraisal process with common errors used as the basis for ongoing retraining. This is truly the only way to know if your registration process is effective.

In summary, the key to success for any of the above scenarios is consistency and maintaining a centralized reporting structure. Whether you choose centralized or decentralized registration depends on your institution and the needs of your patients.

Kathy Berger is Vice President of Revenue Cycle Consulting for The Tintari Group, Inc. This Chicagoland-based firm provides revenue

cycle and managed care consulting services to healthcare institutions. Ms.

Berger can be reached toll free at (877) TINTARI (846-8274) or through the firm's website: www.TintariGroup.com.

