Discovery Phase – Assessment Outcome Document
Project Name: Unbilled EKGs
Entity: Geisinger Operations
Institute: Heart Institute
Department Name: Cardiology
Project Owner: Alex Zimmerman/Mary Frances

I. Assessment Information/Data:

Primary reason to automate the process		Productivity/Cost/Quality
Projected Realized Benefits	Total Projected Annual Realized Benefits: • 1,400 Hours • $ 677,6730	Projected Annual Cost Savings: • 1,400 Hours • $ 57,273 ED RN not releasing order (2 minutes) x 5,400 orders annually = 180 hours x $46.58 = $8,384.4 In Patient Unit Secretary/Outpatient LPN not releasing orders (2 minute) x 6,600 orders annually = 220 hours x $22.13 =$4,868.6 Administration monitoring MUSE and releasing orders (5 minutes) x 12,000 orders annually = 1,000 hours x $44.02 =$44,020 Projected Annual Revenue Captured: 12,000 Total Unbilled EKG Annually • 6,600 annual unbilled EKGs in HOP and DO Locations • 5,400 annual unbilled EKGs in the Emergency Department Missed Revenue: 12,000 annual unbilled EKGs x $50 (Revenue/EKG) = $600,000.00 Net Revenue 12,000 x 1.7 (RVU) = $20,400.00 RVU TOTAL: $620,400.00
	Other benefits:	-This will reduce the total amount of unbilled EKGs annually - Reliable workflow to release EKG orders - Automation will allow key personnel to focus on other key duties assigned
Process Assessment:	Process Complexity	Complex
	Number of process steps	>25
	Number of applications used List all applications used	2 Epic, Muse
	Title of the staff completing the task today	RN LPN Unit Desk Secretary Data Analyst Senior
	Average Processing Time per transaction	2 minutes per order (RN) 2 minutes per order (LPN) 2 minutes per order (Secretary) 5 minutes per order (Analyst)
	Process Volume Process Frequency	12,000 annually (Approx. 50 / Day) Daily

	Process Changes Expected in the next 6 months?	No Change Expected
	Application Changes Expected in the next 6 months?	Some Changes Expected
	Data input • % of Digital data input • Scanned Data Input • % of Structured Digital Data Input	• 100% digital. • 100% scanned data input • 100% structured
Others		

II. Decision: **Date reviewed with business: _____**

X	R3 Approval (scheduled 2/16/23)
X	All intake criteria met and approved to move forward to Design phase with IAH (2/9/23
	Transitioned to *** team on **** date. Proposed solution: ***
	Not a good RPA candidate - Intake criteria not met (Reason: ***)
	Other reason: Please indicate:

III. Process Document (Process Map, Workflow diagram, Procedures, etc.):

Using automation to solution the need to have orders placed or released prior to EKGs being performed.

Current state workflow

1. ED staff (RN) place and release EKG order prior to completing EKG on patient
2. Unit Secretary releases EKG order once EKG is completed on admitted patients
3. Outpatient clinic nurses place baseline EKG order prior to completing EKG on patient
4. Data Analyst reviews MUSE System Edit/Retrieve site daily to identify EKGs read without an order attached

High level future state workflow

1. Bot will log into Muse
2. Bot will identify patients with EKG results in MUSE that do not have an EKG order associated
3. Bot will copy patient identifiers
4. Bot will log into Epic
5. Bot will click on 'Review'
6. Bot will identify patient
7. Bot will navigate to 'Open Orders'
8. Bot will release EKG order from Epic
    a. If an order is not available in Epic to release, it will be sent as business exception
9. Bot will return to Muse and link EKG order to EKG result

Administration average salary = $44.02 (33.86-54.18)
RN average salary = $46.58 (36.00-57.15)
LPN average salary = $25.50 (20.00-31.00)
Unit Desk Clerk average salary = $18.75 (15-22.5)
LPN/Unit Secretary average salary combined for DO and HOP locations = $22.13