

# QA IN THE MEDICAL RECORDS DEPARTMENT

Bridging the Healthcare Performance Gap

## BUILDING YOUR DEPARTMENT'S QUALITY CONTINUUM

A healthy quality program has three critical components. These include quality assurance, quality improvement and performance improvement. Together, they are collectively known as the quality continuum.

Just as every healthcare organization needs to have a healthy quality continuum if it is to be operationally and financially successful in meeting the needs of its patients and communities, every department needs to have an effective continuum if it is to be what it needs to be for the organization. A strong quality continuum helps an organization in living up to the expectations of the people who count on it to meet their needs for access to great patient care.

Historically, the healthcare team has been thought of as those clinically-oriented departments that are directly involved in the delivery of patient care. While they are key members of the team, it is important to recognize that they could not be as effective in their roles if it were not for the contributions of the non-clinical members of the team such as the medical records department. People who manage and secure patient records have a profound impact on the quality of care that can be delivered by the clinical staff. These people provide a very supportive role to the clinical care process.

The medical records department controls a series of structures and processes that can impact the patient experience in today's market. This very important department controls the safety and security of patient information. HIPAA and traditional rules of patient confidentiality are two critical areas of concern. (See the on-line module titled *Building the Patient Experience*.)

Patient privacy is an important consideration in today's healthcare environment. The integrity of the medical record is another. The medical records department is in a unique situation because it is commonly the collector and reporter of a significant amount of provider performance information yet is not in a position to control or improve that performance. This can create a strain with other departments unless everyone understands and respects the role. Some of the important quality assurance and compliance activities that medical records controls are:

1. The integrity of the medical record.

2. The content of the medical record.
3. The accuracy of the medical record.
4. The accessibility of the medical record.
5. The appropriateness of the codes used for billing.

In addition to record content and integrity, the medical records department has a significant impact on the flow of money into the organization through the coding of the records and the timely flow of key discharge related information into the records. The ability to pay bills, purchase new equipment, pay employees a competitive wage, and strategically invest in the organization's future are impacted by the medical records department. As you review the enclosed list of quality assurance activities for which the medical records department has primary responsibility, one can appreciate just how important this department's role is as a member of the healthcare team.



*A healthy quality continuum allows our people to know that:*

1. *they are in control of their futures;*
2. *their efforts make a difference, and*
3. *that they are part of creating something better for tomorrow than what already exists today.*

*They come to appreciate the contributions they make in meeting the mission and creating the vision of the organization.*

## SO WHAT IS QUALITY!

Quality in healthcare encompasses the ability of an organization or provider to make patients feel very well cared for at the same time they are making them feel deeply cared about. When patients define quality, these are the two things that they repeatedly say they are looking for. For health care's customers, these seem like pretty easy requests and they are becoming less and less tolerant when providers don't get them right.

In today's healthcare environment, quality is about making people feel safe in an environment where they can also feel that they are receiving state-of-the-art care from people who are on top of those variables that could place them in harms way. Safety is a pretty broad term for patients as it ranges from a sense of feeling physically safe in the environment to feeling that they are receiving the very best care that can be delivered by people who genuinely care about the outcomes that their actions lead to. They also want to feel informed and in control of their patient experience.

For the people in the medical records department, quality means accurate and timely management of the patient record. The information management systems in health care are complex and are becoming increasingly more complex every day. For the average patient accessing their information is commonly a trip into the twilight zone. The user-friendliness that a healthcare provider can drive into the medical records process can go a long ways in building healthy relationships with patients and communities.

The average patient can not actually judge the quality of the patient care they receive to a level that creates a genuine level of comfort. They can not determine if the battery of tests being ordered by the physician are truly the best tests or if the treatment and drugs are truly the best interventions. Because they need some measures that help them to feel good about their choices, they tend to rely heavily on pseudo-measures of healthcare quality.

Pseudo-measures are measures that patients and family members can judge more easily because they are familiar with what they are and what they should look like if quality exists. The most common pseudo-measures in healthcare have traditionally been cleanliness, friendliness, physical appearance, physical safety, quality of the food and the perception of teamwork. Access to one's own patient information and confidentiality are taking on important roles in influencing patient perceptions. If these processes convey a sense of quality, people find it easier to assume that there is a pretty good chance that the quality of the clinical care is good also.

The measure of quality for people looking to health care is found in the attention to details that they observe. The more attention to details that they witness in pseudo-measures, the more comfortable they are that the same attention is given to the details of direct patient care. Great reputations are not built on being average. They are built on reaching well beyond average and paying close attention to the details that convey a message that providers take their roles in the delivery of great care seriously.

## WORKING WITH YOUR QA CALENDAR

The quality assurance calendar is a tool that helps a department to organize and manage its quality assurance and compliance-related activities in a way that reduces resource consumption and the risk of falling behind (see the PACE Workbook on *Working with Your Quality Calendar*). Historically, healthcare organizations have not utilized highly structured systems to collectively organize and manage their quality assurance or compliance-related activities. The lack of such a system has been one of the major contributing factors in prompting healthcare organizations to find themselves in trouble on surveys and having to put an inordinately large number of resources into ongoing efforts to maintain the basics.

Quality and compliance inside health care does not just happen. They are activities that need to be managed. As one looks at the list of compliance and quality assurance-related activities on the following pages, it is obvious how easy it would be to overlook something or get behind if you do not have a system that allows you to manage them.

As most of these activities are time

sensitive, once they don't happen it is impossible to make them up. For example, certain discharge entries are not done in a timely manner, payment to the organization can be delayed or lost. If histories and physicals are not completed in a timely manner, surgical procedures can be delayed. If patient records are not made available to consulting physician in a timely way, patient care could be delayed.

As the healthcare industry continues to become more complex and more and more is asked of our people, systems like the quality calendar can help to better manage activities as it become increasing necessary to find ways of doing more with fewer resources. The answer is not in working harder. It is in working smarter and the quality assurance calendar is a tool that can help department managers to do that.

Some important points in using your calendar are:

1. Only schedule activities that must be done on a Monday for that day. Mondays tend to be bad days in healthcare organizations because of

the many issues that spill over from the weekend. As most legal holidays fall on Mondays, it is the one day of the week that prompts people to more easily get behind because things from the holiday must be pushed to Tuesday.

2. Similarly, it is best if you minimize the number of flexible activities that need to be done on a Friday because that is generally the day that people are pushing to get things done for the weekend. It is also the most common day that people request off to have a long weekend.
3. Try to always set the schedule up so that compliance related activities never consume more than two hours in a given day for any one person. This is one of the reasons that a calendar is so helpful. It allows you to plan and balance things out. Most people can plan to commit up to two hours of the day to designated activities. They can also tend to find time to make those activities happen even on a day when there seems to be one crisis after another.
4. Try to always set the schedule so that



# CREATING YOUR QA CALENDAR!

The topics in the tables on the next pages list out the common quality assurance or compliance type activities that could be found on a QA calendar for Medical Records. Some may not apply to all organizations and others may need to be added as compliance standards are dependent on the services offered. Please review these tables to determine which topics are important to your calendar and then follow the instructions in the PACE training workbook titled *Working with Your Quality Calendars* to build you calendar. Please note that health care is a very dynamic industry and constantly subject to change. The completeness of the list and frequency recommendations in these tables should be regularly checked against those established by federal, state and local regulatory agencies.

	QA Accountability	Frequency
1	Confidentiality of patient information (HIPAA compliance)	Continuous
2	Patient consent to treatment	With each admission and procedure
3	Advanced directives	For each medical record
4	Conditions of admission form	On every admission
5	H&P on record within 24 hours	On every admission
6	Health data integrity	On every chart entry
7	PHI disclosure to authorized entities compliance	On every disclosure
8	Accounting of disclosures of PHI	On every disclosure
9	Off hours security of records	Continuous
10	Removal of medical record protocol	With each removal
11	Accessibility of the medical record to people with a need to know	With each request
12	Release of patient information consent	With each request
13	Patient access to medical record protocol	With each request
14	Itemized bill for recovery of reasonable costs	On each request
15	Medical records destruction protocol	On each destruction
16	Internet access	Continuous
17	Acceptable abbreviation list compliance	Continuous
18	Acceptable abbreviation list annual review	Annually
19	Timely filing of medical records within _____ days	Continuous
20	Faxing protocol compliance	Continuous
21	Electronic mail protocol compliance	Continuous
22	Transcription timeliness within _____ days	Continuous
23	Transcription accuracy	Continuous
24	Abstracting of medical records within _____ days	Continuous
25	Coding of medical records within _____ days	Continuous
26	Birth registrar	On every birth
27	Timely submission of hospital statistics	As required
28	Timely census report submissions	As required
29	Medical record accuracy	Continuous
30	Death register	On each death
31	Nursing admission assessments within _____ days	On each admission
32	Legibility of medical record entries	Continuous
33	Discharge summaries within _____ days	On every discharge

# CREATING YOUR QA CALENDAR!

	QA Accountability	Frequency
34	Daily progress notes	Daily for every patient record
35	Compliance with chart thinning protocol	As per protocol
36	Record completeness on filing	On every chart filed
37	Delinquent medical record notices	On every delinquent medical record
38	Medical record retention for _____ years	Per state requirement
39	Off-site record storage security	Continuous
40	Surgical H&P on chart before case	On every surgical case
41	Compliance with late entry protocol	On every late entry
42	Sequestered record integrity	On every sequestered record
43	Verbal order verification	On every verbal order
44	Medical record locator integrity	For every medical record
45	Standing order and protocol annual review	Annually
46	New form/modified form approval for medical record	On creation or modification of every new form
47	Advice and acknowledgement of child passenger safety law form	On every newborn
48	Secure MSDS and assure appropriate precautions	Before new chemical use
49	Employee right-to-know MSDS training	On orientation before chemical use and annually
50	Flooring integrity	Continuous
51	Baseboard integrity	Continuous
52	Surface washability	Continuous
53	Annual fire safety training	Annually
54	Annual general safety training	Annually
55	Annual infection control training	Annually
56	Staff certification for special equipment management and skills	Before expiration
57	Annual policy and procedure review	Annually
58	Employee training on new/revised policies and procedures	On creation of or revision of policy or procedure
59	Ergonomics compliance	Continuous
60	PPE compliance	Continuous
61	General trash management and disposal	Daily or when receptacles are 3/4 full
62	Annual review of employee job descriptions	Annually
63	Annual employee performance appraisal	Annually
64	Horizontal surface cleaning	As per cleaning schedule
65	Ceiling tile integrity	Continuous
66	Storage 4 inches off the floor	Continuous
67	Standard precaution compliance	Continuous
68	Infection control compliance	Continuous
69	Service contract review	Annually
70	Service contract renewal	Annually or on term

# KEEPING PACE WITH TODAY'S STANDARDS

Quality assurance or compliance-related activities are extremely important in a healthcare organization because they are generally related to safety and can have a significant impact on patient satisfaction. They frequently involve precautionary steps taken by an organization to prevent an untoward event and to be prepared in the event of a disaster or break in the routine that could place people or the organization in harm's way.

For example, while providers hope they will never need them, there are many precautionary activities that healthcare organization take to protect patient information in the event there is a fire. They need to know that everyone will do their part. They need to know that we have a strong plan to protect people and records in the event of a natural disaster.

Healthcare organizations also need to know that the day-to-day risk is reduced for people who come into their buildings and the organization. They need to know that the organization is in compliance with current principles of handling patient health information. They need to know that general documentation principles are followed.

Too often healthcare organizations find themselves at risk because they become complacent about quality assurance related activities. As so many of the activities are precautionary in nature and many organizations may never actually have to enact them, it is very easy for an organization to elect to take short cuts or overlook striving for 100% compliance. The danger is in the fact that an organization can't make it up to a patient or a community member or employee when its failure to stay current negatively effects any one of them. If its reputation in the community is damaged, it may never recover.

Proactive compliance is significantly less resource intensive than running to catch up. Developing a corrective action plan in response to a Medicare Condition of Participation survey is never the best way to achieve compliance. Working to overcome the damage created by a negative outcome is definitely more expensive and resource intensive than ensuring the negative outcome could not happen. As the saying goes, "an ounce of prevention is more valuable than a pound of cure." This is particularly true in health care where the cost of a negative outcome can be particularly steep. A well structured quality assurance program inside the quality continuum

can provide for that ounce of prevention to protect an organization.

The majority of the compliance standards for the medical records department relate to general documentation practices and confidentiality. These are two very big areas of responsibility where compliance is critical. When any of these areas of responsibility fall out of compliance it is important to bring them back into line as soon as possible.

Because of the magnitude of some of the responsibilities, retrospectively trying to fix them can be a nightmare in addition to placing the organization at risk because of non-compliance. For example, the failure to submit timely claims on time can significantly reduce the flow of revenues to the organization. coding for services that were not rendered can result in federal corporate compliance investigations and fines. Failure to appropriately document patient care entries into the record damage the integrity of the record. Proactively dealing with issues through prevention can reduce resource consumption by as much as 25 -33%. Every minute appropriately spent on planning (such as the creation of a balanced QA calendar) can save 10 minutes in execution time.

Historically healthcare organizations have had poor systems for managing and documenting quality assurance related activities. Too often those systems for managing these activities have existed in the minds of our managers. While the mind is a very powerful place, the stresses of today's healthcare environment make it a poor stand-alone tool in creating the kind of efficiency and effectiveness we need. As a result, too many things end up being retrospectively repaired rather than proactively managed. The quality calendar system is an approach to proactive activity management. If the average medical records department is able to reduce time and/or resource consumption by an average of 33% because it uses tools to improve its efficiency and effectiveness , it can find itself capable of managing more with less in a less stressful environment. This is an important goal in today's healthcare environment. It also reduces the

amount of time spent on crisis management which is one of the industry's greatest threats to resources.

When a quality assurance or compliance activity goes out of compliance, it is a department's responsibility to bring that activity back into compliance as quickly as possible in a way that will hold the compliance. The department needs to document

QA Calendar								
	Frequency	Responsible	Jan	Feb	March	April	May	June
Timely Coding	Every chart	Susan	SK OK	SK OK	SK QI	SK OK	SK OK	SK OK

the steps it took to achieve that compliance and the ongoing activities to monitor it.

The first step is to set up the quality assurance calendar with all of the compliance-oriented activities that are important to the organization. Once the list is complete, the manager, with the assistance of his or her departmental team, defines when each activity is to be completed along with who will be responsible for it. (Remember the stronger the team approach, the greater the potential for success and the more that can be achieved with fewer resources.) As long as activities remain in compliance the only documentation that is necessary is to complete the required log for the activity and to indicate an OK on the calendar. When an activity moves out of compliance, a department should be able to demonstrate that it has quickly moved through the steps of the PACE cycle. Documentation should demonstrate that it quickly identified the issue (moving the issue to its quality improvement calendar), PLANNED to re-establish compliance, ACTED to initiate the plan, CHECKED to make sure that the plan achieved the designed results and ENHANCED the plan to achieve the best outcomes possible. Once compliance is re-established and a short period of more intensive monitoring demonstrates compliance, the department can return to its normal schedule of monitoring as defined by the calendar.

The calendar should be evaluated each year as part of the annual review of services to determine needed additions and revisions that would increase departmental efficiency in achieving continuous compliance.



## THE TEN COMMANDMENTS OF PATIENT CARE



- 1. The Patient is the most important person in our health-care organization.*
- 2. The Patient is not dependent on us—we are dependent on the Patient.*
- 3. The Patient is not an interruption of our work, but the purpose of it.*
- 4. The Patient should not feel honored that we choose to serve. The Patient honors us by choosing us as his or her preferred provider.*
- 5. The Patient is the core purpose and the most important reason for our healthcare organization to exist. The Patient is not an outsider, but is our most important guest.*
- 6. The Patient is not a cold volume statistic, but flesh and blood: a human with feelings and emotions like our own. The Patient is deserving of our caring, compassion and concern.*
- 7. The Patient is not someone to argue with, belittle, or match wits with. The Patient is deserving of diligence in our efforts to meet his or her healthcare needs and to feel good about their healthcare experience.*
- 8. The Patient is the one who brings us his wants and needs. Our responsibility is to meet them.*
- 9. The Patient is deserving of the most courteous and attentive care we can provide.*
- 10. The Patient has the right to expect a healthcare provider to present with a professional, competent and caring behavior. At the heart of a great patient/provider relationship is the Patient 's decision to trust and believe.*



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*Success has a price tag on it, and it reads  
COURAGE, DETERMINATION,  
DISCIPLINE, RISK TAKING,  
PERSEVERENCE, and  
CONSISTENCY—doing the right  
THING for the RIGHT REASONS and  
not just when we feel like it.*

*James B. Menton*

*The Future Starts with a Strong Today!*

Building a strong reputation and future for a healthcare organization starts with building a strong today. In many ways it is like building a new building. If you don't start out with a sound foundation it becomes increasingly difficult to build a structure that can be as tall as you would like or that can withstand the various elements that place stress on it. When the foundation isn't strong, you frequently find yourself having to put additional resources into shoring it up and to apply patches where necessary. You also tend to find yourself having to monitor it more closely every time the structure is placed under stress to make sure it will hold up. A healthy quality assurance program is about making sure a healthcare organization has a strong foundation on which to build tomorrow and the future. If an organization is constantly struggling to maintain compliance with today's standards, the activities steal valuable time and resources away from efforts that could be used to build a healthier tomorrow. Given the strain on today's healthcare resources, providers need to ensure that they are getting the most they can from what they have. They need to make sure that quality lives today so it is easier to build a better tomorrow.

## BRINGING IT ALL TOGETHER

A healthy quality program is about making sure that our organizations are being true to the business of health care. That business is the delivery of high quality patient care in an environment that makes our patients and communities feel well cared for and deeply cared about. It is about making sure that our organizations are healthy and strong for today, tomorrow and into the future.

The quality program creates the structure to support the creation and implementation of the many systems that (1) ensure that our organizations and patient care services are what they need to be to make our organizations strong for today, (2) continuously work to improve and meet the changing needs of tomorrow as technological advancements continue to reshape the delivery of patient care, and (3) bring the strategic plan and vision of an organization to life while holding true to the mission and values of the organiza-

tion. A healthy quality program is about much more than making sure that our organizations are meeting the expectations of outside regulators and the many external customers that enter our doors every day.

The mission defines why our healthcare organizations exist. The vision defines where we picture our organizations to be at some point in the future if the organization is to remain strategically positioned for success while it remains true to its mission and values. Our values define those behaviors we hold to be important to every day life if we are to remain true to our missions (who we are).

It can be very easy for these important messages to become fluff and pie-in-the-sky words that only raise more doubt and questions if people can not see the path that brings them to life. A healthy quality program provides that path by creating

the structures and systems that make proactive change possible.

The mission, vision and values of an organization come to life when they are successfully married together through the organization's quality program and strategic planning activities. These two activities create the environment for the creation of a culture for quality where patients feel well cared for and deeply cared about while healthcare providers have the potential to feel good about their contributions in improving the quality of life for the public that entrusts them with their care.

