Performance Improvement Road Map

COST

Performance Measure

Labor & Outsourcing cost per adjusted medical record

Why Measure Is Relevant

Indicates staff productivity and operational efficiency

How to Direct Future Efforts

- 1. Have staff lead improvement initiatives
- Develop interrelated staff goals to promote collaboration
- 3. Institute a staff pay-for-performance program
- 4. Provide daily measures with targets to help staff manage work
- 5. Schedule staff to facilitate completion of work
- Rotate and/or cross-train staff to enhance flexibility
- 7. Develop short-term strategies to eliminate backlogs
- 8. Include penalties in vendor contracts for unmet targets
- Determine what information is needed by end user
- Maximize on-line documentation and/or optical imaging
- Hold multidisciplinary meetings with all revenue cycle areas
- Stop delivering paper records to physicians' offices for completion
- Develop on-line physician profiles for when to send medical records for ED and clinic patients
- 14. Cease printing on-line documents unless requested

Average number of days of untilled records

Unbilled dollars as a percentage of A/R

Promotes prompt billing for reimbursement

- 1. Use aggressive discharge control to receive records within 24 hours of discharge
- 2. Scan records within four to eight hours of receipt
- 3. Code from electronic documents
- 4. Begin coding when record first arrives in department
- 5. Automatically place record in coding queue when necessary documents become available
- 6. Use daily reports to help set priorities
- Assign more record completion staff and coders to heavy discharge days
- 8. Develop short-term strategies to eliminate backlogs
- Use computerized discharge summary for short stays to eliminate delays for dictated discharge summaries
- Automatically provide documentation required for billing purposes

Average number of days of unfiled loose documents

Average number of inches of of loose filing per 100 medical records

Indicates the availability of current patient information for the delivery of patient care

Minimizing loose documents decreases rework of record assembly

- Develop short-term strategies to eliminate backlogs
- 2. Have staff lead improvement initiatives
- 3. Drop file loose filing to eliminate filing backlogs
- 4. File loose documents on the evening shift
- Maximize on-line documentation and/or optical imaging
- 6. Cease printing on-line documents unless requested
- 7. Eliminate unnecessary documents sent as loose filing

CYCLE TIME		
Performance Measure	Why Measure is Relevant	How to Direct Future Efforts
Inpatient record completion	Makes patient information	1. Maximize on-line documentation and/or
time	available for the delivery of	optical imaging
	patient care	Develop short-term strategies to eliminate
Transcription turnaround time		backlogs
		Redesign process from customer perspective
		4. Use aggressive discharge control to receive
		records within 24 hours of discharge
		5. Scan records within four to eight hours of receipt6. Code from electronic documents
		7. Begin coding when record first arrives in
		department
		Automatically place record in coding queue
		when necessary documents become available
		9. Use daily reports to help set coding priorities
		Assign more record completion staff and
		coders to heavy discharge days
		11. Have on-line editing available
		12. Automatically notify physicians of missing
		documentation 13. Use physician folders for documents with
		pending signatures
		14. Have physicians report to department weekly
		to review records
		15. Develop medical and administrative leadership
		support to enforce sanctions and promote
		physician record completion
		Decrease delinquent record definition to two
		weeks
		17. Keep medical staff informed of delinquency
		rates by service and physician
		 Use a computerized discharge summary for short stays to eliminate delays for dictated
		discharge summary
		19. Include penalties in transcription vendor
		contracts for unmet targets
		20. Hold multidisciplinary meetings with all revenue
		cycle areas
STAT record retrieval time	Makes patient information	Maximize on-line documentation
	available for the delivery	2. Promote the use of on-line documentation
Record retrieval rate for	of patient care	vs. paper record by end users
scheduled clinic visits		3. Develop on-line physician profiles for when to
		send medical records for ED and clinic patients
		4. Set rule stating when paper record can leave
		the department
		Fax needed documents from off-site storage to expedite record retrieval
		to expedite record retrieval 6. Stop delivering paper records to physician office:
		for completion
		7. Include penalties in storage vendor contracts
		for unmet targets
Palagea of information (POI)	Makes nationt information	Maximize on-line documentation
Release of information (ROI) turnaround time	Makes patient information available for customer needs	 Maximize on-line documentation Develop short-term strategies to eliminate backlo
	available for easterner needs	Have staff lead improvement initiatives
		4 Include penalties in ROI vendor contracts for

Source: University HealthSystem Consortium, Oak Brook, IL.

4. Include penalties in ROI vendor contracts for

5. Make copies for ROI requests in early morning and

6. Automatically provide documentation required for

unmet targets

billing purposes

evening