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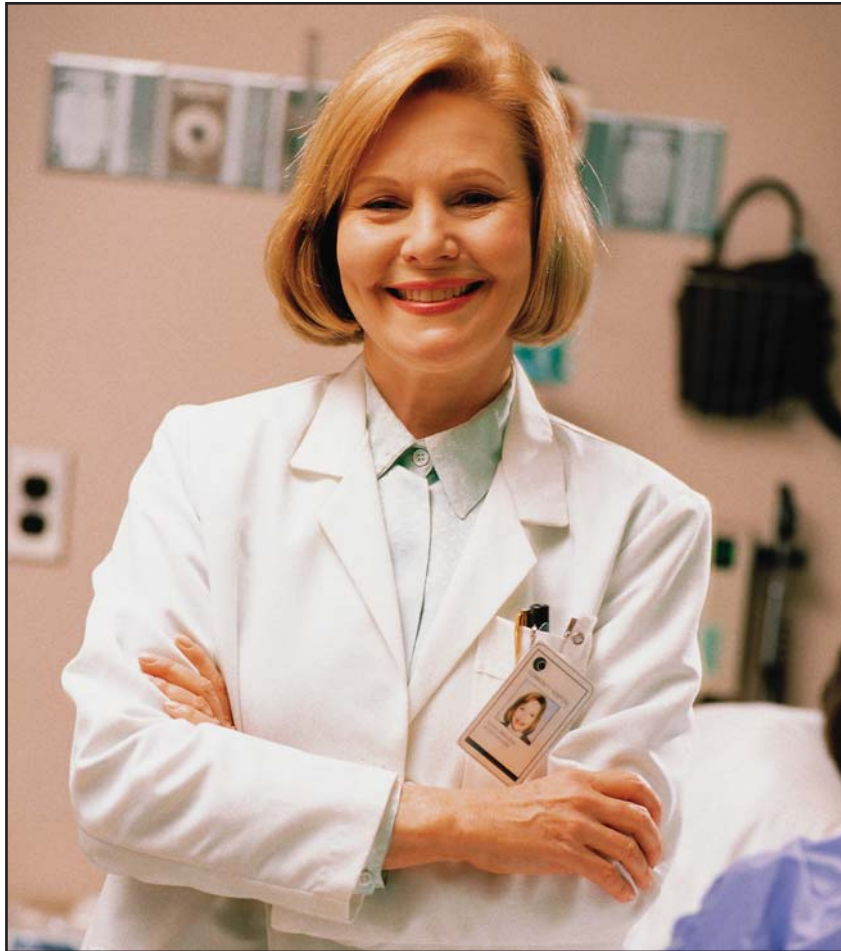
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True Quality Assurance

BY DEEANN LOGAN

When it comes to medical transcription, the word *quality* is often used interchangeably with *accuracy*. And while it is true that you cannot achieve the first without the second, accuracy alone is not enough to assure true quality.

Whether in-house or outsourced, transcription services should be judged on various factors. True quality requires accuracy, completeness, consistency,

and timeliness. Each of these factors has a direct impact on patient care. Whether your facility can deliver all four is determined by the efficiency and effectiveness of your transcription process from start to finish.

Many hospitals and other healthcare facilities falsely believe that outsourcing their transcription services completely removes them from the process. However, the transcription process al-

ways begins inside the hospital with the physician's dictation and ends inside the hospital when the completed document is entered into the patient's medical record. As a result, it is impossible for a hospital to remove itself from the process entirely.

In all circumstances, true quality assurance requires a focus on continuously improving transcription processes and systems, as well as the ability to consistently anticipate and meet transcription needs and expectations. To achieve this, there are three primary areas to consider: dictation, technology, and transcription staffing.

DICTIONATION

To evaluate and improve the quality of your transcription process, it is necessary to understand the entire lifecycle of a transcription file. Since dictation is the first step in this lifecycle, true quality assurance begins with the physician.

A physician's dictation habits play a critical role in the completeness and accuracy of the final product. The dictation must be thorough, correct, properly organized, and audible, which isn't always the case. Sometimes, a physician will inadvertently leave out important patient identification information or critical information required for specific work types. Other physicians sometimes miss a step while entering information or unintentionally speed up the pace of the dictation through crucial areas of the report, such as lab values and vital signs. Lastly, the physician's accent and/or speaking pattern can sometimes affect the quality of the report. However, all these scenarios can be avoided at the beginning of the transcription process through proper training and attention to good dictation habits.

If you outsource your transcription, the medical transcription service organization (MTSO) should be able to identify the most error-prone doctors, pinpoint the most common errors, and recommend specific actions to address these problems. Also, customized shortcuts can be designed for doctors who

repeatedly make similar mistakes. Commonly used phrases, sentences, or even entire paragraphs can be assigned codes so a doctor can speak the code rather than dictate the entire information, thus reducing the possibility of errors.

Ensuring that a physician dictates information completely, comprehensibly, and according to the proper protocols will directly translate into improved quality.

TECHNOLOGY

Once the physician has completed the dictation, technology takes over. Without the proper hardware and software, transcription files could be delayed or even lost before they reach the medical transcriptionist (MT). Transcription would be a much simpler task if there were a single “best” technology for every hospital or medical practice. Unfortunately, as with every other stage of the transcription process, individual facilities require customized solutions.

An outdated HIM system can contribute to a large number of potential errors in transcription reports, including improper formatting or misaligned information. If transcription is performed in house, system memory may quickly become a serious concern as the volume of transcription files continues to grow. If transcription is outsourced, compatibility problems may prevent information from being transferred correctly to the MTSO.

Extensive testing is required before technological changes are made to the

transcription process. An MTSO will likely insist on weeks of testing before the “go-live” date when it officially begins handling transcription services.

TRANSCRIPTION STAFFING

Once a transcription file reaches the MT, traditional concerns about accuracy are the primary issues, and consistency is the key to accuracy. MTs should be matched to the doctors/specialties with which they already have the most experience and expertise. By assessing each new MT to identify strengths and weaknesses, the proper staff will be assigned to the appropriate transcription files.

If transcription services are outsourced, the MTSO should also maintain a certain level of consistency when it comes to assigning MTs to specific accounts and physicians. After an MT has proven reliable and accurate when handling a particular doctor’s files, it is advantageous to both the hospital and the MTSO to strive for a continued partnership to ensure consistent quality.

An external transcription provider should also perform regular quality audits and provide feedback on outcomes to the healthcare facility, as well as to the MT. With objective standards of measurement, transcription quality levels can be thoroughly examined and analyzed for future process improvement.

WORKING WITH AN MTSO

When outsourcing, it is important to

maintain regular communication with your MTSO. This will allow the MTSO to understand, anticipate, and fulfill your facility’s expectations. Since there is no “turnkey” transcription solution that will work for every hospital, quality assurance requires constant monitoring and adjusting. Back-and-forth communication is required to fine-tune this relationship and enhance the transcription process.

The MTSO should also provide “measured insight” on a regular basis. This type of feedback goes beyond mere metrics and accuracy percentages. The MTSO should present a detailed action plan for continuous improvement that targets specific problem areas and anticipates the organization’s future needs. These action plans should encompass the dictation habits of individual doctors, as well as technological advances and recommendations.

It is possible for an MT to do everything correctly and still return a transcription file that is incomplete or inconsistent. That is because the dictation and/or technology that initiates the report is sometimes flawed. This is true whether medical transcription services are performed in house or outsourced. Only by evaluating the entire lifecycle of the medical transcription process—from dictation to technology to the transcription staff—can healthcare facilities achieve true quality.

— DeeAnn Logan is vice president of quality at Spheris.

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