

Project Charter

Project Details			
Region/Agency:	Southern Health-Santé-Sud	Facility:	BTHC, PDGH, Bethesda
Project Name:	STAT	Project Sponsor:	Kristy Radke
Project Start:	April 16, 2013	Project Lead:	
Team Members:	Lee Bassett, Shelley Emerson, Donna Samborski, Lori Forster-Smith, Tammy Berg, Teresa Avanthay		

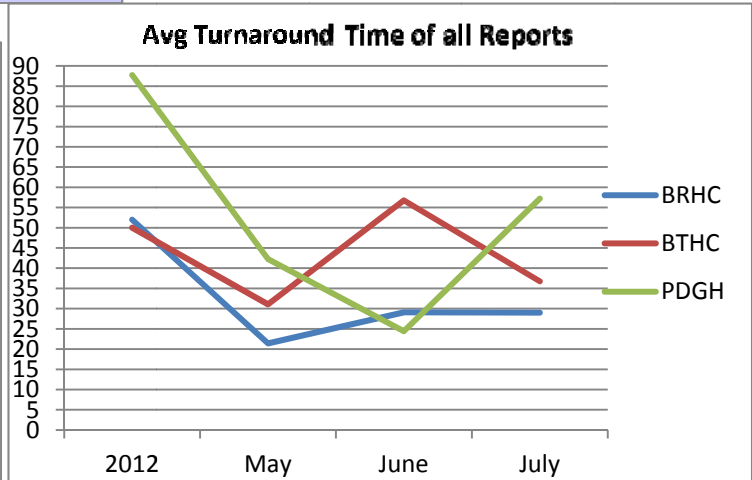
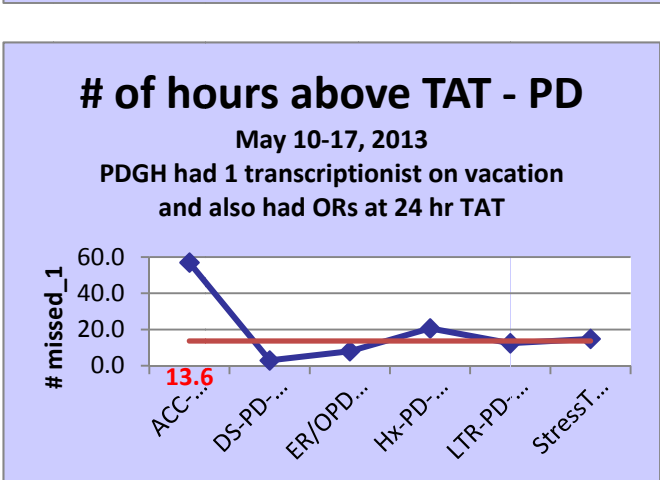
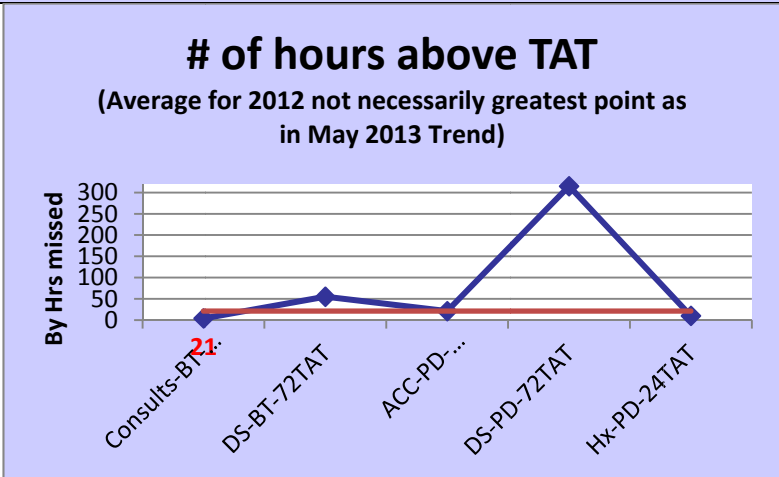
Problem Statement / Opportunity

Failure to meet turnaround times according to benchmarks set for transcribed reports can affect patient care and continuity of care. This also impacts the ability to meet coding deadlines and increases the number of records blind coded and revisited when documents are available. Excessive time was spent counting deficient physician records which impacted the ability to perform other services. Physician deficiencies results in blind coding, which results in skewed data.

Background / Context

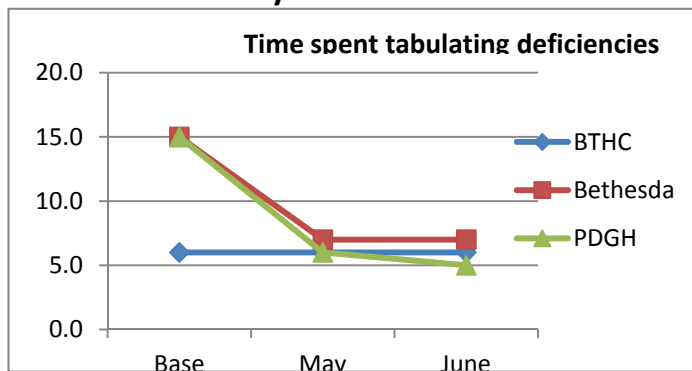
For most job types, benchmarks are met most times; however, not for discharge summaries. These are instrumental to continuing care post discharge. Unavailability of discharge summaries reduces coder productivity as records are blind coded to meet deadlines and then recoded once summaries are available. Deficiencies tracked were beyond required Standards of Completion and processes needed to be revamped.

Current State Analysis and Measures



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Current State Analysis and Measures



Aim Statement (Future State)

Meet the benchmarks for all reports as follows:

Histories, ER forms, Progress Notes letters/memos related to client care Operative– 24 hours;
 Consults, ACC specialists, Daycares, Stress Tests, – 48 hours,
 Discharge Summaries – 96 hours (final goal – 72 hours)

Reduce time to do the Physician Deficiency Chart count by 50% and reduce Blind Coding by 100% for next year end.

Improvement Ideas Discussed

- Centralized/regionalization – stepping stone: Communicate with other sites when assistance req'd
- Dedicated transcription time – obtainable daily but not dedicated transcriptionists
- Revise queues – implement according to turnaround times
- Ensure skill set – medical transcriptionist course – provide time during work hours May need to underfill and assist with education.
- Adequate staffing – coverage during vacation, sick, etc.
- Elimination of Signature on history & physical for BTHC.

PDSA Cycle Implementation Plan

PDSA #1– Revise current queues to automatically assign discharge summaries when benchmark reached.
 PDSA #2 – Physician Deficiencies – streamline processes
 PDSA # 3 – Blind Coding – streamline process and reduce

Control and Follow-up Plan

PDSA#1 Monitor TAT on a monthly basis and especially during peak vacation time. Spread to remaining sites
 PDSA#2 Audit monthly. View demo of Access database at BTHC.
 PDSA#3 Monitor revisiting of blind coded charts to meet Quarterly deadlines to eliminate year-end crunch.

Insights

PDSA#1: Did not envision staff's time to adjust to new process – more communication on data results prior to implementation may have helped.
 PDSA#2: Becoming aware of other methods of tracking deficiencies.
 PDSA#3: Standardization of processes to allow for accurate reporting as always opportunity for improvement when looking at data.
 Other factors came into play that we do not have control over.

Project Timeline

Project Start	Define	Measure	Analyze	Improve	Control	Project End
March 2013	April 16, 2013	April 16, 2013	June 3, 2013	June 3, 2013	July 29, 2013	Sept 1, 2013