

HEALTH INFORMATION MANAGEMENT – DOCUMENT IMAGING PRODUCTIVITY AND QUALITY MONITORING

Originator: Corporate Revenue Cycle Manager Health Information Management

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Policy: All Document Imaging staff are expected to be consistently productive throughout their shift. Non-productive activities should be kept to a minimum. Staff are allowed two fifteen minute breaks per day and one 30 minutes lunch break. All personal and non-productive activities should be done during these allowed breaks.

Scope: Corporate Facility Department (Health Information Management)

Hospital Hill	Lakewood	Long Term Care	University Health Surgery Center
X	X	X	X

Procedure:

- I. Productive hour calculations
 - A. Productive hours will be calculated as follows: Regular paid hours plus overtime hours equal the total productive hours.
- II. Documents prepped and scanned per hour
 - A. All Document Imaging Specialists are expected to meet a targeted average number of documents per hour.
 - B. The target of charts per hour will vary depending on the type of chart being prepped:
 1. Barcode and Label – 465 pages per hour
 2. Barcode Only – 370 pages per hour
 3. BH Inpatient Batches – 93 pages per hour
 4. Label Only – 370 pages per hour
 5. No Barcode or Label – 370 pages per hour
 6. Research – 370 pages per hour
 7. Historical Records – 385 pages per hour
 - C. The target of charts per hour will not vary depending on the type of chart being scanned: all batch classes – 1800 pages per hour.
 - D. The system tracks the type of batch scanned, thus, to ensure proper production is calculated for each employee, it is vital that anyone who preps a batch also scans it.
- III. Documents processed in Quality Control per hour
 - A. All Quality Control Imaging staff are expected to meet a targeted average number of documents per hour.
 - B. The target of documents per hour will vary depending on the type of batch being QC'd:

1. Barcode and Label – 715 pages per hour
2. Barcode Only – 701 pages per hour
3. BH Inpatient Batches – 970 pages per hour
4. Label Only – 701 pages per hour
5. No Barcode or Label – 701 pages per hour
6. Research – 701 pages per hour
7. Historical Records – 715 pages per hour

IV. Documents processed in Validation per hour

- A. All Validation Imaging staff are expected to meet a targeted average number of documents per hour.
- B. The target of documents per hour will vary depending on the type of batch being validated:
 1. Barcode and Label – 385 pages per hour
 2. Barcode Only – 377 pages per hour
 3. BH Inpatient Batches – 1509 pages per hour
 4. Label Only – 370 pages per hour
 5. No Barcode or Label – 377 pages per hour
 6. Research – 377 pages per hour
 7. Historical Records – 1725 pages per hour

V. Other General Duties per hour

- A. All Imaging staff may be called upon to perform other duties outside the tasks listed above. Those tasks and their standards are:
 1. Indexing charts to Recall
 - a. Chart Level – 1.2 boxes per hour
 - b. Box Level – 40 boxes per hour
 2. Chart pulls – 62.5 per hour
 3. Daily Rounds – 45 minutes per day
 4. Document Research – 45 pages per hour
- B. These duties need to be tracked manually on a separate production worksheet
- C. The manual production worksheet is due to the HIM Administrative Assistant by end of business each week in order to be included for calculating production
- D. Failure to properly track or turn in manual production logs may negatively impact the employee's production percentage.

VI. Calculating Weekly Production Rate

- A. Each week, every Imaging staff will have their productivity rate calculated for the preceding week.
- B. CPDI staff are expected to meet at least a 95% productivity rate each week.
- C. Failure to meet the required 95% production standard for two weeks out of a three week period will result in disciplinary action.
- D. Productivity will be calculated as follows:
 1. Collecting the total number of documents processed for the given week.
 2. Calculating the actual worked hours for the given week out of KRONOS.

3. The percent of time spent on prepping, scanning, QCing, validating and other duties as listed on the production sheet will be divided by the number of hours worked in that week to determine the true productivity amount.

VII. Prepper Quality Monitoring

- A. The Document Imaging Integrity Specialist, Manager or designee will be responsible for conducting weekly quality reviews for each individual Imaging staff.
- B. Results and any identified opportunities for improvements will be documented and shared with each individual staff member to assist in ongoing performance improvement.
- C. Prepping, QCing and validation accuracy is calculated based on periodic sample reviews done of each staff members work which may include any combination of the following:
 1. Focused reviews of batches identified by Managers, Team Leaders, or Quality Control Staff for review.
 2. Random sample audits.
- D. To perform a quality check on prepping, the Document Imaging Integrity Specialist or designee (referred to as auditor from here on) will:
 1. Randomly pull batches to audit from the Quality Control shelf.
 2. The auditor will QC the chart to make sure it is prepped correctly.
 3. The auditor will complete the Quality Spreadsheet for each prepper and for each record reviewed which will tabulate the accuracy rate of each chart.
 4. The following information will be audited (if applicable to the record being audited):
 - a. Document appropriate for batch class.
 - b. Correct ECP for Inpatient, Observation, and Ambulatory Surgery batches printed and scanned as the first page of batch.
 - c. Patient identification on each page and on the backside of pages where applicable.
 - d. Clear images.
 - e. Blank images deleted.
 5. The quality rate for each account will then be calculated by taking the number elements assigned correctly by the prepper over the number of elements assigned by the auditor.
 6. The overall quality rating for the given week will then be taken by adding up the total number of elements assigned correctly by the prepper divided by the total number of elements coded by the auditor.
- E. To perform a quality check on Quality Control the auditor will:
 1. Randomly select batches to validate from the Validation Queue in Ascent.
 2. The auditor will review the batch to make sure it is QC'd correctly.
 3. The auditor will complete the Quality Spreadsheet for each QCer and for each record reviewed which will tabulate the accuracy rate of each chart.
 4. The following information will be audited (if applicable to the record being audited):
 - a. Document appropriate for batch class.

- b. Patient identification on each page and on the backside of pages where applicable.
- c. Clear images.
- d. Blank images deleted.
- e. Documents grouped in correct books.
- f. No more than one patient per book.
- 5. The quality rate for each account will then be calculated by taking the number elements assigned correctly by the QCer over the number of elements assigned by the auditor.
- 6. The overall quality rating for the given week will then be taken by adding up the total number of elements assigned correctly by the preparer divided by the total number of elements coded by the auditor.
- F. To perform a quality check on Validation the auditor will:
 - 1. Randomly pull batches to audit from the completed batch shelf.
 - 2. The auditor will complete the Quality Spreadsheet for each Validation staff and for each record reviewed which will tabulate the accuracy rate of each chart.
 - 3. The following information will be audited (if applicable to the record being audited):
 - a. Correct patient in patient chart.
 - b. Documents located in correct folders in PowerChart.
 - 4. The quality rate for each account will then be calculated by taking the number elements assigned correctly by the Validation staff over the number of elements assigned by the auditor.
 - 5. The overall quality rating for the given week will then be taken by adding up the total number of elements assigned correctly by the preparer divided by the total number of elements coded by the auditor.
- G. Imaging staff will have 72 hours from the time they receive their quality audit to review the audit and appeal any outcomes.
- H. If the staff member wishes to appeal any of the selections they must document their case on the audit form in the comments section.
- I. The Document Imaging Integrity Specialist or designee will review the staff members' response. If a second review is requested, the Manager will review the account.
- J. The final code decision lies with the Manager.
- K. The staff member will be notified of the final decision.
- L. Failure to maintain a high level of quality on documents prepped, scanned, QC'd and validated will result in disciplinary actions up to and including separation of employment.

VIII. Production Requirements for New Hires

- A. New hire employees are expected to meet the standards outlined in this policy before the end of their 90-day probationary period.
- B. Employees who have a difficulty meeting the standards during their probationary period will receive coaching.

- C. Any new hire who fails to meet the required standard after 90 days may be subject to disciplinary actions up to and including separation from employment.

Responsibilities: It is the responsibility of all HIM Document Imaging staff to meet the required production standards outlined in this policy.

Definitions:

Productive Hours: Defined as regular hours plus overtime hours per KRONOS less approved non-productive hours.