

Benchmarking Project Harvests Ideas for Network

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It started as a simple benchmarking project. But when Patricia Rhodes, RRA, Carol Keller, MPA, and their team finished, the project had taken them across the country, opened up lines of communication with staff members at nine other facilities, and helped them improve their processes.

The project was conducted by staff members whose facilities were part of a Department of Veterans Affairs (VA) hospital network, The Central Plains Network of the VA, across Nebraska and Iowa. The team of HIM professionals, quality improvement specialists, and nurses was headed by Keller, performance improvement coordinator at the Omaha VA Medical Center, and Rhodes, chief of HIM at the VA Medical Center in Grand Island, NE.

The team took shape in 1996 when the VA sought ways to improve the network's time frames for medical record closeout. The first step for the team was to do its homework—examining processes at each network facility, studying external factors, and surveying the literature. When these steps were accomplished, they developed a data collection tool—in the form of a survey—that queried other facilities about practices related to closeouts.

After designing the survey and gathering the input of the VA HIM Advisory Council, the team sent the questionnaire to facilities across the country. "We got a 32 percent response rate," Rhodes notes. "When we had our initial data, we met again and telephoned some of the groups to follow up and clarify the information."

On the Road

Once the initial data was collected, the team sought some first-hand information. They selected nine of the facilities with the best closeout time frames (seven days for billing turnaround and 30 days for Joint Commission on Accreditation of Healthcare Organizations' standards) and arranged to make site visits. One facility was in Kansas; the other eight were in New York City. "We took a list of questions and took copious notes," Keller says. "People's willingness to share was impressive. They were willing to let us come visit and pick their brains."

Rhodes and Keller agree that the site visits were crucial to the project. "Getting information on paper or on the phone is only part of the story," Keller says. "You have to go and see what other people are doing. There may be some surprises, or you may notice things the people at the sites take for granted."

On their site tour, Rhodes and Keller observed a variety of practices that could contribute to a lower closeout rate. These included:

- record rooms staffed 24 hours daily
- elaborate tracking systems for health information records
- use of part-time employees during evening shifts
- outsourcing of some transcription and/or coding functions
- employee multiskilling to specialize in coding, utilization review, and/or performance improvement
- physician lounges and other customer service touches

"At some of the most successful facilities, the process was always moving," Keller says. "Many facilities had creative mechanisms to get physicians to complete documentation in a timely manner."

Lessons in Benchmarking

At the end of the project, the team members reported their findings back to the network. They enumerated the best practices they had observed and encouraged facilities to implement these new ideas as appropriate. As the network facilities put some of the practices into action, the VA tracked closeout rates. Now, Keller says, "Everyone is meeting the standard."

While the team met its immediate goal, its members have seen unanticipated benefits to the project. "The project helped us learn to adapt things that worked well, to make decisions, and to build empowerment relationships with key players," Rhodes says.

Most notable, Keller adds, are the networking opportunities that have opened up lines of communication among the network staff and the staff of the facilities they surveyed. "We have continued to have conference calls and talk about different projects," she says.

For HIM professionals who may be contemplating benchmarking projects of their own, the duo offers some specific advice. "Have a goal in mind," Keller says. "Figure out what you want to learn." But while it's important to be focused, horizons shouldn't be too narrow. "What you're looking for isn't always tangible," she says. "We looked at best practices that work and how we could use them. It is a more general process than identifying the one best way to do something."

Key to the project's success, Rhodes says, was the team's diversity. "There was a benefit to having an interdisciplinary team," she says. "Everyone had good ideas."

Ultimately, Keller says, it's helpful to remember to keep the big picture in mind. The success of the project is, in a way, its own reward. "Compliance with standards now exists," she says, "and we like to think that, in addition, the benchmarking project helped people get new ideas to reach their goals."

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