Developing Facility-specific Productivity Measures

Save to myBoK

by Rose Dunn, CPA, RHIA, FACHE

Coder productivity has become a popular topic among coders and HIM department managers and is frequently discussed on bulletin boards and listservs. Unfortunately, during the last few years, especially with the advent of APCs, it has become more difficult to establish productivity measures for coding professionals. Based on my experience as an HIM consultant, the major reasons for this appear to be:

- varying learning curves for the new rules associated with APCs
- additional compliance and billing-related duties assigned to HIM that fall on coding professionals' shoulders
- technology changes, especially in encoders
- the complexity of the patient record

Let's take a closer look at these impediments to implementing productivity programs:

Learning curves among coders can vary greatly. The departments that have outpatient coding specialists have found that their coders were able to grasp the changes quickly. In the past, we have seen that the newer, less experienced coders were placed on the outpatient coding team. However, with the extensive training opportunities that presented themselves with the introduction of APCs, these less experienced coders have blossomed.

On the other hand, HIM departments with an inpatient coding team may have seen resistance to learning a "new" coding schema as the DRG coding rules become more complex with every printing of *Coding Clinic*. This tells us that those HIM departments that have been training coding professionals in both inpatient and outpatient coding classification schemes will be in a better position in the long run. These managers can leverage this scarce resource-the coding professional who is multi-skilled and thus more valuable to the clinical team. At the same time, the coding professional gains broad experience.

Additional compliance and billing duties are unique to every institution. Some coding professionals still abstract the occurrence information for quality improvement or are responsible for preparing incident reports or risk management monitoring reports on medico-legal issues they read in the record. With APCs, some coders are now responsible for determining if all the charges have been entered and doing the final coding and verification of ancillary and supply services CPT and HCPCS codes. This is time-intensive and must be considered when developing a productivity measurement.

Technology changes affect productivity every day. The new APC groupers are not without glitches, and updates to the regulations complicate the situation. As software suppliers are debugging their products, they are also installing new programming codes to address HCFA's daily changes to APCs. Y2K caused many healthcare organizations to update or change their hospital-wide system. While most HIM departments have conquered this hurdle, each year brings updates to the operating system that affect the interfaces with specialty software such as encoders, abstracting systems, and record tracking systems.

Record complexity continues to grow. In the past, when coders had time to study new forms and when these forms could not be produced on someone's laptop, it was difficult to keep unwanted forms from cluttering the record. Now it's virtually impossible. Finding the documentation needed to accurately code records is like a scavenger hunt. Some of the documents are online, some print out in batches a day or so after discharge, some need to be listened to on dictation systems, some are completely imaged, and a few are still written on paper.

Common Productivity Standards

Many coders participate in one or more of the chat groups that address health information issues. The listserv banter has indicated ranges of 190-225 ER records per day, 65-80 ambulatory surgery records per day, 50-100 physician office records per day (E/M and procedures), and 25-30 inpatient records per day. However, we don't know the length of each coder's day: seven, eight, or 10 hours? Further, we often do not know whether these expectations include abstracting or other duties. In the physician's office, this volume will vary depending on the physician's specialty or whether it's a group practice. Finally, we don't know about the records-are they on paper, assembled, partially on paper and partially online, entirely online, incomplete, or complete with discharge summary?

Some organizations have tweaked the production requirements to allow for workload variation based on patient length of stay (LOS). This approach allows for the additional time it takes to read a longer patient record and seek those complications and comorbidities. Many facilities assign terminal digits to balance the workload among coding professionals, which eliminates the "slim chart" picking that could take place. Further, coding productivity should be based on an average number of "days stay" per day to account for the cumulative LOSs.

Here's how this approach works: using 3.5 as an average LOS and 27 inpatient records as an average production level per day, then the average days-stay/day would be 94.5 days. If a coder coded 15 discharges with an average LOS of 3.5 days each, 2 discharges with an average LOS of 11 days, and 13 discharges with an average LOS of 2 days/each, then the coder would have accumulated 100.5 days-stay or six more than the required average.

When considering this method of measuring productivity, HIM department managers need to keep a few things in mind: managers should evaluate the extra effort it takes for the coder to capture LOSs and their own time calculating the accumulated LOS. Further, managers should take into account who is responsible for abstracting, capturing performance improvement data elements, and other compliance-related activities. In some smaller organizations, it may be more efficient for the coder to do the analysis as well.

From Plans to Action

The steps that I recommend to create productivity measures can be applied to any process improvement assessment. They are:

1. **Understand the process**. Determine what steps are involved, where information comes from, and identify any of the hurdles to complete the coding process. Then capture the number of records and types of records coded by each coder during a two-week period at the minimum. Avoid weeks around holidays.

2. **Analyze the time** it takes to accomplish each task and assess down time; that is, time that is nonproductive, regardless of reason. Several methods can be used to assess productive and nonproductive time, but I prefer the observation approach. Here's how it works: during any two-week period (avoiding holiday periods), periodically observe whether each coder is working or not. Be careful in your assessment of non-productive time: a coder may be away from his or her desk looking for a report and therefore still working. Add up all observations. What percentage of the total observations were non-productive time? It shouldn't be more than 8-10 percent. If it is, you can assume that productivity can be increased. It may require assigning duties to others or working with the IS department to ensure the computers are in good working order. Further, if you track the observations by coder, you will be able to establish productive/non-productive time for each coder. This may allow you to identify additional training or other actions for a given coder who may have low productive time.

3. **Prepare your recommendations**. These will include eliminating redundant steps or simplifying any processes. Eliminate cross work, when one coder is responsible for certain parts of a job and must pass the record to another coder to complete the next step before returning it or passing it on. By combining the tasks and making one coder responsible for the record, time will be saved.

4. **Review recommendations with the coding team**. Ask for any changes or suggestions that will make their lives easier and allow them to produce more. Remember, they may know the process better than you.

5. **Assign times**, either by chart type, an average chart, LOS, or any other basis that works for your organization.

7. **Obtain your coding team's agreement** and your administrator's and human resources' endorsements.

8. **Start the program and monitor it**. Report the results, over and over again. The results should be publicized so the department and the facility are aware of the team's improvement and to ensure the team receives the recognition it deserves.

Reality Check

Regardless of the measure developed, the bottom line is that good coding professionals are hard to come by. If a measure is developed, the coder who consistently exceeds the quality and quantity measurement should be rewarded accordingly. We often propose coding incentive plans. This is a win-win approach to rewarding the coding professional and reducing the outsourcing and accounts receivable delay costs for the organization.

It can be helpful to benchmark other facilities' productivity measures, but don't immediately adopt them. As we have seen from the discussion above, many factors can affect productivity. Keeping in mind the idiosyncrasies of your organization is key to preparing a fair yet attainable productivity level.

Share Your Thoughts on Coding Productivity

With AHIMA's assistance, First Class Solutions will be conducting a survey to determine what is expected in terms of quantity and quality for coding professionals. We will structure the survey so that some of the uncertainties we discussed in this article are addressed. Our intent is to obtain averages for coding environments with different attributes. Once the data is compiled we will summarize the results for you in the *Journal*. So, if you receive the survey, please respond.

Rose Dunn *is vice president at First Class Solutions in St. Louis, MO. She is the author of Finance Principles for the Health Information Manager, published by AHIMA in 1999, a member of the Journal of AHIMA Editorial Advisory Board, and past president of AHIMA. Her e-mail address is rose@firstclass solutions.com.*

Article citation:
Dunn, Rose. "Developing Facility-specific Productivity Measures." *Journal of AHIMA* 72, no.4 (2001): 73-74.
