Turning Production Data into Management Tools

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by Rose T. Dunn, RHIA, CPA, FHFMA

Staring down another backlog in your HIM department? Use routine data collection activities to strengthen your case for additional staff, increased budget dollars, or an incentive program.

Daily challenges in an HIM department include increasing workloads and accumulating backlogs without additional resources to manage them. Can you justify additional staff while at the same time ensuring existing staff is performing at acceptable levels? In this article, we'll explore benchmarking options and identify key workload factors to facilitate routine data collection. The information gleaned can be a powerful tool.

What Can You Measure?

Common to most HIM departments are key workload factors, including:

- minutes/lines of dictation
- inches of loose materials
- requests for release of information
- discharges
- unbilled cases (discharged but not billed)
- incomplete/delinquent records
- duplicate record numbers

The object of tracking these factors on a daily or weekly basis is to determine if there is growth or decline in activity. To do so means that we must track at least three numbers:

- the daily/weekly incoming volume
- the daily/weekly outgoing volume
- the current "undone" volume (the backlog)

Because the growth of workload is gradual, it may not be immediately noticeable. However, failing to track workload contributors could result in creeping backlogs that can suddenly accumulate into unmanageable situations. Maintaining workload statistics and comparing the data weekly or monthly provides management crucial information.

In "Case Study: The Loose Filing Explosion," (below), we examine an HIM department in which loose filing has reached an epidemic level. We need to determine who or what is really causing loose materials. To get to the root of this problem, we must track the above three indicators as well as the sources of the incoming work. This tracking can be accomplished through sampling two days each month. Our goal is to have data that is credible and depicts a trend. Because most HIM departments report to finance or, at minimum, must prepare a justification that is fiscally prudent for additional staffing, we must have hard data that illustrates the factors that affect the HIM department.

How to Establish Benchmarks

If your organization is part of a healthcare system, speaking with your peers at the other facilities is an ideal way to find out best practices and lessons learned. Other sources of valuable benchmark information include:

- The *Journal of AHIMA* (see the April, July, and October 2001 issues for articles on productivity)
- Other HIM newsletters publish success stories by practicing peers

- Various listservs offer a forum to post questions and receive responses from peers who often will speak with you offline and give you full details, policies, and procedures
- AHIMA's Communities of Practice (www.ahima.org) enable you to query your peers for production standards and best practices

The information you gather from these sources can serve as the basis for developing your own production standards. Consider the following steps when constructing performance benchmarks:

1. Study the process. You may actually need to perform the process to determine appropriate standards. At every step of the process, ask yourself: why are we doing this? Is there another way? Is there anything we don't need to do anymore? What can we do to eliminate this step? Can we change this process to improve accuracy or quality?

2. Calculate the time it takes to do the process. How many pieces/units did you accomplish during a specific period of time? What is the average length of time needed to accomplish a piece/unit? Did the time include breaks?

3. Determine the "working" minutes that apply to the standard. There are 480 minutes in eight hours of work. However, when establishing a standard of productivity, determine ahead of time whether break time will be spread over the standard or not. For example, a file clerk filed loose materials for two hours and filed 1.5 inches during that time. If the clerk didn't take a 15-minute break but chatted across the aisles to someone else or stopped and took a drink of water, then the average production is 0.75 inches per hour or 60 "working" minutes.

If this is consistent with your filing method and what you have learned of your peers' expectations, then you may wish to adopt this as your standard or adjust it accordingly. Ensuring a fair standard is imperative. However, if an employee performed analysis all day and took lunch and two breaks, then the standard would be calculated differently. For this example, let's assume that the employee analyzed 55 records. She started at 8:30 and filed her last chart at 5:00 on her way to the time clock. She had 450 working minutes during this day (eight and a half hours minus 30 minutes for the two breaks and 30 minutes for lunch). The production standard will be eight "working" minutes per chart analyzed or 8.7 "total" minutes per chart analyzed. Once again, you should assess this production standard based on your knowledge of the job and what others have established as expectations. (If another manager says he expects 95 charts analyzed per day and you think that 55-60 is realistic, you will need to determine if he uses a different method of analysis or perhaps his staff is working 10-hour days.)

4. Keep the standard current. Continuous monitoring of processes, streamlining steps, and eliminating outdated efforts is required. An annual review of the processes will help keep the standards up to date.

Exploring an Incentive Program

There can be a direct correlation between productivity and incentives. Employees appreciate being recognized for their efforts, though managers should use caution to ensure quantity does not affect quality. The incentive plan must equally incorporate quality, quantity, and recognition for the employee.

Incentives can be monetary or non-monetary. Simple rewards such as certificates and candy bars are appreciated by employees and usually supported by human resources. Monetary rewards may need to involve human resources, finance, and possibly other administrative representatives.

Monetary rewards are often factors of direct salary cost. For example, if the average hourly rate for chart analysis is $9, an incentive program could reward each analyst with an extra hour of pay ($9) as a bonus if all analysts produce an average of 60 records per day for the entire pay period. Or the incentive could be based on the unit. If the department expectation for each analyst is 60 records per day, each record will be analyzed in approximately eight minutes. For each record over 600 records in a 10-day pay period, $0.60 will be paid. In this example, the average "value" of an additional record is $1.20 ($9 per 60 minutes X eight minutes per record). A common approach is to share the "value" or savings to the organization with the employee. This example provides for 50/50 sharing: $0.60 for the employee and $0.60 for the organization.

Ways to Monitor Productivity

There are numerous ways to monitor production. Some are as simple as observing the shelves. The most traditional approach is asking staff to turn in daily or weekly production reports. This approach requires the manager to tally the data.

Alternatively, you may wish to assess your current information system. There may be a management reporting module that will give you productivity statistics by employee ID. Use caution when relying on this data, though, especially if your staff performs a variety of duties throughout the day. For example, if the analyst also helps answer the phone and pull charts, every access to the information may not be related to chart analysis.

Another approach is asking staff to report backlogs. In chart analysis, if you know the number of discharges for the week and there is currently a backlog of 25, you can calculate the approximate number that was analyzed.

Common industrial engineering techniques include:

- **Time sampling through observation:** Involves a series of management observations made by making rounds throughout the work area and tallying observations of individuals working and idle. This method is often used to predict the percentage of paid "work" time and paid "down" or idle time
- **Time studies:** Involves a series of management observations of a well-trained person performing his tasks at a normal pace. It requires the timing of each step or all steps to complete a "unit"
- **Time ladders:** Uses a form preprinted with incremental times of the day (e.g., 8-8:15 a.m., 8:16-8:30 a.m., etc.). The employee records what he was doing during the various increments
- **Production reports:** A self-reporting technique that reflects what was accomplished during a work day

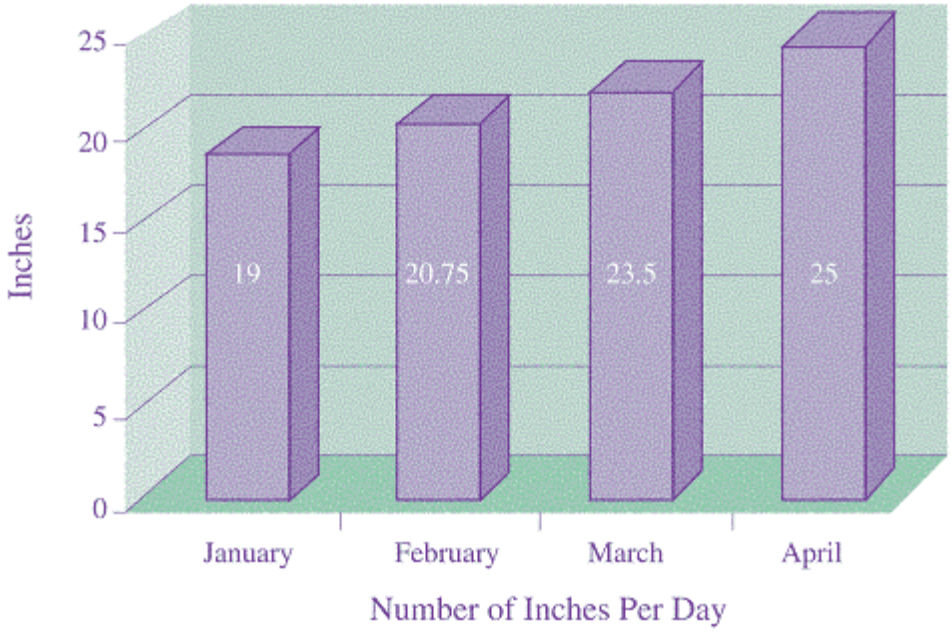
Each of these techniques provides management with different information to use to compare performance between staff, identify opportunities to alter assignments to individual staff members, and establish production expectations.

Routinely capturing data allows a manager to quickly identify negative trends. In the example of the loose sheet explosion, without routine monitoring, the manager can be caught off guard and without valid historical data to support her case. Waiting another two or three months to collect supporting documentation and data would have been disastrous, given the growth rate of loose materials and the current backlog. Productivity data may spotlight an employee with a health problem or possibly a decrease in work volume. Such data can also reveal when standards of productivity require adjustment to ensure validity and fairness. It also identifies those employees who need to be commended for their continued contribution to the department's success.

Case Study: The Loose Filing Explosion

In my facility, loose filing has grown by 31 percent in four months (from 19 inches to 25 inches per day). We currently have a backlog of 24 feet of unfiled materials.

Loose Filing Per Month



Unless there is concomitant growth in patient volumes, a 31 percent increase in the amount of loose materials over four months is not acceptable. It means that documentation is not reaching the record prior to patient discharge. Without this documentation in the record, possible outcomes include:

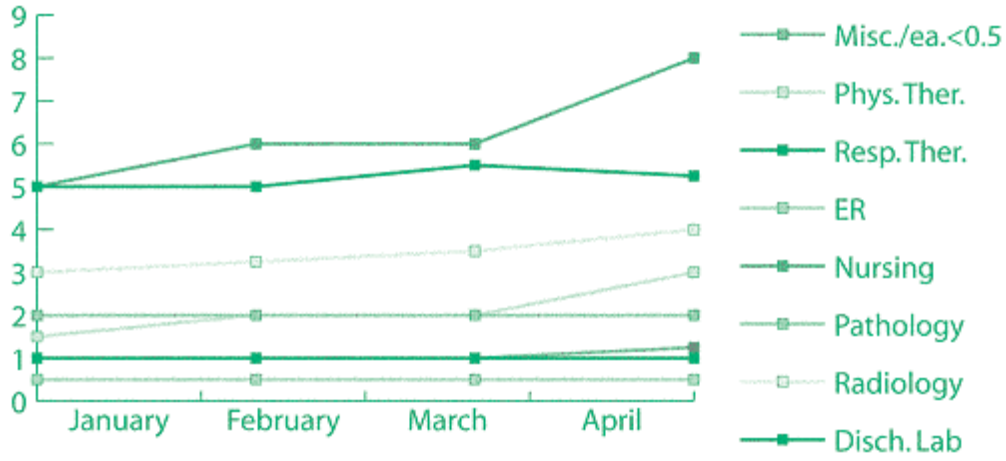
- physicians ordering duplicate tests, resulting in extra and unnecessary use of resources
- length of stay increases due to lack of information for the physician to make decisions
- medical misadventures

There is no question that the risk management, utilization review, and finance departments and the medical staff will find and of interest.

The next step is to show the sources of the 31 percent growth in loose materials by tracking the daily/weekly incoming and outgoing volume and the current backlog by sampling two days per month.

After charting the data, it's clear that nursing, radiology, and physical therapy are behind the increase in loose materials. Now that we have data on the volume in a format that is easy to understand, we must build our case.

Loose Filing By Department



Begin by briefly discussing the history of the problem and how it affects both the HIM department and the facility as a whole:

We have identified a steady increase in the number of patient care documents that we are receiving after discharge that should be part of the chart prior to discharge. There has been a 31 percent increase since January. We are concerned that this could cause significant liability to our facility because the documentation may not have been readily available at the time the physician made clinical decisions. Further, we do not have enough staff to facilitate timely filing of this increased amount of documentation, which further hinders the physician in completing his/her records.

Our current backlog of 24 feet of unfiled patient care documents is unacceptable. It is affecting other areas as well, including the bill auditors who are unable to find some of the documentation required to support our claims and our release of information activities because we cannot attest to having a complete record.

Next, explain what measures have been taken to adapt to the increase thus far:

In an attempt to accommodate the increasing volume, we have met with the three major sources of the documentation. Their responses are noted below:

Nursing: *We are too busy with patient care issues and already short-staffed.*

Radiology: *We gave up our charter position when the reports were available online. Now all reports print out at discharge and we send them to HIM.*

Physical Therapy: *We find it easier to keep everything until discharge and then send it to HIM.*

I spoke to two other facility HIM directors in our healthcare system. They, too, have experienced similar growth in nursing and radiology documentation. Both have altered their loose material filing method to "drop filing." This is the most efficient approach to filing loose materials because it eliminates the time spent trying to find the record. Instead, the materials are "dropped" in pocket outguides in the permanent file area where the chart will eventually

be filed. Both HIM directors are experiencing productivity of 0.75-1 inch of documents per hour.

I spoke with our risk manager regarding the radiology reports. I asked if we could wait until the reports were needed to print them out because they were available on-line. She does not endorse this recommendation and believes all documents must be in the paper record until we decide to have a complete electronic record.

We also evaluated our current positions. As you know, we recently discontinued chart assembly and reassigned this person to the coding area. This change has resulted in increased productivity by the coders and a decrease of $1.25 million in our average daily unbilled amount. We reassigned the receptionist, whose duties were absorbed by the contract release of information firm. The receptionist is now working in ER to make sure we receive all ER records daily. As you can see, the ER loose materials have had no significant change even with their 7 percent growth since the first of the year.

The only remaining staff to tap is in the incomplete chart area. However, I do not recommend changing the staffing there since the physicians are finally satisfied with the staff we have in that area and the number of delinquents are within the Joint Commission's expectations. Finally, the coding manager and I have been filing loose documents every Saturday morning since February to help hold the backlog down, but it's wearing us out and I can't continue to impose on the coding manager just because she's salaried.

Finally, propose a solution:

Our current backlog of unfiled loose materials is 24 feet. We already use the drop filing method. Our productivity has consistently been one inch of documents per hour. We currently have two FTEs. I recommend the following:

- *Hire one additional regular FTE and, for eight weeks, one temporary FTE*
- *Assign the temporary FTE to filing the backlog*
- *Continue to monitor the incoming loose materials and report the information at the performance improvement council and to the risk manager*

References

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