Improving the "Thinning" of Medical Records at University of Texas M. D. Anderson Cancer Center

Submitted by Duke K. Rohe

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About University of Texas M. D. Anderson Cancer Center

- Inpatient facility with 510 operating beds.

- 167,500 patient days per year.

- 965,000 outpatient visits per year.

- Mission: Eliminate cancer.

- Project initiated by Health Information Management (HIM) Department, formerly called Medical Records Department.

The Project Team

- Manager, HIM Operations—Project Lead
- Associate Director, Clinical Nursing
- Assistant Nurse Manager, Clinical Nursing
- Scan Team Operations Manager
- Prep/Scan Team Leader
- Prep/Scan Team, HIM Associate
- Prep/Scan Team, HIM
- Customer Care Team Leader
- Quality Assurance Operations Manager
- Clinical Data Manager, Clinical Coding
- Document Management Supervisor
- Document Management Team Leader
- Education Director
- Assistant Director, Data Quality
- Assistant Director, Document Imaging
- Operations Manager, Clinical Coding
- Associate Supervisor, Quality Control

The Problem

- Locating patient chart information was time consuming and difficult for clinicians.
- Charts were thinned daily.
    - The thinned portions were stored on the inpatient unit in storage areas, shelving, cabinets, etc., until the patient was discharged.
    - To find these "thinned" documents, clinicians had to search through all the stored documents from the patient's hospital stay to find specific information.
- Also, at time of discharge, when patient information is needed by a variety of sources, there was a delay getting all records in the chart scanned and complete for clinicians to review.
    - This delay affected human capital, timeliness of decisions, and the quality of the electronically completed medical record.

Project Goals

1. Reduce the number of charts that are incomplete at the time of patient discharge (baseline 34 percent, target 20 percent).

2. Reduce the time spent searching for "thinned" documents by making them available online within 24 hours.

3. Improve the timeliness of decision making based on access and availability of scanned documents.

Root Cause Analysis

- The thinning procedure took place daily in Nursing, but the thinned portions of the chart had to be stored on the inpatient units. HIM did not retrieve the thinned portions until discharge if the thinned portion was needed for continuum of patient care.

- As the paper medical record was transferred between departments with the patient, the chance of loose documents getting separated from the chart increased.

- The scanned sheets only contained patient demographic and form type information or two barcodes.

- The discharge date was assigned once the medical record was processed by HIM. All documents for the entire inpatient stay were given the date of discharge, making it very difficult to find patient records by date of service.

Root Cause Analysis
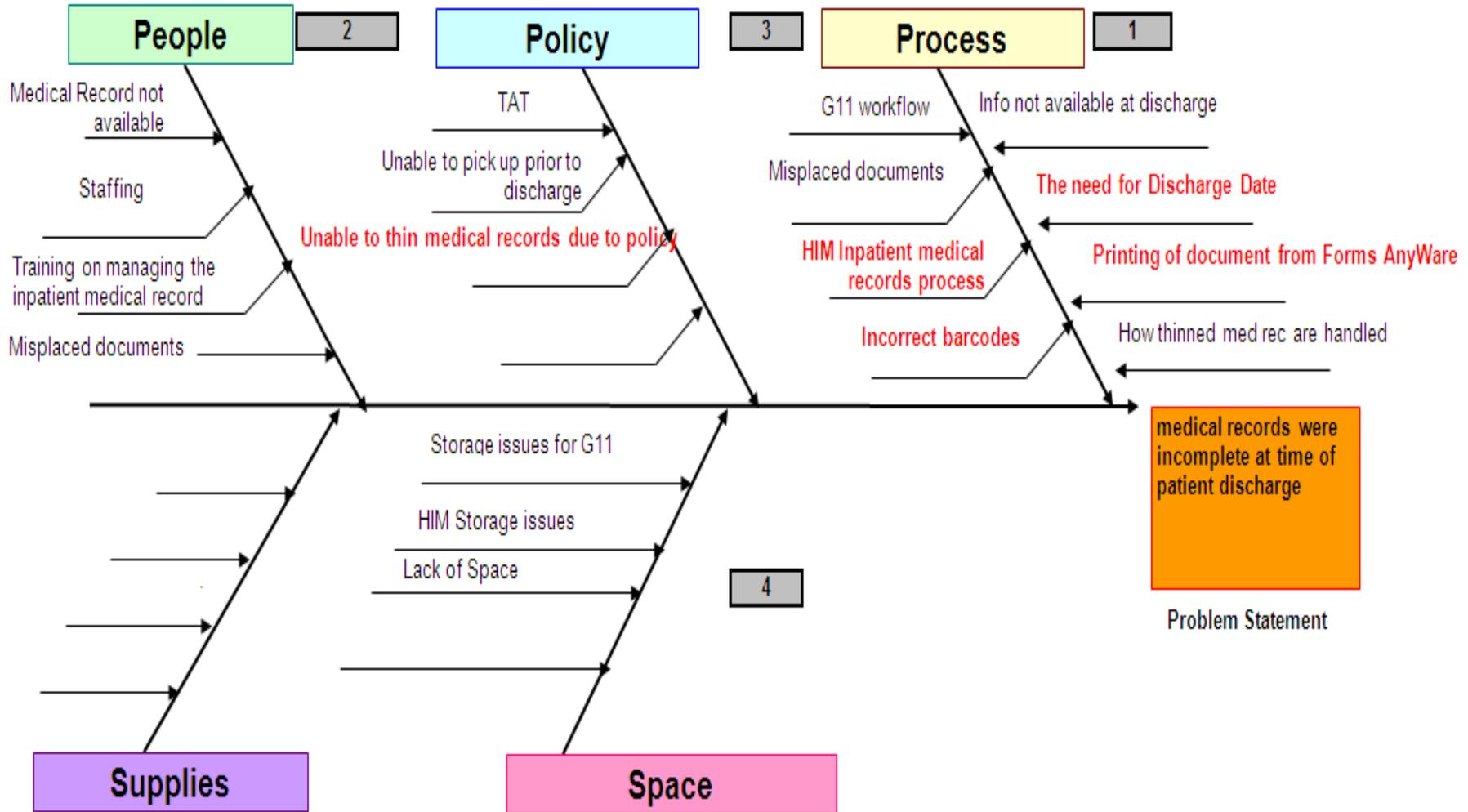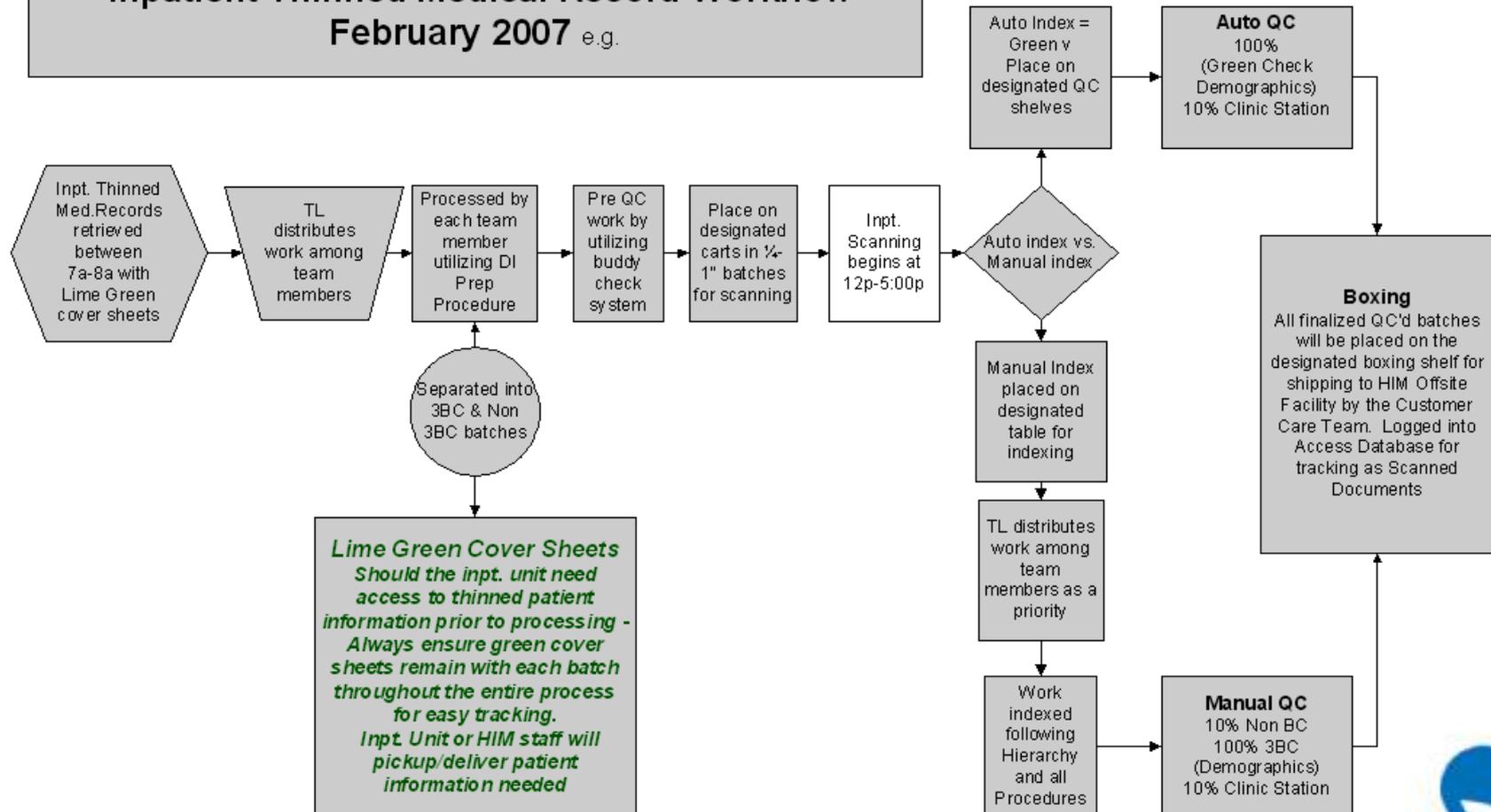
Addressing Root Causes

- HIM and Nursing created a "thinning" policy, including unit-specific thinning templates.

- A date-of-service barcode was placed on the forms that were scanned. This form was printed out using a web-based application called "Forms Anywhere." This allowed those searching the scanned documents to narrow the search to a single day of documents. HIM no longer had to wait for a date of discharge. Adding the third barcode allowed HIM to post all documents to the date of service.

- HIM and Nursing created a new daily workflow to accommodate the daily scanning process, which now included thinned portions of the medical record.

- The process was piloted on the Stem Cell Inpatient Unit (G11).

Addressing Root Causes cont'd.

HIM Document Imaging
Inpatient Thinned Medical Record Workflow
February 2007 e.g.

Inpt. Thinned Med.Records retrieved between 7a-8a with Lime Green cover sheets

TL distributes work among team members

Processed by each team member utilizing DI Prep Procedure

Pre QC work by utilizing buddy check system

Place on designated carts in ¼-1" batches for scanning

Inpt. Scanning begins at 12p-5:00p

Auto index vs. Manual index

Separated into 3BC & Non 3BC batches

Lime Green Cover Sheets
Should the inpt. unit need access to thinned patient information prior to processing - Always ensure green cover sheets remain with each batch throughout the entire process for easy tracking.
Inpt. Unit or HIM staff will pickup/deliver patient information needed

Auto Index = Green v Place on designated QC shelves

Auto QC
100% (Green Check Demographics) 10% Clinic Station

Manual Index placed on designated table for indexing

TL distributes work among team members as a priority

Work indexed following Hierarchy and all Procedures

Manual QC
10% Non BC 100% 3BC (Demographics) 10% Clinic Station

Boxing
All finalized QC'd batches will be placed on the designated boxing shelf for shipping to HIM Offsite Facility by the Customer Care Team. Logged into Access Database for tracking as Scanned Documents

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Return on Investment

The incomplete inpatient medical records at the Stem Cell Inpatient Unit decreased from 34 percent (April 2006–February 2007) to 12 percent (March–July 2007).

**Incomplete Medical Records at Discharge
Stem Cell Transplant Unit**
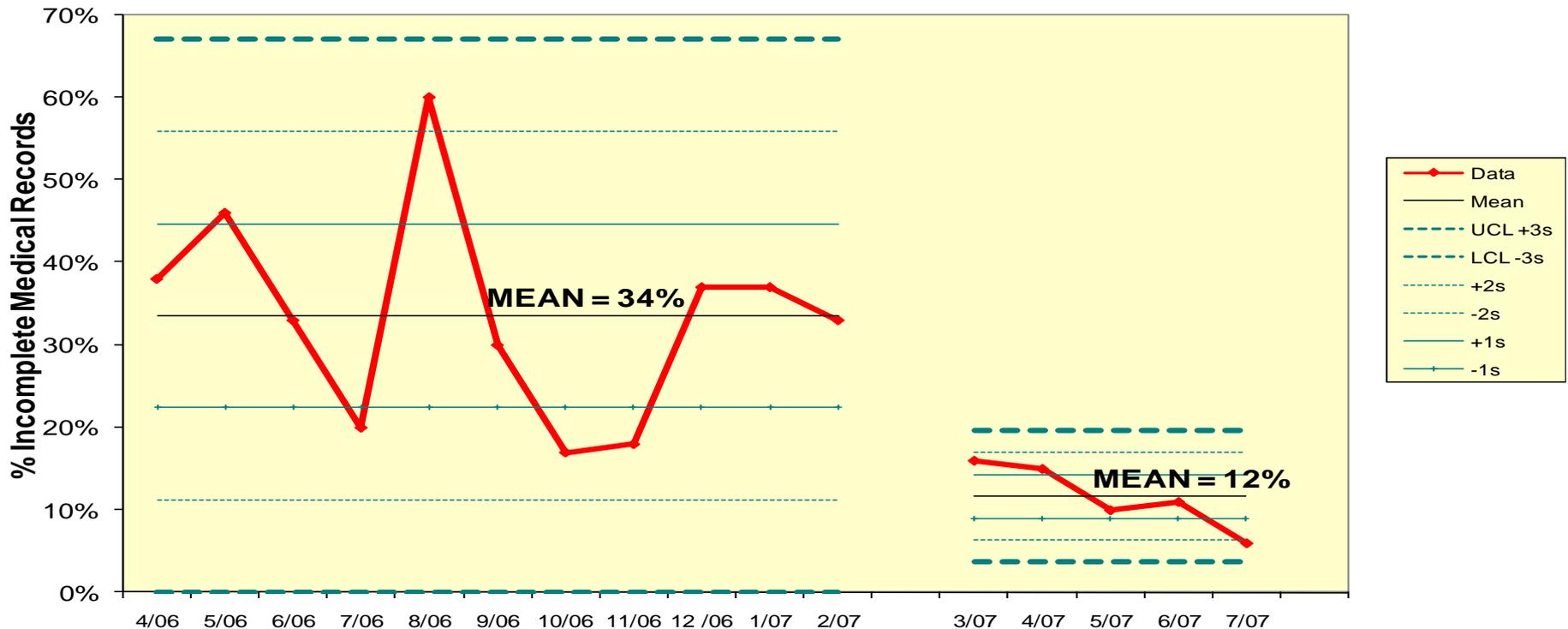
Return on Investment cont'd.

- The Stem Cell Inpatient Unit gained 48 linear feet that is now being used to store reference and educational material for patient care instead of patient records.

- The time spent processing thinned charts on the Stem Cell Inpatient Unit has decreased from a range of two to three hours to a range of twenty to thirty minutes daily. Inpatient documents are easier to manage.

- The volume of documentation in the paper charts kept on the unit has decreased (everything else is electronically scanned). The amount of time that paper charts are kept on the unit has decreased from five to three days. This allows for more portability of patient information to all users.

- All inpatient units are now following the same document management procedure.

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Monitoring and Evaluating Over Time

- HIM checks "red flags" monthly for late turnaround of scanned documents and works closely with the nursing unit to keep them to a minimum.

- This is a collateral indicator that correlates well with the incomplete charts at discharge.

For More Information

- Learn more about University of Texas M. D. Anderson Cancer Center: www.mdanderson.org.

- More case study presentations are available from the ASQ Healthcare Division: www.asq.org/health/quality-information/library.

- Read healthcare case study articles from ASQ: www.asq.org/healthcare-use/why-quality/case-studies.html.

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