Improving Quality Measures Through Data Abstraction

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Agenda

➢ Introduction

➢ Background

➢ Overview of project and workflow

➢ Lessons Learned / Next Steps

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Introduction

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Background

Background

Introduction

Introduction – Collecting the data?

➢ Medical Record Abstraction is the primary mode of data collection.

➢ Data is used in clinical research, quality improvement, performance measurement, and disease surveillance.

➢ Today data collection can be a key component for reimbursement and other quality initiatives

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Problem Statement

> Due to a lack of standardized processes for handling and incorporating external test results into our EMR, an opportunity existed to improve and provide reliable, timely review and interpretation by providers as well as updating of key quality reporting data.
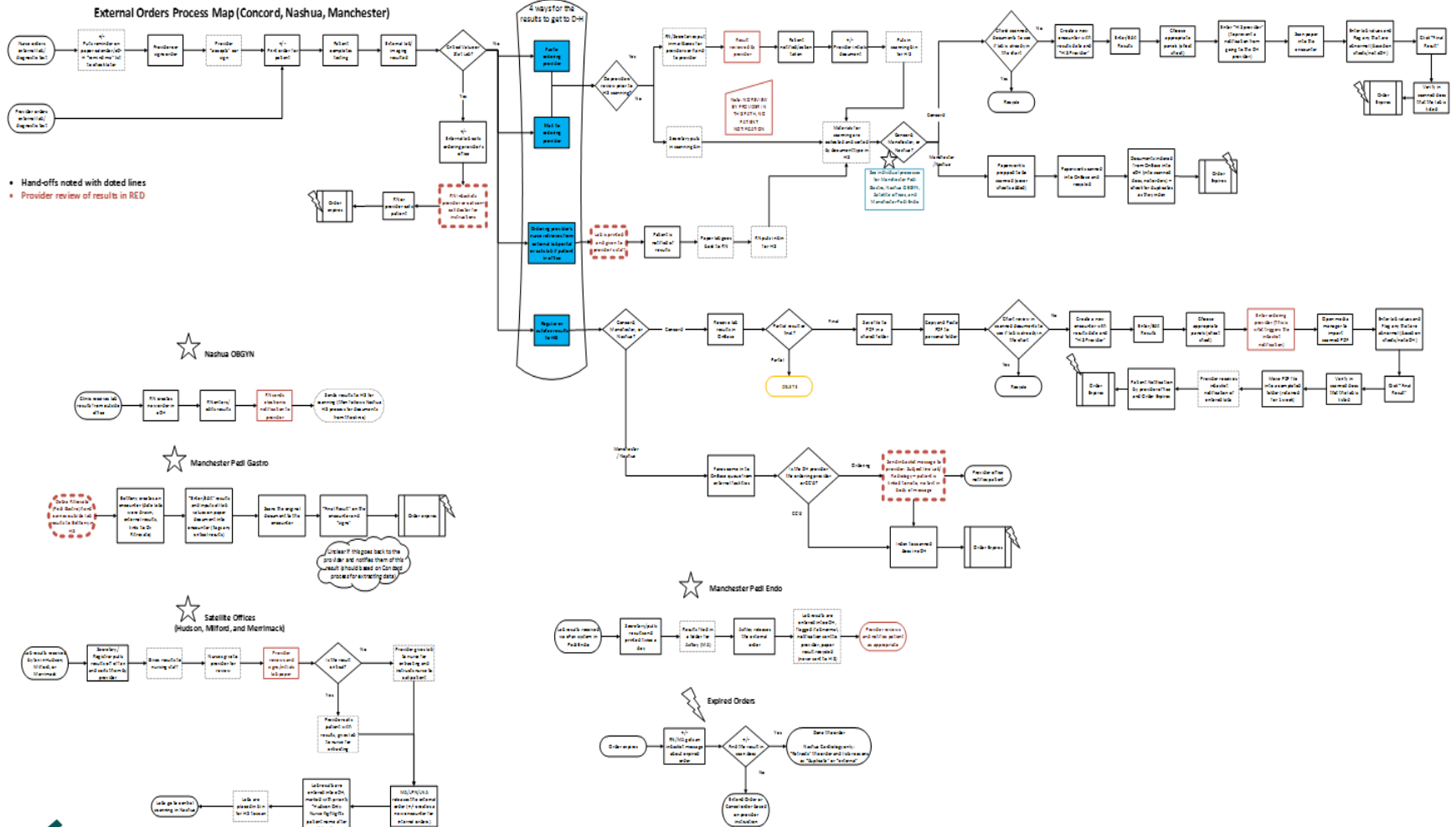
Overview of the program

- ➢ Reduce risk of patient harm
- ➢ Create a process that would facilitate *timely* provider review of *every* result
- ➢ Easier view and capturing of results
- ➢ Accurate order status
- ➢ Effectively track expired orders
- ➢ Improve efficiency in the patient portal for notification of external results

Background – Rational for Program

➤ External labs / testing ordered by D-H providers completed at non D-H facilities

➤ Scope: all outpatient ambulatory clinics whose results arrive from non D-H facilities

➤ Out of Scope: Main Hospital or inpatient, results completed at D-H labs, labs included in discharge summaries/transfer paperwork

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Background – Rational for Program

Overview of the Project

Clinical Vs. Nonclinical; Centralized vs. Local (in department)

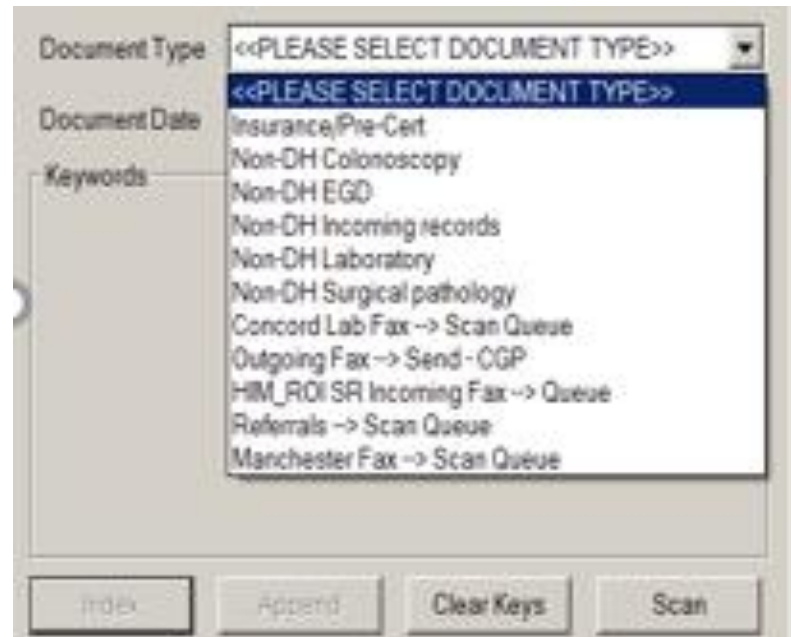| Clinical/Central	Non-Clinical/Central
Less training systems/med Less failure modes – shorter turnaround time Consistency and reliability QA easier	Alignment of skills and titles – top of license Single function = fewer errors Bigger pool of resources Less equipment necessary Not distracted by patients Theoretically costs less than clinical staff Doesn't take away from billable time Job satisfaction Easier to standardize – information dissemination QA easier Know it can work Less failure modes – shorter turnaround time Consistency and reliability
Clinical/Local	**Non-Clinical/Local**
Knowledge of individual providers preference Knowledge of patients Less training systems/med Faxes go directly to the department (no forwarding necessary)	Faxes go directly to the department (no forwarding necessary)

Overview of the Project

➢ Centralized to HIM

➢ HIM is now the "front door" for incoming documents.

➢ HIM manages the flow of where documents go and provider/staff notification

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Overview of the Project

eDH - Faxes Manchester Bariatric Surg
eDH - Faxes Manchester Breast Health
eDH - Faxes Manchester Cardio
eDH - Faxes Manchester Dermatology
eDH - Faxes Manchester Endocrinology
eDH - Faxes Manchester FP
eDH - Faxes Manchester Gastroenterology
eDH - Faxes Manchester Gen Surg
eDH - Faxes Manchester GIM
eDH - Faxes Manchester MOHS
eDH - Faxes Manchester Pedi A+C
eDH - Faxes Manchester Pedi B

Document Type <<PLEASE SELECT DOCUMENT TYPE>>
<<PLEASE SELECT DOCUMENT TYPE>>
Document Date Insurance/Pre-Cert
Non-DH Colonoscopy
Keywords   Non-DH EGD
Non-DH Incoming records
Non-DH Laboratory
Non-DH Surgical pathology
Concord Lab Fax --> Scan Queue
Outgoing Fax --> Send - CGP
HIM_ROI SR Incoming Fax --> Queue
Referrals --> Scan Queue
Manchester Fax --> Scan Queue

Index   Append   Clear Keys   Scan

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Overview of the project

Overview of the project

Population of the Health Maintenance Module

Overview of the Project

Clinical Staff in Gastroenterology

	10
Insurance/Pre-Cert	3
Non-DH Incoming records	3
Non-DH Laboratory	3
Non-DH Surgical pathology	1
	2
Non-DH Colonoscopy	1
Non-DH Laboratory	1

HIM Data Abstractor

Non-DH Colonoscopy	86

		1-Jul	August	September	October	November	December
Data Abstraction							
Concord	Volume	2411	1690	1590	2173	1796	1382
	Hours	180.8	126.8	119.3	163.0	134.7	103.65

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Overview of the Project

External Lab Resulting Process
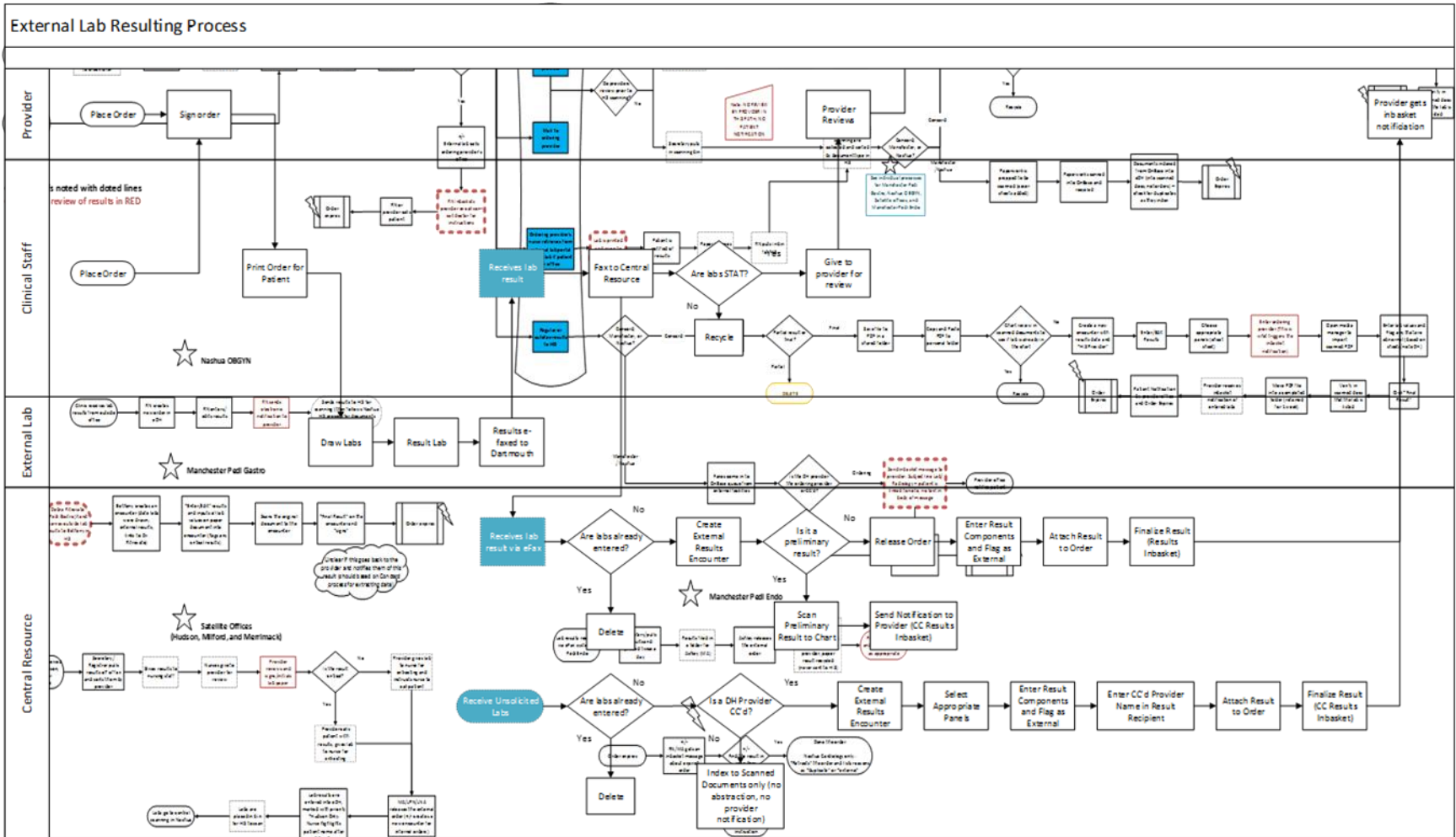
Benefits of External Result Abstraction

Lessons Learned - Success

Median time to abstract was 5 minutes

Active Abstraction Time (in minutes)

Normal Distribution
Mean = 7.495
Std Dev = 8.3534
KS Test p-value = .0000

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Lessons Learned – Success Quality

Quality Assurance Audit
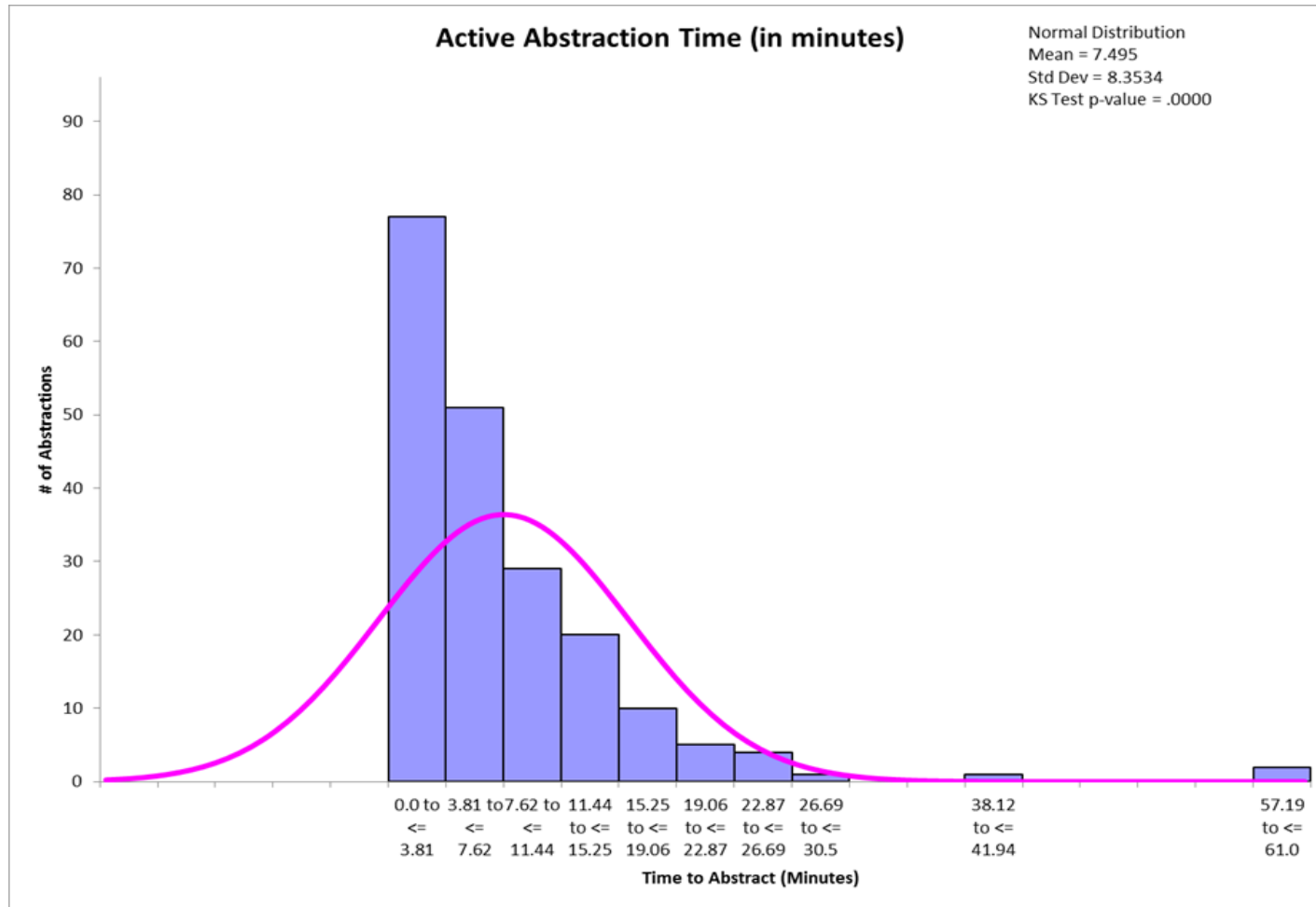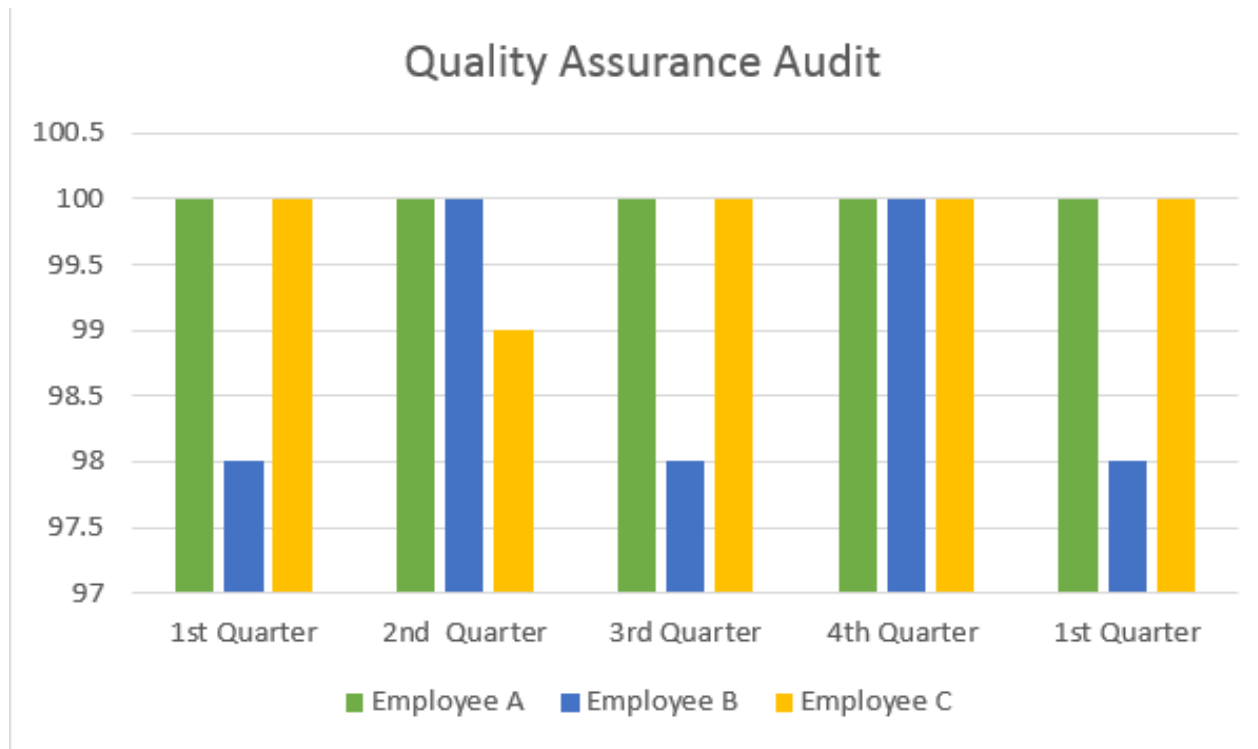
DATE: May-June- July '18	CORRECT PATIENT CHART	CORRECT ORDER	CORRECT DATE	CORRECT PANEL	CORRECT VALUES	CORRECT FLAGS	NOTIFICA TION	DOC ATTACH	ACTUAL TOTAL	POSSIBLE TOTAL	PERCENTAGE	COMMENT
Empolyee A	5	5	5	5	5	5	5	5	40	40	100%	
Employee B	5	5	5	5	4	5	5	5	39	40	98%	Correction of EGFR AA from 11 to 111
Employee C	5	5	5	5	5	5	5	5	40	40	100%	

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Lessons Learned – Success

➢ Reduction in duplication of Services

➢ Community Partners with access

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Lessons Learned - Success

Quality scores improving

Lessons Learned - Success

EXTERNAL RESULTS, MAMMOGRAMS

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Nashua	5	7	5	4	5	4	6	6	7	10	15	14
Manchester	6	7	6	7	10	14	8	48	30	49	57	55
Lebanon	18	22	18	30	17	24	27	25	25	40	35	23
Concord	120	126	119	122	133	131	157	170	130	162	125	127
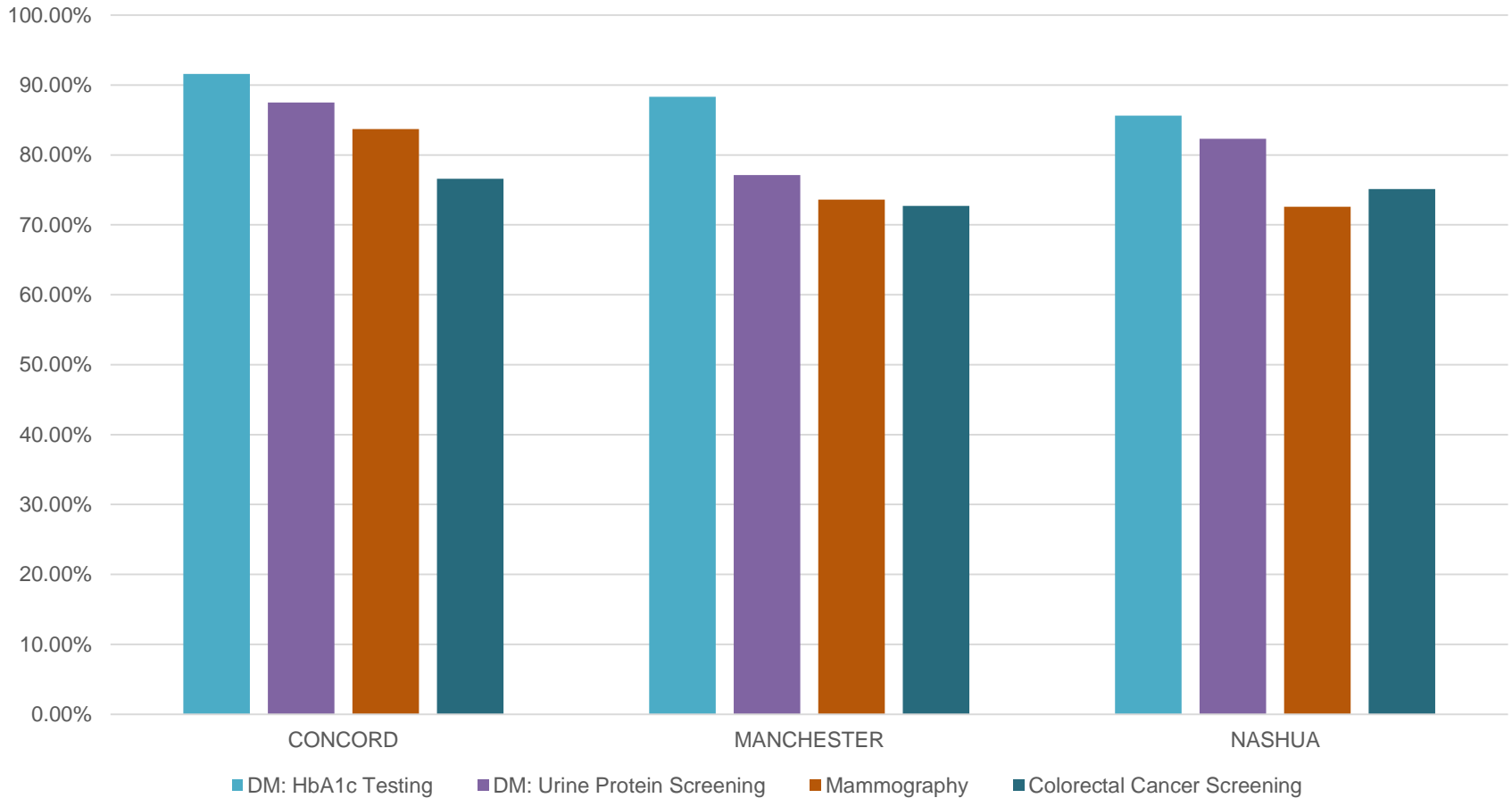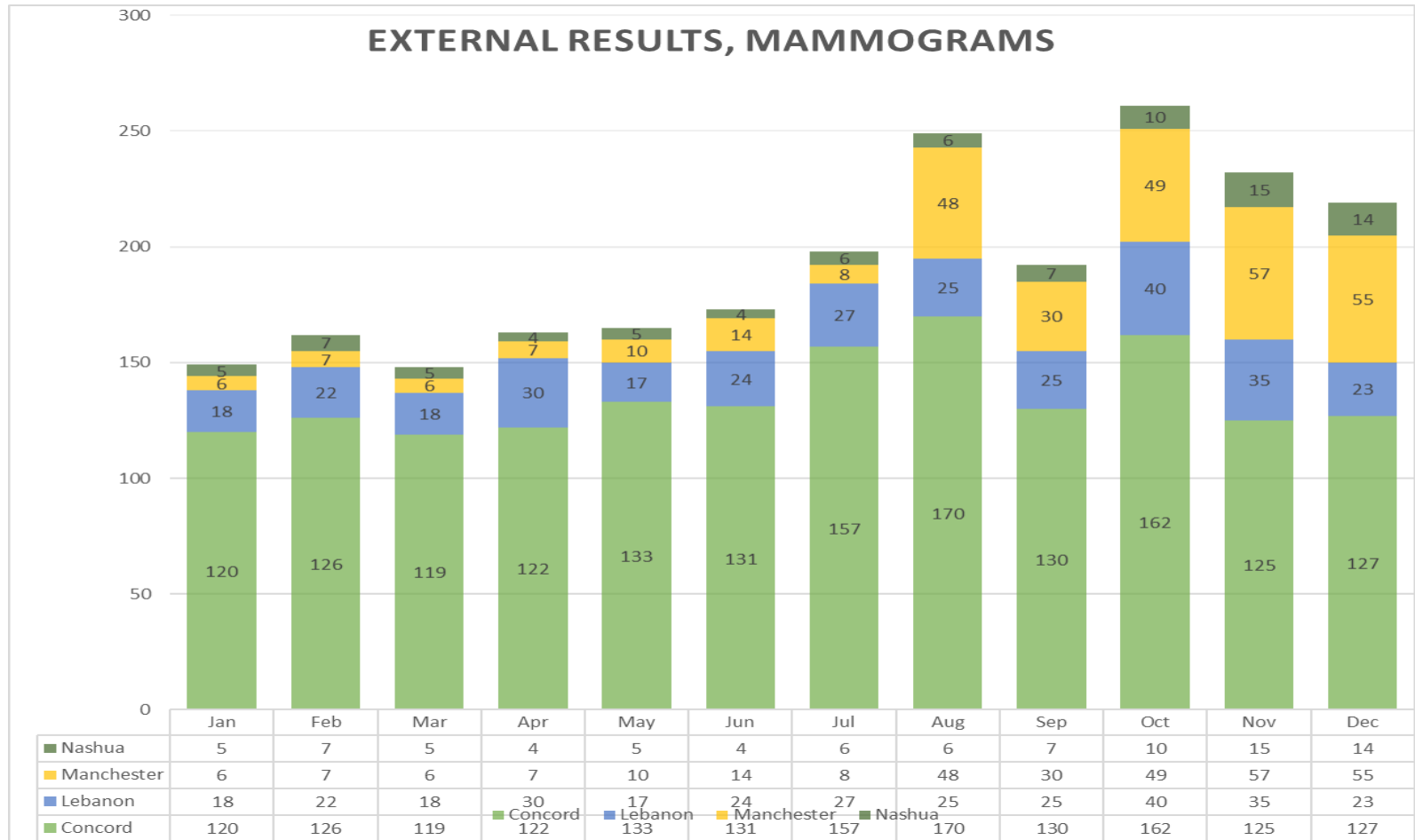
Lessons Learned – Success

I have been extremely happy with how quickly (and accurately) results are getting abstracted and indexed.

Lauren, Clinical Manager – Adult Endocrinology

Lessons Learned - Challenges

➢ HIS Abstraction Team Documenting in EMR

➢ Big Bang Centralization

➢ Justification for Additional 2 FTE

➢ Expansion of the Pilot

➢ New Data Elements

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Next Steps

➢Constant PDSA cycle (Phase 3)

➢Keep asking for next laboratory vendor to be interfaced

➢Next facility nearing 80% centralization

➢Working with ACO and Care Managers

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Questions

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