QA Best Practices Checklist[1]

Establish Objectives and Expected Results

Principles of Quality

- ✓ Verifiability
- ✓ Definability
- ✓ Consistency
- ✓ Integrity

Quality Assurance Guidelines

- ✓ Accurate and complete records
- ✓ Timely and accessible distribution
- ✓ Statistically valid sampling
- ✓ Auditing applied to all documents
- ✓ Consistent, unbiased review
- ✓ Error values consistent with definitions
- ✓ Consistent communication

Comprehensive Quality Assurance Program

- ✓ Proactive
- ✓ Educational
- ✓ Realistic, scalable, financially feasible
- ✓ Simple and easy implementation
- ✓ Secure, confidential
- ✓ Inclusive of all aspects of author-to-text
- ✓ Reportable
- ✓ Timely

Factors Affecting Quality

- ✓ Author
- ✓ Equipment
- ✓ Patient Demographics

[1] Adapted from *Healthcare Documentation Quality Assessment and Management Best Practices*. See notes.

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CHECKLIST 1

EVALUATE Your Environment

Consider the following environmental variables as they pertain to your facility:

- ✓ Setting
- ✓ Technology
- ✓ Authors
- ✓ Hospital-supported setting

CHECKLIST 2

RESTRUCTURE Your Current QA Program

Consider the following elements as they pertain to your current program:

- ✓ Style standards
- ✓ Error categories
- ✓ Metrics
- ✓ Regular review
- ✓ Feedback
- ✓ Error-triggered review
- ✓ Counseling and corrective action
- ✓ Education
- ✓ Discipline and control

CHECKLIST 3

CONSIDER Your QA Staffing

- ✓ Are there available resources to maintain your current program?
- ✓ Will changes trigger staffing changes?
- ✓ If more staffing is required, what will be the reaction to that request?

CHECKLIST 4

DEFINE Job Roles Engaged in the Quality Process

- ✓ EHR Documentation Trainer
- ✓ Healthcare Documentation Integrity Auditor
- ✓ EHR Technician/HIM Analyst
- ✓ IT Support Staff

CHECKLIST 5

ENGAGE Quality Players

- ✓ Clinicians: Patient safety and satisfaction
- ✓ Administration: Financial impact and legal consequences
- ✓ Trainers/Instructors: Organizational integrity
- ✓ Educational/training institutions: Future quality of care
- ✓ Internal Quality Review Committee

CHECKLIST 6

CREATE Policies and Procedures

- ✓ Concurrent review
- ✓ Retrospective review
- ✓ Flagged documents
- ✓ Feedback
- ✓ Author assessment

CHECKLIST 7

IMPLEMENT Best Practices Recommendations

- ✓ Apply principles of quality regardless of the organization-specific process that is adopted.
- ✓ Assess all factors affecting the outcome of the documentation process.
- ✓ Establish an adequate budget for QA including personnel, resources, software, and education.
- ✓ Establish and distribute QA policies and procedures.
- ✓ Establish and maintain databases of facility-specific information.
- ✓ Establish workflow procedures that allow for adequate QA processes.
- ✓ Establish education-based feedback for authors.
- ✓ Train QA staff in computation, consistency, objectivity; encourage critical thinking, continuing education and mentoring.
- ✓ Follow guidelines for appropriate QA intervals.
- ✓ Provide ongoing staff development.

CHECKLIST 8

IDENTIFY Error Categories and Definitions

See examples in Exhibit A

- ✓ Critical errors **(CE)**

  Types
  - *Terminology misuse*
  - *Omissions/insertions*
  - *Incorrect patient demographics*
  - *Incorrect author identification*

- ✓ Noncritical errors **(NCE)**

  Types
  - *Abbreviations*
  - *Misspellings*
  - *Incorrect verbiage*
  - *Protocol failure*
  - *Formatting/account specification errors*

CHECKLIST 9

STRATEGIZE for Continuous Quality Improvement

- ✓ Address technical errors
  - Evaluate for optimal clarity of recording devices, formats, and settings
  - Eliminate background noise when using voice recognition
- ✓ Address errors attributable to authors
  - Develop training opportunities
  - Establish work types and templates
  - Establish open lines of communication
  - Develop feedback forms to provide information to authors
  - Develop disciplinary procedures
- ✓ Set quality assessment intervals and adjust as necessary

Exhibit A: Examples of Documentation Errors

Yellow = Errors/concerns
Green = Corrections
Red = Critical errors
Blue = Noncritical errors

Example 1
REVIEW OF SYSTEMS
Gastrointestinal: Nausea, no vomiting, no diarrhea, no constipation. Abdominal pain: The pain is mild, characterized as continuous. (Critical – Inconsistent with PE)
PE
Gastrointestinal: Soft, nontender (Critical – Inconsistent with ROS), nondistended. Normal bowel sounds.

Example 2
CLINICAL MILESTONES
Appreciate oral surgery inout input (Noncritical – Wrong word form/spelling/typo)

Example 3
PLAN: Check echo to rule out ceompensated decompensated (Noncritical – Wrong word form/spelling/typo) valve disease. There was no documentation of MR or AS on previous echo last year.

Example 4
REVIEW OF SYSTEMS
Gastrointestinal: Abdominal pain: Left middle (see PE below). The pain is severe, characterized as cramping/colicky.

PE/OBJECTIVE
Gastrointestinal: Soft. Normal bowel sounds. Left upper quadrant (Critical – Inconsistent with ROS) tenderness. Not distended.

Example 5
INTERVAL HISTORY
&! (Critical – incomplete or missing data) y/o woman admitted with syncopal episode that she had after bouts of diarrhea. She became nauseated and had bowel and bladder incontinence, at which point hematochezia was discovered. Admitted for evaluation by GI for hematochezia and by Neurology to rule out seizure.

HOSPITAL COURSE
Medical management: Postop left THA day #1 (Critical – Incorrect postop site. Patient had a left TKA.)

NOTES:

AHDI, MTIA, AHIMA. (2010/2011). *Healthcare Documentation Quality Assessment and Management Best Practices. Retrieved from: http://www.ahdionline.org/LinkClick.aspx?fileticket=f3sQg96ixiQ%3d&tabid=601*