



# Building a BetterChart™

Optimizing Your  
Ambulatory Chart  
Management



**DISC** | Corporation  
Health Information. Optimized.

# INTRODUCTION

## Why You're Here

We all know that ambulatory HIM departments and their leaders face an increasing number of challenges, including:

- 1. Right place, right time data demands from the organization and physicians**
- 2. Growing responsibilities with less people**
- 3. Accomplishing #1 and #2 with a shrinking budget**

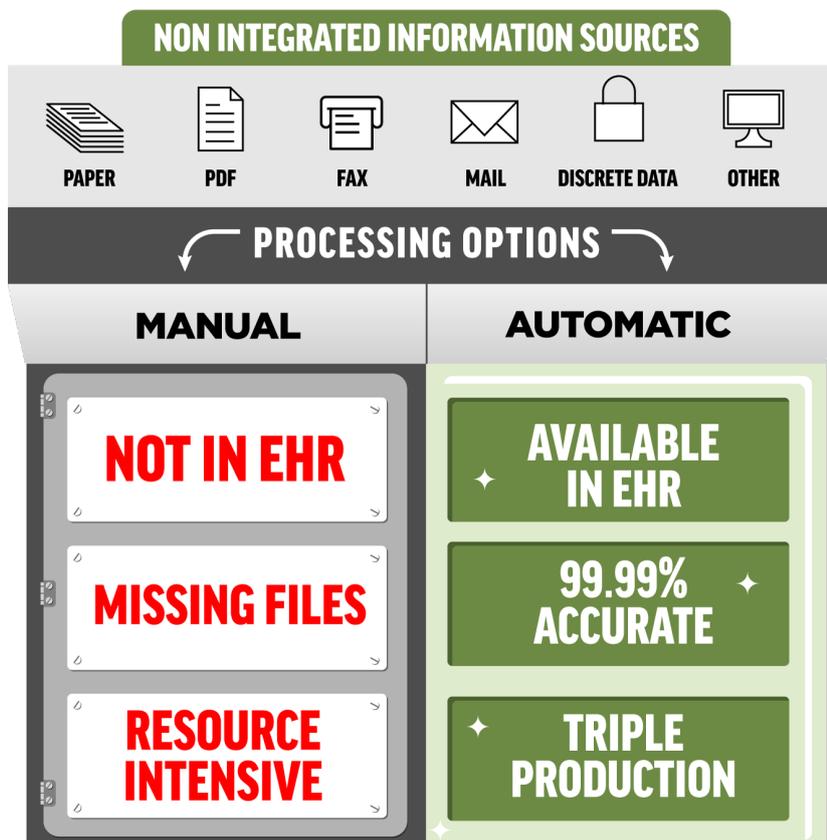
## What's In This Guide

Our goals for you are the same. That's why we created this tool. Building a BetterChart™ is a simple, easy to use guide exposing you to opportunities for optimization within your HIM department.

# INDUSTRY CHALLENGES AND OPPORTUNITIES

---

First, let's take a look at the illustration below of a typical ambulatory organization's workflow for managing incoming patient chart information.



With **sources of information coming in from all angles** (paper, fax, PDF's, full charts, old EHR's and more), it's no surprise managing this effectively can be challenging. Why?

Each data source has its own set of unique rules and policies around filing. Complicating it even more is that **dozens or maybe even hundreds of staff within your organization** are required to know these complex rules.

And, believe it or not, an average 100-provider ambulatory organization files approximately 1,000,000 pages of documents into their EHR every year. Each page could require dozens of clicks in your EHR to file and index accurately. That's **potentially hundreds of millions of clicks per year**. With that type of volume, expect an enormous amount of room for error and tons of room for optimization.

---

With that said, the three areas most organizations like yours focus their efforts in improving are:

- 1. Accuracy**
- 2. Productivity**
- 3. Timeliness**

Let's talk about why these three improvement areas are important to you.

**Accuracy** is everything. You can file an inbound document nearly perfectly, but if just one of those clicks is incorrect, it means that document may not be found when your patient needs their physician to see it. Some of the more complex unfiled documents that organizations like yours receive every day may need more than 100 clicks in your EHR before they're filed correctly. Standard hand-keying accuracy levels are typically under 99%. The math is simple. Hand-keying leads to lots of errors, regardless of how good your people can type.

Improving **productivity** can be difficult, especially when your people are having to do more than ever before. Capturing data from documents every day is tedious, time-consuming, and many times, just one of many other responsibilities your staff members have. With that said, how are you helping them boost productivity?

Don't you hate those times where several staff members are out at the same time and work comes to a screeching halt? Or, what about when the only person who files and indexes at one of your clinics quits unexpectedly? Or even worse, your organization acquires a 15-provider group and says, "here ya go" – they have 20,000 paper charts, an old EHR they hardly used, and you have to get all of that into your EHR in 90 days!

This is real world stuff that happens all the time and, even in these cases, you have to stick to your rule of **getting all of the inbound daily documents in within 24 hours**. That's a tough job.

Before we solve all the world's problems though, let's just talk about yours.

## WHAT SYMPTOMS ARE YOU EXPERIENCING?

---

By now you may be thinking, yeah, I agree, so what can I do about this right now?

The first step is looking at your areas of processing for symptoms of weakness. Once these areas are isolated, you can look at putting a plan together to optimize. We've listed the top two potential symptoms of weakness we've collected through tens of thousands of conversations with HIM leaders in ambulatory care over the course of our 60 years in healthcare. And they haven't changed in all that time...

### Lost or Misfiled Documents

Nothing's worse than when a physician hollers about not finding a patient's document when they needed it. And when errors like that happen, you probably think, yeah, I know, but that's going to happen sometimes. You're right. Unfortunately, it happens a lot based on statistical truths around hand-keying. And, generally speaking, it's happening more often than just the times your physicians alert you.

So, **what's really happening here?**

In our experience, we find this to be a symptom of a **low or declining filing and indexing accuracy rate**.

This rate can be calculated by taking the number of pages indexed accurately by the total number of pages indexed. As an example, if you correctly index 98 out of 100 pages, your **Indexing Accuracy Rate is 98%**. For more on this concept, download our [Patient Chart Audit Guide](#).

Why is this rate important? Let's take a quick look at a typical 100 provider group, which typically files about 1 million pages of medical records per year, with a 98% accuracy rate and a second group of the same size with a 99.9% accuracy rate:

**Group 1 – 98% = 20,000 errors per year**

**Group 2 – 99.9% = 1000 errors per year**

A seemingly small improvement of a little under 2% and you eliminate 95% of your problems. And 99.9% is achievable. Consider that our client-reported accuracy rate of 99.99% for organizations using our SmartFiler solution is 10 times better than 99.9%. It's possible.

---

## Documents or Data Not Available on Time

Physicians complaining about missing patient documents? Having trouble keeping your promise to index and file all inbound documents to the patient record within 24 to 48 hours? What about closing those pesky referral orders? Why the 24 to 48 hours anyway? Because, remember, when these documents aren't indexed and filed, only your overworked staff in HIM can find them. This means not only is the patient information not available to the provider when needed, but your staff is left scrambling through a big pile of stuff to try to find it. No wonder everyone is stressed over this rule. It's not easy.

### ***What should you do if this is happening in your organization?***

First, it's critically important to understand the timeliness of properly filed documents. The likelihood that a properly filed document is needed for patient care drops every day following its creation. If you're not getting those documents filed quickly, they're not available when they're needed the most. What's your average time to file documents right now? Do you want to improve on that?

## Referral Orders

We mentioned referral orders earlier. Many times, your patient meets with an outside provider you referred them to, but when the information from that visit is indexed and filed, it's not properly linked to the open order in EHR. We've seen organizations with massive lists (literally hundreds of thousands!) of open referral orders, orders which are linked to critical reporting needs and patient follow-up. Run a report in your EHR to see how many open orders you have and consider the consequences of this issue.

### **A few other ideas worth a deeper dive are:**

Are you consistently understaffed and falling behind due to seasonality, employee sickness/turnover, or when adding new providers from an acquisition? Proactively track when and why these happen so you can better prepare for them in the future.

---

Take a look at why IHA ,a 400+ ambulatory provider in Michigan, decided to implement SmartFiler, a DISC solution:

***Our workflow was effective, however, we were very concerned that with our growth we would continue to add staff resources to the management of the chart documents, rather than allocate those resources to other IT-related or patient needs."***

### Other areas to consider:

- Disparate systems of patient information such as paper charts and legacy EMR/EHR's. Do you have a **fully unified patient chart**?
- Do you have clunky internal paper and fax-based **workflows slowing your clinical staff down**? Have you considered automatic data-collection solutions such as [OCR](#) and [electronic forms](#)?
- If you found these ideas useful and would like to explore any of them further, [Patient Chart Audit Guide](#).

# YOUR OPTIONS

---

You've spent a solid 15 minutes reading through this guide and considering the patient information issues we've discussed. So, what now? Here are your 4 options:

## 1 Do Nothing

Yes, maintain the status quo. Your systems are sufficient right now. Keep your eyes and ears peeled though, since, according to our research, organizations that are growing tend to become overwhelmed by the incoming data and start incurring the problems we've discussed previously.

## 2 Evaluate Workflow

Time to look into this. Take some time to review your existing workflow with your staff to determine where your issues really lie. Start tracking accuracy rate, indexing times and staff productivity. Step 1 to solving your problems is determining where they are. For more guidance in this area, review our [Patient Chart Audit Guide](#) for Ambulatory Leaders.

## 3 Internal Optimization

Once you've discovered where your issues are, consider plugging away with internal improvement projects. Lean on your staff and your internal process improvement tools to achieve this type of optimization.

## 4 Leverage Technology and Automation

Look to the market for major improvement opportunities that utilize the latest in technology and automation to solve your problems. You took the first step in truly making your patient chart the best it could be by adopting EHR. Now it's time to look for [EHR-enhancing technology and automation solutions](#), such as the solutions DISC delivers to their clients, to make giant leaps in your optimization plans.

# RAVING FANS

---

## Dive Deeper

Now that you've had a chance to explore the big picture, you may be ready to dive deeper into one of the various topics we discussed. If so, with minimal effort, we can provide you a detailed assessment of your improvement options. Before we do that, we thought it would be helpful if we shared how one of our raving fans isolated issues using methods you've read here, and then ultimately solved those issues with solutions from our BetterChart™ suite.

## WASHINGTON UNIVERSITY SCHOOL OF MEDICINE (WUSM)

### Challenge

WUSM wanted to find a solution for both the daily onslaught of paper and faxes that occur within their physician offices, as well as the conversion of historical paper charts that held all patient data prior to EHR. The goal was an always up-to-date unified patient record. The requirements were simple:

- *Scan and index millions of incoming daily documents per year*
- *Convert 170,000+ paper charts into electronic format*
- *All documents must be integrated with Allscripts TouchWorks EHR*
- *No interruption to current workflow*

### Solution

WUSM and DISC implemented advanced OCR technology to automatically classify and index each of the millions of incoming documents into the patient chart in Allscripts EHR. This solution, [referred to as SmartFiler](#), is a flagship BetterChart product. To quickly integrate the 170k paper charts, WUSM chose to utilize our mass scan solutions, which provided an immediate path to converting paper chart storage space into patient encounter space.

---

## Results to be proud of

- Eliminated over 100,000 HIM staff clicks per month or about 95% of hand-key indexing, eliminating thousands of errors per year
- Eliminated 15 million pages of paper charts and turned a 30,000-foot storage space into additional encounter rooms
- Reduced HIM staff dedicated to indexing by 85%
- Minimal interruption to physicians and staff with mass scanning occurring off-site

For more on the results our clients have achieved with our solutions, check out [discorporation.com/raving-fans](https://discorporation.com/raving-fans).

## WRAPPING UP

---

We know you're likely running a department loaded with responsibilities ranging from information management, to patient communication, and all sorts of stuff in between.

And we know the list is growing, not shrinking. If any of the opportunities we discussed in this guide resonate with you, strongly consider [contacting us](#) for a discussion. At the very least, we'll provide guidance as you look to make incremental improvements. At best, you'll become a raving fan too.