

HEALTH RECORDS MANAGEMENT: AN ESSENTIAL PRE-REQUISITE TO OPERATIONAL EXCELLENCE IN HOSPITALS

Dr. Manjushri Sharma
Assistant Professor,
Hospital Management
UIAMS, Panjab University, Chandigarh

Abstract

Healthcare organizations of today are pro-actively seeking cost effective ways to bring about operational excellence in their processes. This is because not only does this ensure a better financial performance, but also helps bolster the systems to better handle the ever-changing patient expectations. Scientific research, and experiences of healthcare providers, now points towards management of patient's record as the most crucial element in this regard. In fact, gone are the days when hospitals could rely on patient data spreadsheets, because most of the analytical tools cannot be applied on to them. In order to skim out relevant reports for strategy formulations, hospitals need to document and manage the health records in such a way that it is amenable to being monitored by all employees, from top to bottom. This removes the reliance of health care providers on IT teams for generating reports that are, more often than not, unsatisfactory. Not only does this self-reliance ensure faster report turnover, but it also brings in a culture of accountability at all levels, thereby decreasing the frequency of errors at the potential failure modes in hospitals.

Key Words: Health records management, operational excellence, failure modes

1.0 Introduction

Operational excellence is the way in which the systems work in an organization, and is determined largely through leadership behaviour, and the philosophies adopted to perform the processes and procedures in an hospital. This then gets reflected through the structured methods of problem-solving approaches and continuous improvement tools that are adopted to manage the patient information at all the three levels; strategic, operational and tactical.

2.0 Central Role of Health Records

Health records of patients, both in physical and electronic form, are the essential components of all processes involving data flows in a hospital. In order to get the system, run in an optimal way, with minimum errors, management of patient data plays a pivotal role. According to a recent report by McKinsey, clinical standardization, which involves management of health records at its core, is the foremost important step in ensuring operational excellence, lean operations and supply utilization being the other two. (http://healthcare.mckinsey.com/downloads/MCK_Hosp_ClinOpExcellence.pdf)

What is most important to understand is that management of health records is not an activity to be considered essential for accreditation purposes only. Health records are a tangible proof of the continuity of care which a patient receives in the hospital, right from the time of entry to the exit from the organization. During this encounter with the hospital, health records, both administrative and clinical, get generated at different nodes in the health care delivery

process, and a break or failure at any of these nodes can negatively impact both the hospital and the patient. The following table enumerates some examples of failure modes that can occur at any of the nodes where patient comes in contact with the healthcare providers:

3.0 Examples of Potential Failure Modes and their Impact

Component of Health Record	Potential Failure mode	Impact (Clinical)	Impact (Administrative)
Registration form and Admission record	Inaccurate patient details	Delay in treatment, patient dissatisfaction	Insurance claims rejection
Doctor Consultation record	Medication/ Diagnostic investigation errors	Patient harm	Litigation and harm to reputation and goodwill
Diagnostics reports	Wrong investigation/ Wrong reporting/ Delay in process	Patient harm/ Patient dissatisfaction	Increase in cost because of rework, harm to reputation and goodwill
Medication Administration Record	Medication error in prescribing/ transcribing/dispensing/administering	Harm to patient, readmission, prolonged length of stay	Litigation, increase in cost of care, harm to reputation and goodwill
Nursing Records	Error in nursing care	Harm to patient, prolonged length of stay	Litigation. Increase in cost of care, harm to reputation and goodwill
Consent Forms	No/faulty consent	Patient dissatisfaction	Litigation

4.0 Putting Operational Excellence into Practice

Handling these potential failure modes then becomes the foremost job of hospitals, and this essentially entails leveraging on the specific skill sets of both administrative and clinical staff. In a recent report by KPMG, it was highlighted that the key enablers and success factors that assure operational excellence in a healthcare organization include:

1. Drilling the patient safety rules in staff, especially related to documentation of all potential errors and actual incidents in patient and administrative records
2. Bringing in standardization related to all activities and documentation protocols
3. Constant support to staff through resource availability
4. Creating a culture of continuous improvement throughout the organization with real top management support.

(<https://assets.kpmg/content/dam/kpmg/xx/pdf/2018/06/a-culture-of-continuous-improvement-operational-excellence.pdf>)

If we want to instil operational excellence in a hospital in its very essence, it is very important for the top leadership to be convinced that the small efforts of today are going to reap in big gains for tomorrow. A consistent disciplined approach, propagated a long time back by quality gurus like Taylor and Deming, still holds it ground in today's organizations. Deming gave what he called "Shewhart Cycle" which is more commonly known as the "Deming Cycle". This has of four inter connected steps: Plan-Do-Check-Act. (Deming WE. Out of the Crisis. MIT Press. 2000.) This, when applied to management of health records in healthcare organizations, articulates a scientific method that is constituted of the following elements:

1. Plan: Understand the workflows, construct data flow diagrams, identify failure modes, devise error proof pathways
2. Do: Carry out the processes as planned, and document variances and adverse events if any
3. Check: Compare the actual performance with the planned performance
4. Act: Correct any deviation or error there and then and incorporate/improve a new standard according to it.

5.0 Potential Gains for Hospitals

Adherence to planned protocols and procedures with regard to management of health records and treatment pathways has proved to be the most cost-effective tool in bringing in operational excellence in hospitals as far as continuity of care is concerned. A study by Shapiro et al (2006) convincingly reiterated this point, whereby the authors speak of consistent gains after putting a comprehensive treatment protocol into practice. (Shapiro, Nathan; Howell, Michael, Talmor, D et al. (2006) Cosgrove et al (2011) outlined a five point approach to bring in operational excellence in healthcare organizations, which includes: delivery of evidence-based care, developing team-based approaches , going for shared decision making amongst doctors, nurses and family members, making health care delivery more efficient, providing care in advanced ways, and targeting care to patient and community needs rather than having it centred around clinical expertise. (Cosgrove, D. M., Fisher, M., Gabow, P., Gottlieb, G., Halvorson, G. C., James, B. C., et al. (2013).

A number of studies targeting strategies to bring down the healthcare costs while also improving the health outcomes of patients during each encounter with the organization point towards bringing in standardization and minimization of variances as gar as practices in patient care and documentation of records is concerned. This will eventually bring down the so called waste in healthcare processes.

(Yong PL, Olsen L, Saunders RS, editors. The healthcare imperative: lowering costs and improving outcomes: workshop series summary [Internet]. Washington (DC): National Academies Press; 2010 [cited 2012 Dec 26]. Available from: <http://www.nap.edu/catalog/12750.html>)

As reiterated by Bechtel at al(2010), even as organizations are moving towards designing healthcare that is patient centric, adherence to scientific protocols will still remain a topmost priority, as mentioned in one of the consumer research done for finding the feasibility of such models in future.

(Bechtel C, Ness DL. If you build it, will they come? Designing truly patient-centered health care. *Health Aff (Millwood)*. 2010;29(5):914–20.)

Bertakis et al (2011) in their work on operational excellence highlighted that If healthcare organizations seriously follow the path towards planning, designing and implementing the healthcare delivery processes in accordance to the standard protocols and keep the communication patient centric, not only will this bring down the healthcare cost but also ensure better patient outcomes.

(Bertakis KD, Azari R. Patientcentered care is associated with decreased health care utilization. *J Am Board Fam Med*. 2011;24(3):229–39).

6.0 Conclusion

This article presents the premise, concept, and importance of managing health information of patients as an essential precursor to bringing about operational excellence in a hospital. As

the organizations change through continuous improvement, so does the level of care that patients receive. Even a small effort towards bringing in an improvement in management of patient records brings out far reaching impact on not only the patient health outcomes, but also on financial health of the organization. (<https://www.processexcellencenetwork.com/business-process-management-bpm/articles/the-journey-to-hospital-operational-excellence-ach>)

Examples of High Impact Benchmarking Performances in Patient Record Management

Improvement Efforts	Impact
Error free registration in Emergency department/ Admission desk	Increased throughput by minimising rework Better patient satisfaction Minimal insurance claim rejection
Inpatient Discharge Time management	Increased bed turnover Better patient satisfaction
Medication/ICU protocols adherence	Reduction in length of stay Better patient satisfaction Better utilization of resources
Nursing care protocols adherence	Reduction in adverse events, including Hospital acquired infections, during stay Reduction in length of stay
Timely and correct investigations ordered	Reduction in adverse events during hospital stay Reduction in length of stay

This in turn will create more opportunities to bring in a continuous improvement culture in the organization, which is better poised to deal with present and future challenges.

7.0 References

Bechtel, C., & Ness, D. (2010). If You Build It, Will They Come? Designing Truly Patient-Centered Health Care. *Health Affairs*, 29 (5), 914-920.

Bertakis, K., & Azari, R. (2011). Patient-centered care is associated with decreased health care utilization. *Journal of the American Board of Family Medicine : JABFM*, 24 (3), 229-39.

Cosgrove, D., Fisher, M., Gabow, P., Gottlieb, G., Halvorson, G., James, B., et al. (n.d.). Ten Strategies To Lower Costs, Improve Quality, And Engage Patients: The View From Leading Health System CEOs.

Deming, W. (2000). *Out of the crisis*. MIT Press.

Medicine, I.-B., Yong, P., Saunders, R., & Olsen, L. (2010). *The Healthcare Imperative*. National Academies Press (US).

Shapiro, N., Howell, M., Talmor, D., Lahey, D., Ngo, L., Buras, J., et al. (2006). Implementation and outcomes of the Multiple Urgent Sepsis Therapies (MUST) protocol*. *Critical Care Medicine*, 34 (4), 1025-1032.

Yong, P., Saunders, R., Olsen, L., & Institute of Medicine (U.S.). Roundtable on Value & Science-Driven Health Care. (2010). *The healthcare imperative : lowering costs and improving outcomes : workshop series summary*. National Academies Press.