



Quality Program Overview

AQuity Quality Department

2024

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Introduction

The AQuity Quality Team

The AQuity quality team is aligned with the mission of the company - to deliver “the most effective blend of people and technology and enhance our customers' ability to provide quality healthcare.” In order to accomplish this mission, AQuity has established a quality improvement environment for our medical transcription staff by developing standards for quality performance and instituting several methodologies of quality checks. We believe these standards and methodologies will help to ensure a high-quality medical record with an emphasis on excellence in patient care.

What is Quality? Quality in patient reports includes everything: The patient demographics section, the text, formatting, templates, account specifics, signature lines, courtesy copy references, and much more.

How is Quality Measured?

The AQuity quality improvement specialists (QISs) audit the version of the report completed by the healthcare documentation staff. The AQuity QIS is required to review text to sound of each report audited.

AQuity Quality policy has established the following hierarchy of criteria for error determination:

1. The account-specific client profile
2. AHDI / AHIMA Guidelines for error definitions and best practices (Released July 2017)
3. AQuity Transcription Best Practices/AQuity Transcription Style Guide (Legacy)

Note: Account-specific client profile will always overrule the AQuity Transcription BestPractices /AQuity Transcription Style Guide.

Healthcare documentation staff and quality support personnel must meet an average quality score of 98% or greater for any audit performed. A quality assessment is performed where client delivered reports are randomly selected and reviewed monthly.

To prevent documentation errors and safeguard patient care, AQuity has adopted the accuracy goal recommended by AHDI. The score is calculated by using the recommended AHDI formula with an enhanced scoring system for assigning weight values to errors. The expectation is an accuracy rating equal to or greater than 98%.

Classification of Errors and Error Values

AHDI recommends specific error categories and error values to create a true definition of quality in the healthcare documentation industry and allow for proper comparative assessments. AHDI recommends classification of errors into one of the following categories: Critical, Noncritical, Minor and/or Feedback.

AQuity adopted the AHDI recommendations of classification of Critical and Noncritical errors and further chose to enhance the AHDI recommendations by adding a Minor error category. This additional category allows for focus on grammar and other minor errors that do not impact patient care or document integrity.

The Critical and Noncritical error classifications given below can be applied to these error types relative to their impact on patient care as per AHDI recommendation. The Feedback error classification of AHDI with 0.0 error weight has been further split into Minor errors with 0.25 error weight and Feedback with 0.0 error weight as per AQuity error classifications.

■ **Critical Errors: 3.0 Error Weight**

A critical error carries the highest negative point value because of the potential impact to patient safety. A critical error in any report will fail the report. The following outlines various types of critical errors:

Terminology Misuse

This error addresses an incorrect word that could potentially lead to an inaccurate diagnosis, incorrect medical decision-making as well as inaccurate billing of the patient’s account. If a word is misused repeatedly throughout a report, it is counted as only one error in the report.

Omissions/Insertions

This error addresses omitted or added words that change content and have the potential to compromise patient safety.

Incorrect Patient Demographics or Author Identification

This error includes patient-encounter information such as a medical record number, relative dates of service, and author identification. The error must have the potential to directly compromise patient safety in order to be assessed this error weight.

■ **Noncritical Errors: 1.0 Error Weight**

Noncritical errors have an impact on the overall accuracy and integrity of a document. Errors in this category do not pose a risk to patient safety.

Misspelling

This error refers to misspelled words that compromise the integrity of the document.

Incorrect Verbiage

This error refers to transcription with inappropriate or excessive editing, but without significant impact on the medical meaning. This does not pertain to changes made for the purpose of correcting grammar or word usage.

Failure to Flag

This error refers to a failure to flag a report that needs clarification.

Protocol Failure

This error occurs when an HDS fails to follow protocol. Protocol errors may include the incorrect referring physician information or other courtesy copy information that may result in an inappropriate disclosure.

Formatting/Account Specifications

This error refers to a failure to follow account specifications related to formatting or document preparation that causes a failure to cross an interface or upload correctly into an electronic record system.

■ **Minor Errors: 0.25 Error Weight**

Minor errors do not directly impact patient care or document integrity.

Grammar

This error refers to incorrect, inserted or omitted words, except as described under noncritical and critical errors, that result in a grammatically incorrect statement. This error also includes incorrect verb tense or subject/verb agreement.

Incorrect Verbiage

This error refers to incorrect, inserted or omitted word or abbreviation that has a minor impact on the intended meaning of the sentence.

Misspelling

This error refers to misspelled (as opposed to incorrect) proper names, e.g., patient names, physician names, geographical place names, names of facilities when those misspellings have no major impact on the intended meaning.

Redundant Text

This error occurs when the HDS has failed to remove back-to-back text that is identical and redundant in nature.

■ Feedback and Educational Opportunities - 0 Points

The following incidental findings warrant educational opportunities and should be provided as feedback with no point deductions. Only those errors that do not change the intended meaning and have absolutely no material effect on the document fall into this category.

- > Capitalization
- > Abbreviations
- > Spacing
- > Run-on/fragment sentences
- > Inconsequential typos and omissions
- > Incorrect word forms (femur/femoral)
- > Capitalization of drug names

Scoring Formula

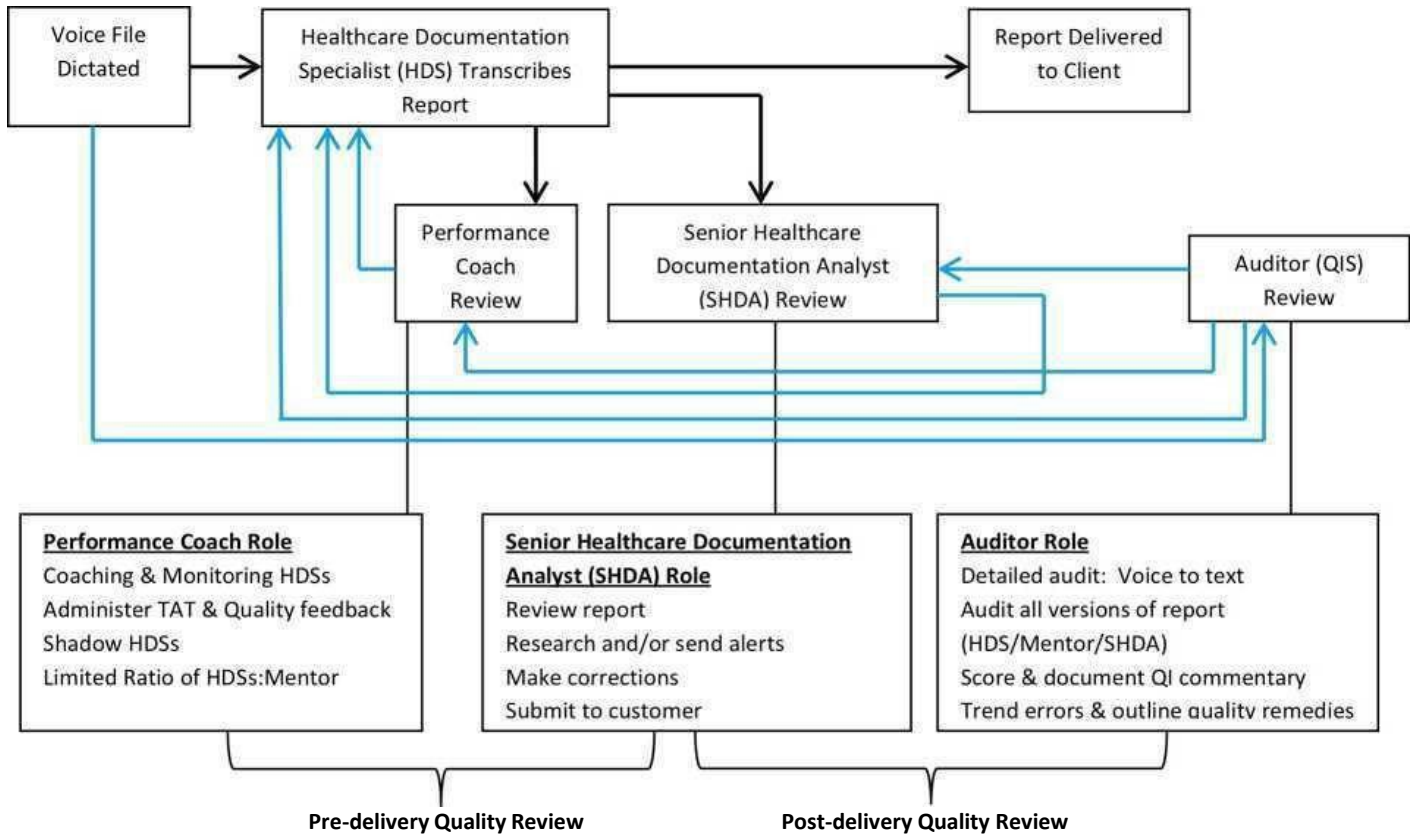
- **Random & Customer Audits:** Once the errors have been identified, appropriately classified, and the weighted point value assigned to the errors, mathematical computations are done to calculate the accuracy rate. This accuracy rate is determined using the following scoring formula:

$$100 \text{ Points} - \text{Total Points Lost} = \text{Total Accuracy Score}$$

How is Quality Monitored?

AQuity has implemented cross-functional teams to monitor, track/trend and provide detailed feedback on quality performance. Below is a high-level process flow diagram detailing our quality checks, roles and multiple levels of feedback that provide continuous improvement within the lifecycle of an AQuity report.

Quality Monitoring and CQI Process Flow



Legend



Continuous Quality Improvement (CQI) Focus

Continuous quality improvement efforts are expended so that our employees are provided feedback on their mistakes and gain knowledge from our experienced quality teams. We have created several avenues to deliver quality improvement. These include automated feedback for any corrections made by senior healthcare documentation analysts (SHDAs), performance coaches, account and individual summary QI feedback.

Quality Roles

Quality Improvement Managers

The quality improvement managers provide direct supervision and support to a team of quality improvement specialists. The QI supervisors are responsible for directing workflow, training, coaching, mentoring and supporting the audit team, and for ensuring the accuracy and continuing education of the audit team.

Quality Improvement Specialists (Auditors)

AQuity's auditing department consists of a team of highly skilled auditors with several years of experience. The auditors perform regular, random, in-depth quality reviews of the healthcare documentation specialists (HDSs) and SHDAs. The audits are conducted by proofing the selected reports to sound and reporting the results. To ensure the best in quality performance, all AQuity HDSs and SHDAs are expected to maintain accuracy scores of 98% (standard quality) or greater.

Quality Tools Administrators

The quality tools administrators are responsible for coordination and overseeing all current and future quality enhancement tools. Working collaboratively with IT support teams, the administrators will develop, implement and test new quality tools and participate in cross-functional teams at various levels of the development cycle.

Performance Coach

The performance coaches support HDSs in the quality program by providing one-on-one education and feedback that enhances productivity and quality. Performance coaches also deliver metrics and recommendations to management in order to achieve established benchmarks and maintain client service levels.

Senior Healthcare Documentation Analyst (SHDA)

The SHDAs are responsible for the final accuracy of the reports referred to them automatically by the system. They listen to dictation and review the reports, filling in words or phrases unfamiliar to the HDSs. The corrections and changes made during the course of editing comprise individualized feedback, with results of each edited report provided to the HDSs and supervisors for educational purposes.

Quality Best Practices

Training

All AQuity employees are required to complete an orientation during the first week of employment that includes HIPAA and Code of Compliance training. Additionally, each newly hired HDS attends a training class that is conducted using a blended approach of live, virtual classrooms and on-demand, self-led training via Web-based training modules and exercises. The new-HDS curriculum consists of basic system functionality, policy and procedures, quality orientation and tools/resource utilization. HDSs must pass assessments that require them to demonstrate proficiency in our system functionality, as well as in medical transcription results. Once appropriate efficiencies are documented, the HDS is assigned to a permanent account with work types based on preference and experience. Additional account instruction training is provided.

Quality Tools

The AQuity quality department has developed and implemented multiple tools to assist in the education and support of the healthcare documentation staff. Below is a listing and brief overview of some of the policies and tools available for AQuity HDSs:

- **AQuity Transcription Best Practices/AQuity Transcription Style Guide** - provides clear and concise documentation guidelines for the transcription staff. The standards contain an alphabetized list, by topic, for the documentation standards adopted by AQuity. The document also contains appendices of acceptable terms, unacceptable terms, and sound-alikes.
- **Dangerous Abbreviations Policy** - outlines the required “do not use” list of dangerous abbreviations published by The Joint Commission. This policy is only utilized if the account-specific instructions do not address adherence to other policies or procedures.

Conclusion

AQuity is committed to delivery of the highest level of quality patient care documentation. We are constantly evaluating new opportunities and methodologies that could improve services we provide our customers. We are engaged in the relentless pursuit of quality and welcome the opportunity to discuss our philosophy and practices with our customers and prospective customers.
