SYNOPSIS

Performance Improvement Indicators of Medical Record Department in American Oncology Institute Hospital

By

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INTRODUCTION

With increasing frequency, hospitals in various countries report and monitor indicator data in order to improve the quality of care Quality indicators aim to detect sub-optimal care either in structure, process or outcome, and can be used as a tool to guide the process of quality improvement in health care. Monitoring the health care quality makes hospital care more transparent for physicians, hospitals and patients. Furthermore, it provides information to target quality improvement initiatives. However, collection of indicator data also implies an administrative burden for physicians and hospitals, therefore, the use of this information should be optimized. It is unclear which implementation strategy for quality indicators is optimal, and what effects can be achieved when quality improvement is guided by indicator information.

The implementation of quality indicators as a tool to assist quality improvement requires effective communication strategies and the removal of hindrances. Evidence suggests that audit and feedback based on indicator data can be effective in changing health care professional practice. Monitoring the indicator data may also help to target specific quality improvement initiatives such as educational programs and development of protocols.

The effect of monitoring indicator data to promote quality improvement, and ultimately patient care, has been demonstrated in specific situations.

Review of Literature

A study conducted in a corporate hospital in Hyderabad assessed the MRD's performance by reviewing 150 inpatient medical records. The department demonstrated 100% compliance in areas such as risk management and infrastructure. However, documentation errors, particularly in the 'Diabetics Booklet,' were noted, primarily attributed to nursing staff. The study recommends standardization and regular audits to enhance MRD performance .

https://ijojournals.com/index.php/bm/article/view/975?utm_source

the Balanced Scorecard (BSC) methodology to assess MRD performance in a hospital setting. The BSC approach facilitated a comprehensive evaluation across multiple dimensions, including customer satisfaction, internal processes, and learning and growth. The MRD achieved high scores in customer satisfaction, particularly in the admission and statistics sections, indicating effective service delivery

https://pubmed.ncbi.nlm.nih.gov/24083257/?utm_source

The incorporation of Information Technology (IT) has been identified as a significant factor in improving MRD performance. The use of electronic medical records, coding software, and digital communication tools enhances data accessibility, reduces physical storage needs, and streamlines departmental operations

https://pubmed.ncbi.nlm.nih.gov/26150874/?utm_source

A systematic review highlights the necessity of comprehensive performance measurement systems in healthcare settings.

https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-025-12412-6

OBJECTIVE: To review the performance improvement indicators of hospital MRD.

METHODOLOGY:

4.1 STUDY SETTING: American Oncology Institute Nagpur

4.2 STUDY DESIGN: Observational study design

4.3 SAMPLING METHOD: Convenience Sampling Method.

4.4 SAMPLING SIZE :200 SAMPLE

4.5 STUDY TIME PERIOD: 2 months

4.6 STUDY AREA: Medical Record Department

4.7 DATA COLLECTION TECHNIQUE: Direct Observation & documental

LIST OF QUALITY INDICATORS INCLUDING KPI STUDIED IN MRD OF OPERATION

DEPARTMENT	INDICATOR
Medical Record Department	Medical Record Completion Rate:
Medical Record Department	Deficiency Rate in Records
Medical Record Department	Coding Accuracy Rate:
Medical Record Department	Retrieval Time for Records
Medical Record Department	Record Availability at Point of Care:
Medical Record Department	confidentiality Breach Incident
Medical Record Department	Average TAT for record Completion
Medical Record Department	Physician Queries for Incomplete Document:
Medical Record Department	Number of Record Rejected During Audit
Medical Record Department	Indexing & Scanning Accuracy (Digital MRD):

PLAN OF ANALYSIS:

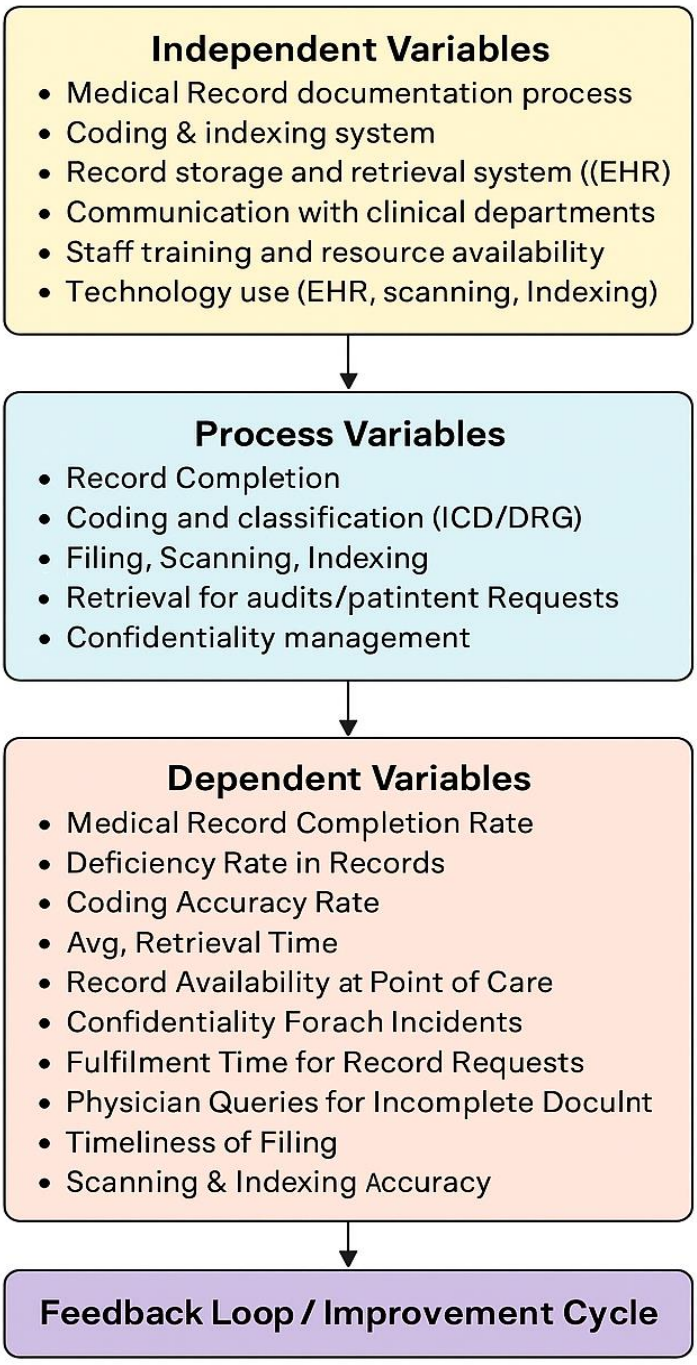
1) **Medical Record completion rate:** Percentage of records completed within defined time (usually 30 days post-discharge.

Formula: (Records completed within timeframe / Total discharged records) × 100

2) **Deficiency Rate in Records**: Measures records with missing or incomplete documentation.
   Formula: (Deficient records / Total records audited) × 100
3) **Coding Accuracy Rate**: Ensures that disease and procedure codes (ICD/ICD-10-CM) are correct.
   Formula : (Correctly coded records / Total coded records) × 100
4) **Retrieval Time for Records:** Measures efficiency of MRD to retrieve records for care/legal/audit use.
   Formula: Total retrieval time / Number of requests
5) **Record Availability at Point of Care**: Ensures records are accessible at time of treatment.
   Formula: (Available records at care point / Total cases) × 100
6) **Confidentiality Breach Incidents:** Number of unauthorized access or loss of patient data.
   Formula: Total number of breaches reported
7) **Patient Record Request Fulfillment Time:** Time taken to provide medical records to patients/authorized third parties.
   Formula: Average days from request to fulfillment
8) **Number of Physician Queries for Incomplete Documentation**: Measures gaps in initial documentation quality.
   Formula: Total queries raised to clinicians
9) **Timeliness of Record Filing (Post-discharge):** Time taken to file records after discharge.
   Formula: Average time in hours/days
10) **Indexing & Scanning Accuracy (Digital MRD):** Percentage of records correctly indexed
   Formula: (Correctly scanned records / Total scanned**)** × 100

Conceptual Framework

Performance Improvement Indicatorss (KPIs) of Medical Record Department in AOI Hospital



PLAN OF ANALYSIS

1. **Data Entry & Organization:**
    - All data collected on 10 KPIs from 200 patient records are entered in MS Excel.
2. **Descriptive Statistics:**
    - Calculation of percentages, averages, and ratios as per the predefined formulas for each KPI.
3. **Performance Evaluation:**
    - Each KPI result is compared against established benchmarks or hospital targets to determine performance status:
        - Meets Target
        - Needs Improvement
        - Below Target
4. **Gap Analysis:**
    - Identification of indicators falling short of targets.
    - Root cause assumptions or identified reasons based on observation and discussion with staff.
5. **Graphical Representation:**
    - Bar charts and pie charts showing KPI performance across parameters (optional for presentation clarity).
6. **Recommendation Derivation:**
    - Based on KPIs that need improvement, suggest changes in processes, staff training, documentation workflows, or technology interventions.

TENTATIVE CHAPTER PLAN

1) Introduction
2) Review of Literature
3) Objective
4) Methodology
5) Data Analysis
6) Result
7) Suggestion
8) Conclusion
9) References

THANK YOU