AHDI’s Position

AHDI believes that transcribed documents are a vital and necessary component to the healthcare record and should represent the application of monitoring reviews that ensure quality documentation and provide timely and consistent feedback to the medical transcription professional. Attention to quality should reflect an understanding that even minor errors in the record can diminish the credibility and perceived competence of the healthcare provider.

Rationale

With the number of malpractice lawsuits in the United States increasing exponentially each year, those involved in the documentation of patient care must consider the correlation of that documentation to compromised care and malpractice litigation. While the most fundamental reason for supporting and promoting quality documentation is to ensure continuity of patient care, it is important to recognize that attention to quality must address the issue of how all errors in the healthcare record have the potential to put at risk either the patient, the healthcare provider, or both. Research indicates that errors in the patient record, whether major or minor, medical or grammatical, are potentially useful to plaintiff attorneys and the case they attempt to bring against both the healthcare facility and its providers.

The patient record is the only real evidence of care provision in any healthcare facility since it is, or should be, documented at the time of care, a critical element in ensuring that all aspects of that care are recorded accurately and completely. Accurate and complete healthcare documentation involves a partnership between the patient, the healthcare provider and the documentation team.

A valid quality assurance process ensures that medical transcription practices are consistent and accurate. Whether an MT is the transcriptionist of the document or is an editor of the same, human judgment will always be involved in this process. The degree of accuracy that can be achieved depends on the experience and skill of the MT coupled with the acoustical quality of the dictation and the organization, focus and language proficiency of the author.

A skilled medical transcriptionist will have a broad knowledge of medical terminology, anatomy and physiology, disease processes, signs and symptoms, medications, and laboratory values, in addition to proficiency in English usage, grammar, punctuation and
Principles of Quality

When a document is reviewed for quality, key principles in establishing quality assurance criteria for that document are:

1. The transcribed report should be reviewed against the actual dictation. Reading the report without listening to the dictation does not provide an accurate comparison of the transcription to the dictation.
2. The review should apply industry-specific standards as provided by current resources and references. When evaluating style, punctuation or grammar, the *AAMT Book of Style* is the industry standard.
3. The review should encompass attention to risk management issues and the documentation standards of accreditation and healthcare compliance agencies.
4. Accuracy scores (ratings) should be quantified with the use of a numeric calculation that weights varying degrees of error against the length of the report. AHDI recommends that 98% accuracy be set as the minimum quality threshold upon which to establish a benchmark.
5. The review should provide timely and consistent feedback to the medical transcriptionist in order to eliminate repetition of errors.
6. All measurements, standards, and benchmarks should be disclosed to the medical transcriptionist and should include written guidelines for the same.

Application of Principles

The application of these principles and the development of a quality assurance program that incorporates them should be set by organizational policy. AHDI recommends the following considerations in doing so:

1. *Frequency:* All reports transcribed by medical transcriptionists who are new to an organization should undergo full review until competency and judgment have been consistently demonstrated. At that time, random review by periodic sampling of transcribed reports should be performed to ensure ongoing compliance with quality standards. AHDI recommends selecting a 3-5% sampling of documents for the period being reviewed.
2. *Delineation:* Clear qualification and quantification of errors should be established for the purpose of document evaluation. For the purposes of definition, a *critical* error is one that has the ability to compromise continuity of care, such as medical word misuse and omitted dictation. A *major* error is one that compromises the integrity of the document without risk to patient care, such as misspellings, demographics errors, and formatting errors. A *minor* error is one that
compromises neither patient care nor document integrity but represents an area of recommended improvement to the transcriptionist, such as capitalization, punctuation and other minor style and grammar errors.

3. **Accuracy**: While an accuracy of 100% should be the standard to which every document is held for delivery to the healthcare provider, it is AHDI’s recommendation that a benchmark for the transcriptionist be established at no less than 98%. It is important to note that this should be the goal in transitioning a transcriptionist through any comprehensive quality assurance program. It should not be used to penalize a new transcriptionist but should be established as the standard to which all transcriptionists will ultimately be held. It should also be understood that despite every attempt to develop an objective evaluative tool for QA, review is inherently subjective and some flexibility in that regard should be incorporated into the process.

4. **Purpose**: Ongoing feedback, education and performance improvement should be the goal of any quality assurance program. The scope of the program should not be limited to merely the correction of errors but should focus on establishing confidence in a transcriptionist’s experienced judgment, the ability to discern client/chart-ready documents from those that are needful of the quality review process. Attention to quality must also include a commitment to the ongoing professional development and continuing education of the medical transcriptionist as a means of ensuring overall continuous quality improvement.