

# Benchmarking Transcription

by Eileen Dwyer

Incorporating turnaround time (TAT) benchmarks into the overall evaluation of transcription service quality is a current goal of our industry. Transcribed reports that are not delivered in a timely fashion can obviously have a negative impact on the course of the patient's treatment and the provider's reimbursement, to say nothing of the potential legal ramifications.

A subset of the AHIMA/MTIA Joint Task Force on Standards Development researched this topic to help physicians and hospital administrators better manage workflow with clear performance expectations that provide consistency throughout the continuum of care and the revenue cycle. Task force members represented medical transcription service organizations (MTSOs), industry organizations, and healthcare facilities.

The task force conducted a nationwide survey of leading MTSOs, based on the widely held definition of TAT as the "elapsed time from completion of dictation to the delivery of the transcribed document, either in printed medium or electronically to a repository."

The task force findings, based on the responses of more than 1,200 healthcare facilities nationally, showed average TATs of:

- 4 hours for a radiology report
- 8 hours for history and physical examination, operative reports, and inpatient progress notes
- 12 hours for a consultation
- 24 hours for a discharge summary<sup>1</sup>

Using these numbers as a starting point, the task force intends to establish TAT standards by work type that are both fair to the MTSOs from a performance standpoint and supportive of healthcare facilities in pursuit of excellence in patient care.

## The Crucial Components

Labor and technology are crucial components in the TAT equation. The task force noted that the price per unit of medical transcription has decreased significantly over the past decade, along with MT wages, despite high demand (increased

documentation needs) and low supply (critical work force shortage of skilled transcriptionists). While it may seem counterintuitive, the fact is that healthcare facilities' demand for low-cost transcription has resulted in depression of wages for the very professionals qualified to meet that demand. One way to combat this trend may be to introduce new technologies that allow for increased transcription production while maintaining the highest level of quality.

Among the technologies the task force identified were speech recognition; portable dictation devices including PDAs, digital recorders, and microcassettes; and handhelds with online patient lists.<sup>2</sup> With the newest forms of mobile dictation being shown here at the 2008 AHIMA Convention and Exhibit, caregivers may now use any Web-enabled smartphone or PC to access their patient information and dictate a report. This eliminates delays in moving voice files from the device to the server. This "mobile electronic record" supports HIPAA compliance efforts and minimizes data exposure by encrypting dictations in real time.

Additional TAT delays may occur if patient demographic information is not available in a digital format. In the latest voice and text applications, patient demographics are automatically linked to each dictation, saving time and reducing costly errors. Reducing the manual entry of information at the time of dictation can also improve physician efficiency and satisfaction.

Providing a voice file with valid patient information and the correct work type to the MT or medical editor has a direct impact on TAT. When there is inaccurate data or missing data presented, the transcribed report typically has to be routed to a secondary stage or be delivered to the customer incomplete. This increases the TAT, not to mention the potential adverse implications for patient care.

Quality and TAT in transcription start with the dictator. The task force observed that in many facilities using speech recognition, often no more than 50–75 percent of the dictating medical staff qualify for use of the technology due to their current dictation practices. Poor dictation can be caused by

medical word misuse and incorrect language, as well as the effects of speed, accent, articulation, style, volume, background noise, and poor equipment. Nonstandard dictation practices can add inordinate amounts of time, effort, and risk to the creation of the transcribed document.<sup>3</sup>

## Greater Need Than Ever

Most industry observers predict that dictation and transcription in some form will continue to be a significant data source in the ever-advancing electronic health record. The emergence of EHRs will only increase demand for faster TAT of patient reports to achieve desired financial and clinical benefits. Therefore, the current focus on TAT and quality is more critical than ever.

Adopting standards such as those being pursued by the task force will bring predictability, consistency, and lower costs to the industry, while raising the bar on the performance of both internal HIM transcription departments and third-party MTSOs, ultimately resulting in higher levels of physician and patient satisfaction. ▀

## Notes

1. AHIMA and Medical Transcription Industry Association. "Transcription Turnaround Time for Common Document Types." *Perspectives in Health Information Management*. 2008. Available at [www.ahima.org/perspectives](http://www.ahima.org/perspectives).
2. Many factors affect the level of success following the implementation of speech recognition technology. See the 2007 *AHIMA Today* article "Evaluating ASR Productivity." Available at [www.medquist.com/Portals/0/articles/AHIMAtoday\\_Ivie\\_Tuesp12.pdf](http://www.medquist.com/Portals/0/articles/AHIMAtoday_Ivie_Tuesp12.pdf).
3. The Association for Healthcare Documentation Integrity offers the "Dictation Best Practices Toolkit," available at [www.ahdionline.org/scriptcontent/DBP.cfm](http://www.ahdionline.org/scriptcontent/DBP.cfm).

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