



Domain 5: Quality Management

RHIT Exam Review Prep
Property of Rasmussen College

Disclaimer

Please note that these presentations are designed to serve as a valuable supplement to your overall study plan to prepare for the RHIT certification examination.

Participation in these presentations does not guarantee a passing score on RHIT the examination. For more information on the testing dates and the RHIT credential go to www.ahima.org.

It is suggested that you follow the AHIMA Candidate Guide, Appendix H as a study guide for preparing for your certification exam.

Quality Management- 12%

Knowledge Clusters

1. Audit health records for content, completeness, accuracy, and timeliness
2. Apply standards, guidelines, and/or regulations to health records
3. Implement corrective actions as determined by audit findings (internal and external)
4. Design efficient workflow processes
5. Comply with national patient safety goals
6. Analyze standards, guidelines, and/or regulations to build criteria for audits
7. Apply process improvement techniques
8. Provide consultation to internal and external users of health information on HIM subject matter
9. Develop reports on audit findings
10. Perform data collection for quality reporting (core measures, PQRI, medical necessity, etc.)
11. Use trended data to participate in performance improvement plans/initiatives
12. Develop a tool for collecting statistically valid data
13. Conduct clinical pertinence reviews (Not Covered in Textbooks)
14. Monitor physician credentials to practice in the facility

What is Quality Management?

- QM is a broad term used to describe (in health care) any **evaluation of services** provided and the results achieved as compared with accepted standards.
- In one form of **quality assurance**, various attributes of health care, such as cost, place, accessibility, treatment, and benefits, are scored in a two-part process.
- First, the actual results are compared with standard results; and secondly, any deficiencies noted or identified serve to prompt recommendations for **performance improvement**.

Auditing

- Audit health records for content, completeness, accuracy, and timeliness
- Apply standards, guidelines, and/or regulations to health records
- Implement corrective actions as determined by audit findings (internal and external)
- Analyze standards, guidelines, and/or regulations to build criteria for audits
- Develop reports on audit findings

Purpose of auditing

- The chart audit is a pre-determined criteria based examination of patient records to determine what is done, and see if it can be done better. We use them to measure some component of performance.
- Goal of nonfinancial chart audits is quality improvement.
- They tell us how well something is being done or not done, variances from our standard performance.

Types of reviews

Abstracting

- Discharge Analysis (quantitative)
- Quality Performance Reviews (qualitative)
- Legal Reviews
- Patient Safety
- Disease surveillance (Cancer Registry)
- Coding compliance
- Fiscal management
- Research

- To determine (examples)
 - Adherence to clinical protocols
 - Effectiveness of policy and procedures
 - Patient adherence to treatment regimens
 - Provider compliance with coding and documentation requirements
 - Review prevalence of symptoms and disease
 - Review for safety requirement performance

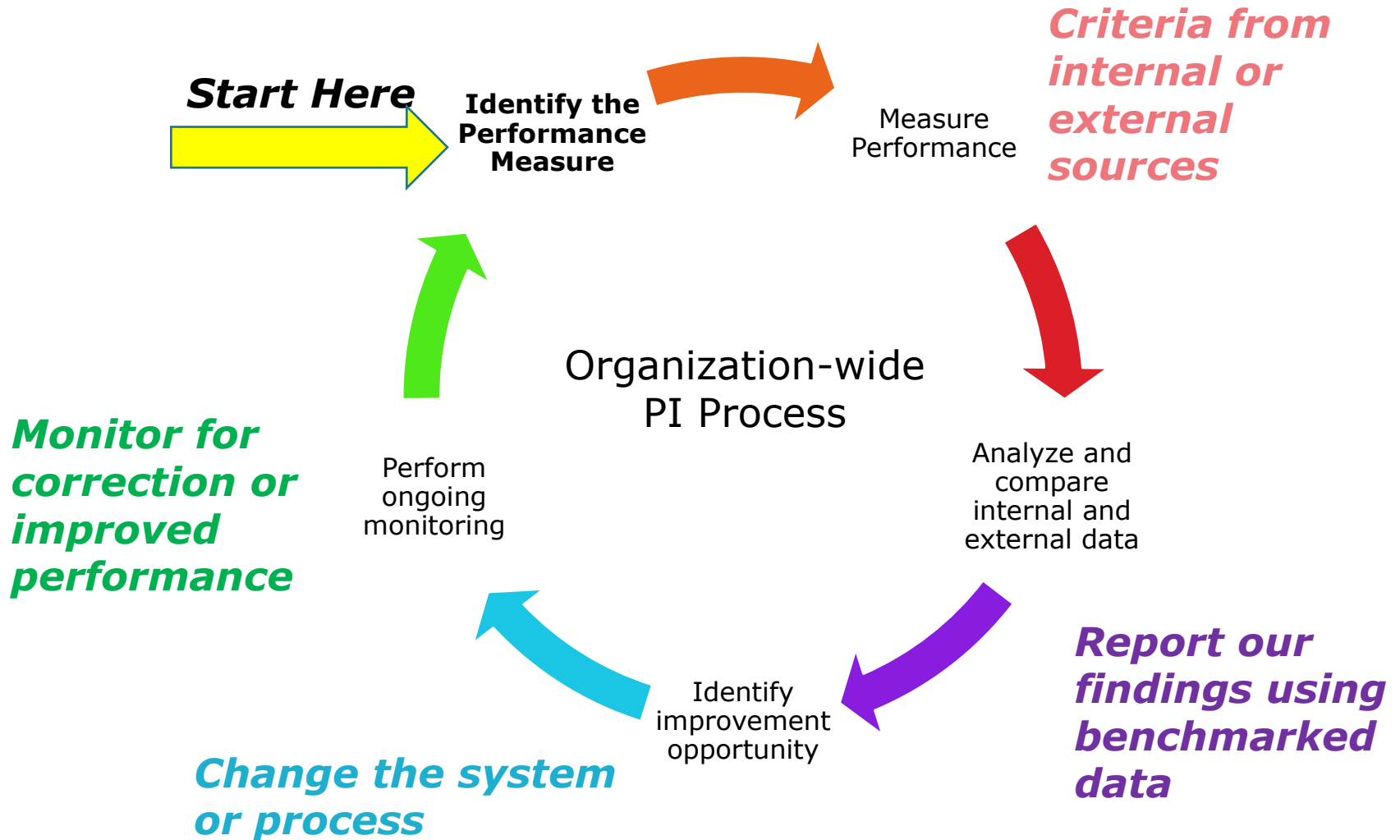
Data

- Data is the key component of any audit
 - Accurate
 - Timely (currency)
 - Consistent
 - Complete
- Data Sets and Standards or regulatory requirements are often the sources
 - UHDDS
 - ORYX
 - HEDIS
 - JCAHO
 - Medicare
 - Best practice standards and clinical protocols of treatment

Findings

- Report findings against benchmarks
 - Benchmark – set standards or outcome used to compare to your actual performance
 - Indicators
 - Measurements
 - Outcomes
- Statistical presentation of data or narrative findings
- Drives the improvement of the process

Performance Improvement Process



. Comply with national patient safety goals

NPSGs

- JCAHO began issuing and scoring healthcare organizations on the national patient safety goals in 2003-2004.
- Most common areas that lead to patient injury or other negative outcomes
 - Examples:
 - Wrong site
 - Wrong patient
 - Wrong procedure
 - Must create and use preoperative verification process such as checklist, to confirm patient identity, process to mark the surgical site and include patient to acknowledging the surgical site

Performance Improvement Process Tools & Techniques

- Apply process improvement techniques
- Use trended data to participate in performance improvement plans/initiatives
- Develop a tool for collecting statistically valid data

Tools and Techniques

- Use to facilitate communication others used to help determine root causes of performance problems
 - Checksheet
 - Data collection tool to record and compile observations or occurrences
 - Used to count occurrences
 - Data Abstracts
 - Used to collect data for monitoring and audits
 - Time Ladders
 - Support the collection of data that have a time orientation – usually a paper based where data is collected in specific time intervals
 - Example: time management survey to track the time it takes to perform a specific function

Tools and Techniques

- Statistical-Based Modeling Techniques – in some areas of healthcare, data generated are predominantly numerical and these types of data are usually presented using
 - **Run chart** displays data points over a period of time to provide information about a performance
 - **Statistical process control chart** looks like a run chart except that it is used to compare the actual performance between a lower and upper control limits using standard deviations.

Team based tools

- Flow Chart Process
 - Outline the steps of a process
- Brainstorming
 - Used to generate a large number of creative ideas from a group
- Cause & Effect Diagrams aka Fishbone diagrams
 - Facilitates root cause analysis by identifying the factors and variables within the process or event
- Force field analysis
 - Enables teams members to identify factors support or work against a proposed solutions by listing barriers and drives

Team based tools - continued

- Affinity grouping
 - Allows similar ideas to be organized into logical groupings from an activity such as brainstorming
- Nominal Group Technique
 - Process used to develop agreement about an issue or an idea by ranking by importance and helps the team to reach consensus
- Multivoting Technique
 - Variation on nominal group technique but instead of ranking ideas by importance, ideas are given a numerical rating value

Analyzing Process Data

- Bar graph/chart
 - Use to display discrete data such as gender of respondents
- Histogram
 - Use to display frequencies of responses and grouped data values that are continuous in nature
- Scatter diagrams
 - Use to plot the points of two continuous variables that may be related to each other in some way
- Pareto chart
 - Much like a bar chart except that the highest ranking item is listed first, followed by the second highest down to the lowest.

Perform data collection for quality reporting (core measures, PQRI, medical necessity, etc.)

Core Measures

- Sets of patient care characteristics that the JCAHO and Medicare have determined to reflect the quality of care an organization can provide for important diagnoses.
 - Common diagnoses
 - Pneumonia
 - CHF
 - Myocardial Infarction

Core Measures - continued

- Define the practices used in managing a health condition that achieve the best outcome, often on the basis of research identifying the best practices and methodologies used across the country.
- Analysis of core measure data allows providers to examine where their performance on various characteristics of care does not measure up to what the general community is accomplishing so they can identify areas to improve.

PQRS

- Physician Quality Reporting System
(Physician Quality Reporting or PQRS)
formerly known as the Physician Quality Reporting Initiative (PQRI)
- PQRS is a reporting program that uses a combination of incentive payments and payment adjustments to promote reporting of quality information by eligible professionals (EPs).
- Use the CMS-1500 to report monitored measures

PQRS - continued

- The program provides an incentive payment to practices with EPs (identified on claims by their individual National Provider Identifier [NPI] and Tax Identification Number [TIN]).
- EPs satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to **Medicare Part B Fee-for-Service (FFS) beneficiaries** (including Railroad Retirement Board and Medicare Secondary Payer).
- Beginning in 2015, the program also applies a payment adjustment to EPs who do not satisfactorily report data on quality measures for covered professional services.

Six Sigma

- Uses statistics for measuring variation in a process with the intent of producing error-free results
- Refers to the standard deviation used in descriptive statistics to determine how much an event or observation varies from the estimated average of the population sample
- Used where very small deviations can have a significant impact

Example of Questions

Question

- During The Utilization Review Committee meeting, a case presented for discussion involved a surgical case resulting in unexpected loss of lower extremity below the knee due to complications requiring extended length of stay. Being a Sentinel event, the committee requested that an investigation and reporting was required to identify the cause and prevention of future occurrences. This investigation and required reporting to the joint commission is known as:
 - a. Root cause analysis
 - b. Potential compensable event
 - c. Medication review
 - d. Clinical report card

Answer

- During The Utilization Review Committee meeting, a case presented for discussion involved a surgical case resulting in unexpected loss of lower extremity below the knee due to complications requiring extended length of stay. Being a Sentinel event, the committee requested that an investigation and reporting was required to identify the cause and prevention of future occurrences. This investigation and required reporting to the joint commission is known as:
 - a. **Root cause analysis**
 - b. Potential compensable event
 - c. Medication review
 - d. Clinical report card

Question

- In qualitative analysis we ensure documentation supports the diagnosis. What documentation would a coder look for to substantiate the diagnosis of aspiration pneumonia?
- 1. Diffuse parenchymal lung disease on x-ray
- 2. Patient history of inhaled food, liquid or oil
- 3. Positive culture for *Pneumocystis carinii*
- 4. Positive culture for *Streptococcus pneumoniae*

Answer

- In qualitative analysis we ensure documentation supports the diagnosis. What documentation would a coder look for to substantiate the diagnosis of aspiration pneumonia?
- 1. Diffuse parenchymal lung disease on x-ray
- **2. Patient history of inhaled food, liquid or oil**
- 3. Positive culture for *Pneumocystis carinii*
- 4. Positive culture for *Streptococcus pneumoniae*

Question

- Which of the following is **not** a responsibility of an organization's quality management department?
- 1. Help departments to identify potential clinical quality problems
- 2. Participating in regular department meetings across the organization
- 3. Conduct medical peer review to identify patterns of care
- 4. Determining the method for studying potential problems

Answer

- Which of the following is not a responsibility of an organization's quality management department?
- 1. Help departments to identify potential clinical quality problems
- 2. Participating in regular department meetings across the organization
- **3. Conduct medical peer review to identify patterns of care**
- 4. Determining the method for studying potential problems

Question

- Every organization's risk management plan should include the following components except:
 - 1. Loss prevention and reduction
 - 2. Safety and security management
 - 3. Peer review
 - 4. Claims management

Answer

- Every organization's risk management plan should include the following components except:
 - 1. Loss prevention and reduction
 - 2. Safety and security management
 - 3. Peer review
 - 4. Claims management

Why?

- Risk management programs have three functions:
 - 1. Risk identification and analysis
 - 2. Loss prevention and reduction
 - 3. Claims management
- (Sayles 2013, page 612)

Question

- A key feature of performance improvement is:
 - 1. Replacing unstructured decision making
 - 2. Developing managers to control processes
 - 3. An endless loop of feedback
 - 4. A continuous cycle of improvement

Answer

- A key feature of performance improvement is:
 - 1. Replacing unstructured decision making
 - 2. Developing managers to control processes
 - 3. An endless loop of feedback
 - **4. A continuous cycle of improvement**

Why? Continuous analysis, monitoring, planning, designing and evaluating

Question

- Change management is the process of planning for change. It concentrates on:
 - 1. Addressing employee resistance to change
 - 2. Scheduling planned changes
 - 3. Implementing the technology to execute changes
 - 4. Managing the costs of changes

Answer

- Change management is the process of planning for change. It concentrates on:
- **1. Addressing employee resistance to change**
- 2. Scheduling planned changes
- 3. Implementing the technology to execute changes
- 4. Managing the costs of changes

Why?

- Change management is the formal process of introducing change, getting it adopted and diffusing it throughout the organization.
- This includes clearing the air and answering questions to reduce fear and resistance to change

Question

- The director wants to implement benchmarking for transcription at a clinic. There are 21 transcriptionists who average about 140 lines per hour. They support 80 physicians at a cost of 15 cents per line. What is the first step the director takes to establish benchmarks for this group?
- 1. Define what is to be studied and accomplished by instituting benchmarks
- 2. Hold a meeting to announce benchmark program
- 3. Obtain benchmarks from other institutions
- 4. Hire a consultant

Answer

- The director wants to implement benchmarking for transcription at a clinic. There are 21 transcriptionists who average about 140 lines per hour. They support 80 physicians at a cost of 15 cents per line. What is the first step the director takes to establish benchmarks for this group?
- **1. Define what is to be studied and accomplished by instituting benchmarks**
- 2. Hold a meeting to announce benchmark program
- 3. Obtain benchmarks from other institutions
- 4. Hire a consultant

Why?

- You need to know what you want to be studied and what is to be accomplished.
- Once a benchmark is determined, then analyzing the data collection results has more meaning

Question

- The primary objective of quality in healthcare for both patient and provider is to:
 - 1. Keep costs under control
 - 2. Reduce death rates
 - 3. Reduce the incidence of infectious diseases
 - 4. Arrive at the desired outcomes

Answer

- The primary objective of quality in healthcare for both patient and provider is to:
 - 1. Keep costs under control
 - 2. Reduce death rates
 - 3. Reduce the incidence of infectious diseases
 - **4. Arrive at the desired outcomes**

Question

- Who is responsible for ensuring the quality of health record documentation?
- 1. Board of directors
- 2. Administrator
- 3. Providers
- 4. HIM professionals

Answer

- Who is responsible for ensuring the quality of health record documentation?
- 1. Board of directors
- 2. Administrator
- **3. Providers**
- 4. HIM professionals

Why?

- The governing board has the ultimate legal responsibility for the quality of care rendered in an organization.
- Once the bylaws have been established, however, the ultimate responsibility for quality documentation is delegated to the providers as they create and authenticate entries in the record.

Question

- A patient satisfaction survey conducted post discharge is a method of quality measure through:
 - a. Prospective indicator
 - b. Structured indicator
 - c. Process indicator
 - d. Outcome indicator

Answer

- A patient satisfaction survey conducted post discharge is a method of quality measure through:
 - a. Prospective indicator
 - b. Structured indicator
 - c. Process indicator
 - d. **Outcome indicator**

Question

- The Joint Commission on site survey process incorporates tracer methodology, which emphasizes surveyor review by means of:
 - a. Patient tracer
 - b. System tracers
 - c. Both system and patient tracers
 - d. Policy and procedure manual reviews

Answer

- The Joint Commission on site survey process incorporates tracer methodology, which emphasizes surveyor review by means of:
 - a. Patient tracer
 - b. System tracers
 - c. **Both system and patient tracers**
 - d. Policy and procedure manual reviews

Question

- Dr. Jones is establishing a clinical crowd research study for his patients with breast cancer wishing to participate in a chemotherapy clinical trial. As assistant director, you are responsible for clinical abstract of data and advice can to first seek approval of research involving human subjects through the:
 - a. Medical staff
 - b. Governing board
 - c. Office of national coordinator (ONC)
 - d. Institutional review board (IRB)

Answer

- Dr. Jones is establishing a clinical trial research study for his patients with breast cancer wishing to participate in a chemotherapy clinical trial. As assistant director, you are responsible for clinical abstract of data and advice Dr. Jones to first seek approval for his research involving human subjects through the:
 - a. Medical staff
 - b. Governing board
 - c. Office of national coordinator (ONC)
 - d. **Institutional review board (IRB)**

Question

- The United States federal government's Medicare substitutes compliance with the Conditions of Participation requirement to hospitals that already have accreditations awarded by various other agencies that include the Joint Commission, CARF, AOA, or AAAHC. This is known as:
 - a. Deemed status
 - b. due process
 - c. Contingency statutory
 - d. Waived status

Answer

- The United States federal government's Medicare substitutes compliance with the Conditions of Participation requirement to hospitals that already have accreditations awarded by various other agencies that include the Joint Commission, CARF, AOA, or AAAHC. This is known as:
 - a. **Deemed status**
 - b. due process
 - c. Contingency statutory
 - d. Waived status

Question

- A record that fails quantitative analysis is missing the quality criterion of:
 - a. Legibility
 - b. Reliability
 - c. Completeness
 - d. Clarity

Answer

- A record that fails quantitative analysis is missing the quality criterion of:
 - a. Legibility
 - b. Reliability
 - c. **Completeness**
 - d. Clarity

Question

- A standard of performance or best practice for a particular process or outcome is called a(n):
 - a. Performance measure
 - b. Benchmark
 - c. Improvement opportunity
 - d. Data measure

Answer

- A standard of performance or best practice for a particular process or outcome is called a(n):
 - a. Performance measure
 - b. Benchmark**
 - c. Improvement opportunity
 - d. Data measure

Why?

- When an organization compares its current performance to its own internal historical data, or uses data from a similar external organization across the country, it helps establish a benchmark, also known as a standard of performance or best practice, for a particular process or outcome.

Question

Which of the following is not a step in quality improvement decision-making?

- a. Determination of the quickest solution
- b. Definition of the problem
- c. Development of alternative solutions
- d. Implementation and follow-up

Answer

Which of the following is ***not*** a step in quality improvement decision-making?

- a. **Determination of the quickest solution**
- b. Definition of the problem
- c. Development of alternative solutions
- d. Implementation and follow-up

Question

- In this case management step, the case manager confirms that the patient meets criteria for the care setting and depth of services can be provided at the facility.
 - a. Preadmission care planning
 - b. Care planning at the time of admission
 - c. Review the progress of care
 - d. Discharge planning

Answer

- In this case management step, the case manager confirms that the patient meets criteria for the care setting and depth of services can be provided at the facility.
- a. Preadmission care planning
- b. **Care planning at the time of admission**
- c. Review the progress of care
- d. Discharge planning

Why?

- When a patient is admitted to the hospital the case manager will review all the information that has been gathered by the clinician assigned to the case to confirm that the patient meets the admission criteria for the admitting diagnoses. The manager will confirm that the patient requires services that can be performed in the facility.

Question

- This data set was developed by the National Committee for Quality Assurance to aid consumers with health related issues with information to compare performance of clinical measures for health plans:
 - a. HEDIS
 - b. UHDDS
 - c. UACDS
 - d. ORYX

Answer

- This data set was developed by the National Committee for Quality Assurance to aid consumers with health related issues with information to compare performance of clinical measures for health plans:
 - a. **HEDIS**
 - b. UHDDS
 - c. UACDS
 - d. ORYX

Question

- A coding supervisor who makes up the weekly work schedule would engage in what type of planning?
 - a. Long-range
 - b. Operational
 - c. Tactical
 - d. strategic

Answer

- A coding supervisor who makes up the weekly work schedule would engage in what type of planning?
 - a. Long-range
 - b. Operational**
 - c. Tactical
 - d. strategic

Question

- A supervisor wanted to determine if the release of information staff are working an optimal output. Which of the following would be most useful to determine this?
 - a. Review work attendance records to see who is absent from work the most
 - b. Walk through the work area at random times of the day to make sure that employees are at their desks and working
 - c. Set productivity standards for the area and review results on a regular basis
 - d. Determine the backlog of work not performed each day

Answer

- A supervisor wanted to determine if the release of information staff are working an optimal output. Which of the following would be most useful to determine this?
 - a. Review work attendance records to see who is absent from work the most
 - b. Walk through the work area at random times of the day to make sure that employees are at their desks and working
 - c. **Set productivity standards for the area and review results on a regular basis**
 - d. Determine the backlog of work not performed each day

Why?

- Productivity standards need to be set to achieve optimal output. Using work imaging the supervisor could get a snapshot of the current process and then could use that data along with benchmarking data to set productivity standards for the ROI staff.

Question

- I reviewed the patient's record of Mr. Brown and found there was no history and physical on the record at seven hours passed this patient's admission time. This would be in a sample of:
 - a. Quantitative analysis
 - b. Qualitative analysis
 - c. Data mining
 - d. Data warehousing

Answer

- I reviewed the patient's record of Mr. Brown and found there was no history and physical on the record at seven hours passed this patient's admission time. This would be in a sample of:
 - a. **Quantitative analysis**
 - b. Qualitative analysis
 - c. Data mining
 - d. Data warehousing

Q&A

