

SAINT ANNE'S HOSPITAL Fall River, Massachusetts

- Catholic community hospital
- 160 beds
- Member, Caritas Christi Health Care
- Operates numerous specialty clinics

The Situation

- In-house staff and local transcription company couldn't maintain acceptable turnaround and record volume was increasing.

The Solution

- Implement MedQuist's DocQment Enterprise Platform and transcription services to streamline workflow, handle volume and provide improved reporting and document access.

The Result

- Reduced turnaround times
- Eliminated backlog

The Benefits

- MedQuist provides transcription 24/7
- Saint Anne's transcriptionists work from home
- Reduced stress for HIM staff
- Easy access to reports, status and routing to STAT priority
- Deadlines for coding and physician follow-up are easily met
- Reports are never lost

Seven-day turnaround reduced to 24 hours with DocQment Enterprise Platform™ and MedQuist Transcription

Saint Anne's Hospital of Fall River, Massachusetts, is a vital member of Caritas Christi Health Care, New England's second-largest health care system. Founded in 1906, the hospital currently offers 160 beds, employs 1,100 people and operates a number of specialized multidisciplinary centers.

Battling a Growing Backlog

HIM Director Carolyn McGrath controls all of the inpatient, day surgery and observation records for Saint Anne's Hospital, as well as those for a number of clinics – for a total of 1.5 million lines of transcription each year.

In early 2004, McGrath faced a common dilemma: the combination of her in-house transcriptionists and the resources of a local transcription company just wasn't enough to handle the department's volume and maintain acceptable turnaround for her reports. Her coding staff often had to listen to untranscribed, dictated operative reports in order to meet their coding deadline, since transcription services were often backlogged beyond five days.

To make matters worse, physicians weren't getting their copies of consultation reports, discharge summaries and other information in time for their patients' follow-up visits. "There were a lot of complaints," McGrath said. "We tried to work with the outside service that we were using, but they just could not keep up – and our volume here was increasing at the same time."

As pressure mounted, she knew the time had come to find a company that could handle the facility's transcription volume while ensuring dependable turnaround time and high quality.

A Solution that Turned Up the Dial on Turnaround Times

McGrath evaluated several vendors and considered recommendations from colleagues at two Caritas hospitals. With a consensus from the IS directors of Caritas and Saint Anne's, the CFO and the VP for medical staff affairs, she made the decision to implement MedQuist's DocQment Enterprise Platform (DEP). McGrath was confident in MedQuist's ability to handle demanding turnaround times for an increasing volume of work – all while maintaining the required level of quality.

MedQuist's DEP allowed her to keep her own transcription staff (2 – 3 FTEs) while taking advantage of MedQuist's pool of 10,000 transcriptionists. "We were able to piggyback onto the interface to our Meditech system, which is used by all of the Caritas hospitals," McGrath explained. "Another hospital had just gone live with MedQuist, so we were able to use the same interface; it was just modified for our needs. So that simplified things and reduced our start-up costs."

We don't get so many phone calls saying, 'where is this report?'

CAROLYN MCGRATH,
HIM DIRECTOR

Bye-bye Backlog, Hello Productivity

On February 6, 2004, Saint Anne's had a seven-day turnaround time for inpatient consultation reports. The hospital went live with DEP on February 17, and by March 5, turnaround for those reports was reduced to less than one day.

Turnaround for operative reports was also reduced from seven days to one day over the next few months. Required turnaround varies by work type; med-flighted emergency cases are needed in two to four hours, while discharge summaries are allowed a longer turnaround time.

"We have 13 different work types," McGrath explains, "and I can say that it's going extremely well." She reports to her boss and to senior administration each week regarding the number of days untranscribed by work type, and the number of reports untranscribed by work types at that moment in time. "I do it every Friday, and before we came on with MedQuist we were off the charts. We had as many as 800 or 900 undictated reports in the system, and we had turnaround times of two to three weeks on some of it. Now it's just a nice flat line at the bottom of the graph that I am very happy to produce every week."

The Right Decision Delivers Big-time Results

Moving to MedQuist and DEP not only met her needs for turnaround time and quality, it allowed McGrath to send her transcriptionists home to work using the secure Web-based platform. While MedQuist does about two-thirds of her transcription, her own staff is seamlessly included in the workflow for maximum productivity.

McGrath is happy with the outcome, especially the ability to get the information she needs, when she needs it.

"Anytime I need to see a report," she explains, "I can go into [DEP] and find out what's happening to it by simply logging in on my computer." She also appreciates the fact that with MedQuist, reports aren't lost in the system – a problem with the previous vendor.

Bust most importantly, she notes, "the turnaround time and the quality are huge factors."

"One of the things that has happened is we don't get so many phone calls saying, 'where is this report? I need it – my patient is here now,'" McGrath explains. "My clerical staff would have to spend a lot of time trying to figure out if it was dictated, if it was transcribed, or even if it was done. Then they'd have to explain that it wasn't done yet to the physician's office staff. So it's taken a lot of stress off of them."

The coders at Saint Anne's also feel less pressure, since it's easier for them to meet their coding deadlines – which in turn, pleased the billing staff. "The physicians are happy because they are getting their reports when they need them," she says, "whether it's for patient care or for their own reimbursement purposes. Our in-house staff is quite pleased that operative reports for our in-house patients are in charts on the floor the next day. I've heard a number of clinicians say that it's where it should be, and they are obviously pleased."



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