Performing an audit was conducted in the following manner:

1. The facility information needed to be delivered electronically.
2. Manual querying of the DBMS should be reduced and made as easy as possible.
3. The system should keep track of progress.
4. The Follow Back Spreadsheet should be generated from within the program.
5. The system should be used to track missed cases to help determine when all missed cases were reported. The audit is deemed complete when all missed cases have been reported.

Meeting of the Minds

The Auditor and Programmer met and determined that a casefinding audit process should do the following:

1. The facility information needed to be delivered electronically.
2. Manual querying of the DBMS should be reduced and made as easy as possible.
3. The system should keep track of progress.
4. The Follow Back Spreadsheet should be generated from within the program.
5. The system should be used to track missed cases to help determine when all missed cases were reported. The audit is deemed complete when all missed cases have been reported.

Details, details…

Electronic Information

We created a document that details the items in an Excel format necessary to import the facility’s MRDI information into our new program. We will provide this information with our data request.

Collating the patient information

The program collates the patient and associated MRDI information so that all related information is shown and processed together.

Internal linkage

The facility information will be linked to the DBMS information and the results will be provided on Matched and Non-matched screens.

Progress counter

A running total of reviewed and non-reviewed cases will be displayed on the main screen.

Tracking missed cases

Once the Follow Back Spreadsheet is returned, the Auditor flags the missed cases in the program for ease of tracking.

Midstream Enhancements

After the first audit using the program was completed, two enhancements were added to speed up the process even more.

Changing the status

The status selection was changed from a drop down list (requiring 2 or 3 mouse clicks) to a radio button (one mouse click).

Excluding non-reportable entries

The second facility used for this new program sent all records, instead of cancer only records, for the time period requested. We added a routine to set any entry that did not have any ICD-9 related cancer codes to Not Reportable.

Screen Shots

Screens were created to make distinct steps for each process.

Results

<table>
<thead>
<tr>
<th>Facility 1</th>
<th>Facility 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Case Count (facility size)</td>
<td>850</td>
</tr>
</tbody>
</table>
| Medical Record Disease Index Information
| Months of Information Requested | 2 | 4 |
| Total Patients Sent | 739 | 1,064 |
| Total DX Records Sent | 1,756 | 9,069 |
| Audit Information
| Patient Matches to DBMS | 739 | 338 |
| Non-Matches | 4 | 1,064 |
| Follow Back Cases | 97 | 46 |
| Time tracking (Hours) | 38 | 84 |
| Actual Time using Program | 24 | 18 |
| Estimated time saved using Program | 14 | 66 |

Lessons Learned

- Medical Record Departments don’t always read the documentation.
- We will need to perform more audits in order to get the program configured to the point where the Auditor can set up an audit without any IT assistance.

Conclusions

By being more concise with facility information request, grouping the information into patient sets, and providing screens that allows for faster DBMS querying, the CRGC was able to save 2 weeks of an Auditor’s time with the first 2 audits. We expect subsequent audits to be performed even faster.