

APPENDIX 4

Quality Management Committee Executive Report

Timely Availability of Health Information



SEPTEMBER 2014



Timely Availability of Health Information

Background

An effective health information system ensures clinical information is readily available to health care staff when they need it. In practical terms, it means that the dentist has the oral surgeon's report in hand at a follow-up appointment, the Triage and Treatment Area nurse can rely on the documented discharge summary rather than the patient's recollection of a recent hospitalization, the primary care provider has the specialty report from the cardiologist, and the psychiatrist and primary mental health clinician can review the records from the Department of State Hospitals soon after the patient returns from an Intermediate Care Facility level of care.

Without access to clinical information, treatment planning becomes guess-work and services are delayed, sometimes to the detriment of the patient and frustration of staff. How much does availability of health information impact patient outcomes? Timely health information can make the difference between life and death for our patients, as evidenced by a case that occurred this year.



Mr. J. was a 25 year old healthy man, except for a history of mild asthma, who submitted a 7362 request complaining of chest wall pain. He was seen by the RN the next day, then by the covering physician ten days later who ordered a chest x-ray. The chest x-ray, completed four days later, was abnormal showing a 1.5 by 1.5 cm infiltrate. Over the next 8 months the following events occurred:

- The initial x-ray report was reviewed by the covering provider two weeks after it was completed, but was not in the eUHR for the Primary Care Provider and subsequent providers to review.
- The patient's symptoms worsened and four months after he initially presented, another chest x-ray was ordered while being seen in the TTA.
- The results of this x-ray took two weeks to reach the provider and showed significant abnormalities. The provider immediately referred the patient for a chest CT scan, which was abnormal.
- Mr. J subsequently required hospitalization during which time he was diagnosed with coccidioidmycosis and started treatment with fluconazole.
- After discharge from the hospital, Mr. J was seen by an Infectious Disease (ID) specialist who ordered an MRI to investigate a questionable abnormality in the thoracic spine.

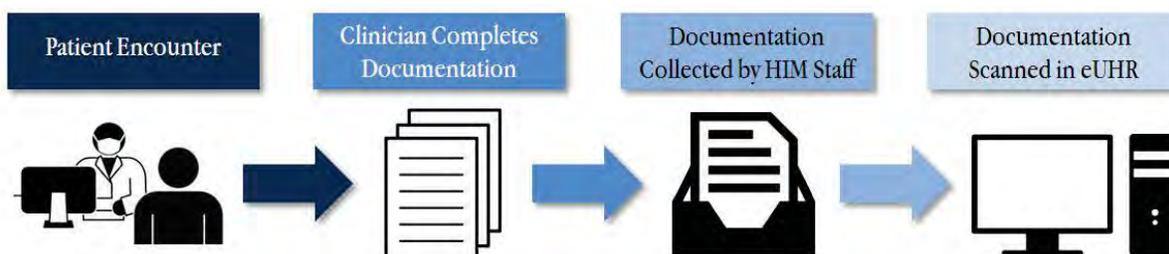


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- The MRI report that was returned 7 days later was signed a few days after receipt by one of the institution providers. Despite evidence of a spinal abscess, it took an additional seven weeks for the ID specialist to get a copy of the report.
- The ID specialist immediately noted the MRI report, which showed evidence of a spinal abscess and referred the patient for hospitalization and neurosurgical consultation. The patient died within 24 hours of admission.

Although some of our health information challenges will be mitigated with the implementation of an Electronic Health Record System (EHRS), we will still need to make sure that information from community hospitals, the Department of State Hospitals, specialty providers, and other health system partners are available in a timely and easily accessible manner.

It's not a simple task to improve the availability of health information. Many of our clinical documents require several steps and several hand-offs between staff before the document can make its way from the original source to the official health record.



In its statewide Performance Improvement Plan for 2013-2015, Health Care Services committed to improving the availability of health information system-wide, with the five performance objectives noted below, which have been recently modified to better reflect the different processes involved. Results for these modified performance objectives will continue to be provided monthly in the Health Care Services Dashboard 4.1.

- By December 31, 2016, 85% or more of **non-dictated records generated by clinicians** are available in the chart within 3 calendar days from the date of the patient encounter*.
- By December 31, 2016, 85% or more of **dictated records generated by clinicians** are available in the chart within 5 calendar days from the date of the patient encounter*.
- By December 31, 2016, 85% or more of **specialty reports** are available in the chart within 5 calendar days from the date of the patient encounter.
- By December 31, 2016, 85% or more of **hospital records** are available in the chart within 3 calendar days from the date of the patient discharge.
- By December 31, 2016, 95% or more of documents will be **scanned accurately** into the chart.

*These measures are under review and are subject to change.



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Over the last several months, Quality Management and Health Information Management staff have worked closely to refine the methodology for reporting the Health Information Management performance measures, **which will be applied to the Dashboard 4.1 methodology beginning October 2014**. See Appendix 1 for the detailed methodology used in this report.

This analysis reviews performance trends for our Health Information Management performance objectives, and also considers factors that may impact availability of health information. Questions addressed in this analysis include:



What proportion of documents is available in the eUHR in a timely manner for each document type?



What factors impact timely availability of health information?



How has performance changed over time among institutions?



Are there examples of best practices?

Major Findings for All Categories *(Appendix 2)*

- As of June 2014, two institutions (CEN and FSP) have met the overall performance target for timely availability of non-dictated documents generated by CDCR/CCHCS clinicians. Several more institutions have met the statewide performance target within individual program areas.
- Since July 2013, the majority of institutions have demonstrated improvements in timely availability of non-dictated documents and seven institutions have improved by more than 25 percentage points in the composite performance.
- For documents generated by CDCR/CCHCS clinicians, timely availability is almost twice as likely to occur if documents are generated by medical, nursing, or dental clinicians compared to documents generated by mental health clinicians.
- There remains significant variation in performance among institutions. The volume of documents generated and scanned, adjusted for patient populations and health records staffing respectively, do not adequately explain performance variances.
- No institutions have met the objective for timely availability of dictated documents as of June 2014. Since July 2013, performance is essentially unchanged statewide.
- Three institutions have met the objective for timely availability of specialty reports as of June 2014, and eight others are within ten percentage points of the statewide goal. Performance on this measure varies considerably both by institution and type of specialty service, though there is no consistent difference when comparing onsite specialty with offsite specialty reports.
- Two institutions (SAC and SOL) achieved the goal of at least 85% adherence to the targeted timeframe for availability of hospital documents in the 2nd Quarter of 2014, with seven more over 75%. Performance on this measure varies considerably by institution and hospital. For hospitals with more than thirty discharges in the 2nd Quarter 2014, the performance for availability of discharge summaries within 3 calendar days ranged from 42% to 75%.
- Scanning accuracy is very high at 98% statewide and has been consistently above the goal of 95% over the last 6 months.

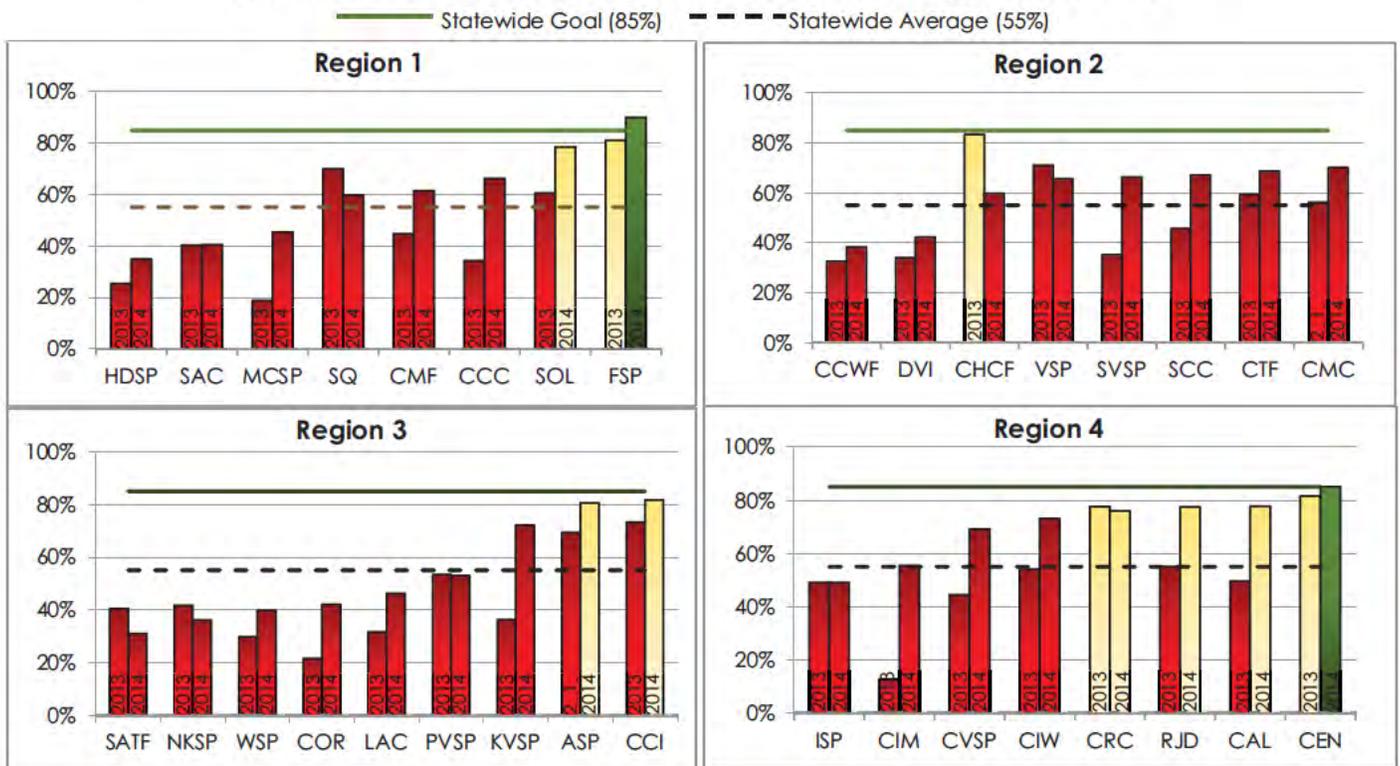


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Non-Dictated Documents Available within 3 Calendar Days* (Graph 1)

- Two institutions (CEN and FSP) exceeded the statewide target and 6 other institutions (SOL, ASP, CCI, CRC, RJD and CAL) had performance over 75%.
- More than two-thirds of the institutions improved performance over the past twelve months, including seven institutions with an improvement of greater than 25 percentage points. CIM demonstrated the largest gain of 43 percentage points.

Graph 1 – Non-Dictated Documents Available within 3 Calendar Days of Encounter
July 2013 Performance Data Compared To June 2014 Performance Data

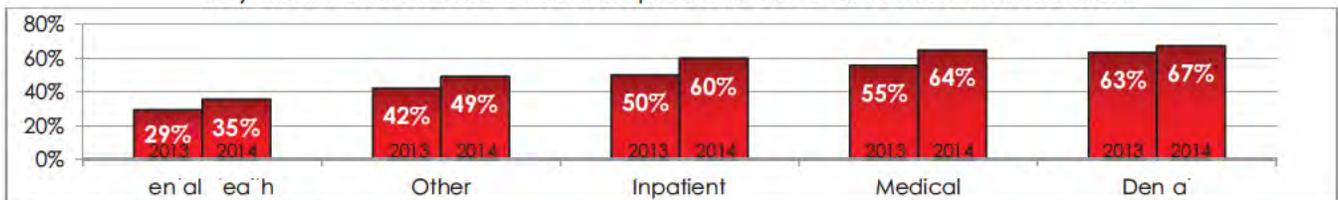


*This measure is under review and is subject to change.

Availability of Non-Dictated Documents by Program Area* (Graph 2)

- Statewide, internally generated documents from Medical, Nursing and Dental staff and within an Inpatient setting are almost twice as likely to be available within 3 calendar days compared to documents generated by Mental Health staff.
- All program areas improved modestly when current performance is compared to July 2013.

Graph 2 – Availability of Internally-Generated Documents by Program Area
July 2013 Performance Data Compared To June 2014 Performance Data



*This measure is under review and is subject to change.

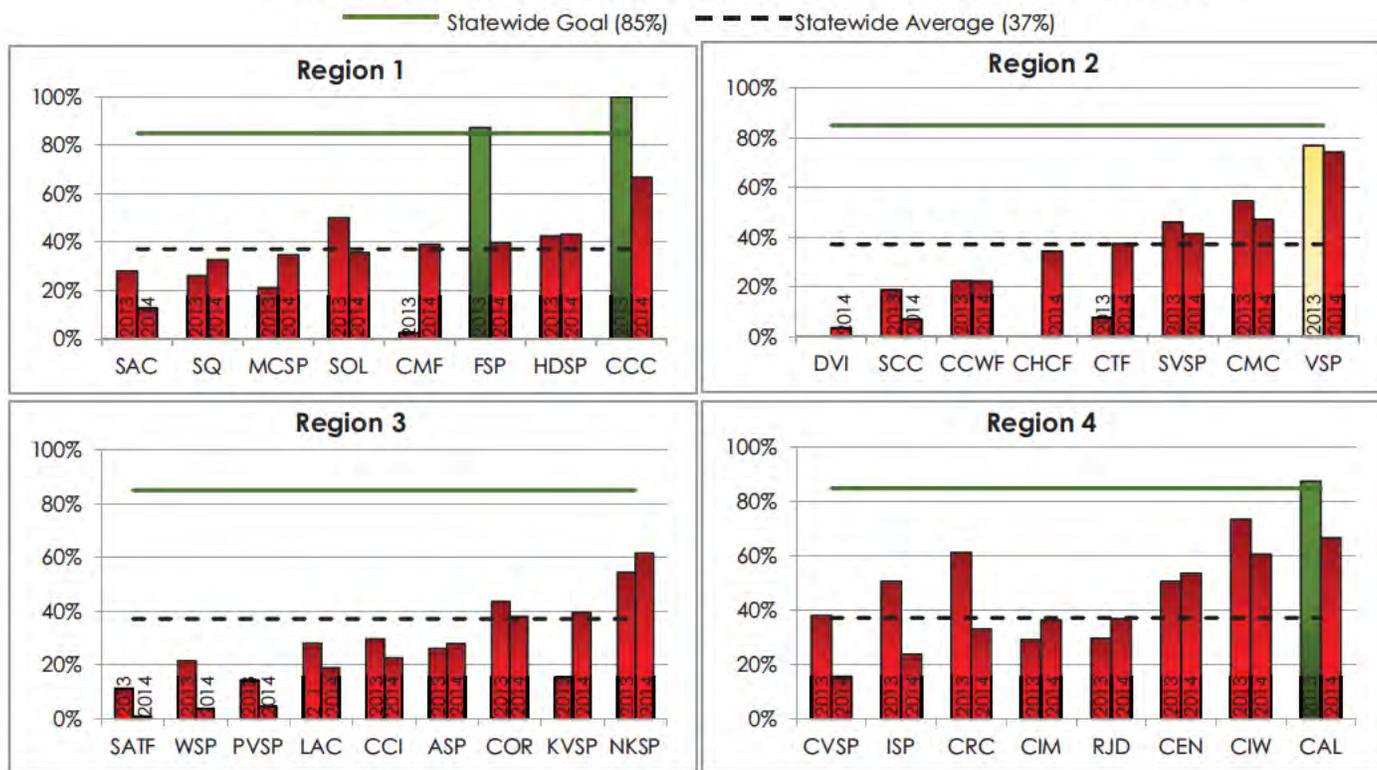


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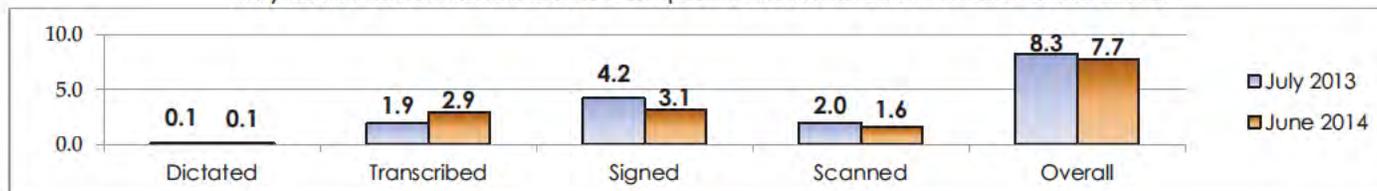
Dictated Documents Available within 5 Calendar Days* (Graphs 3 and 4)

- As of June 2014, no institutions exceeded the statewide target of 85%. VSP currently has the highest performance of 74%, while SATF has the lowest performance at 1%.
- Twelve institutions improved performance over the past twelve months, while 19 decreased in performance. Three institutions made an improvement of greater than 25 percentage points. CMF demonstrated the largest gain of 37 percentage points.
- Compared to July 2013, in June 2014, the overall process took approximately one-half day less, with dictation of the document by the provider taking about the same time to complete, transcription of the document taking approximately one day longer, signature of the document by the provider taking one day less, and scanning the document taking approximately one-half day less. However, in early 2014, the transcription time was 7-8 days (not shown), but has since been much lower.

Graph 3 – Dictated Documents Available within 5 Calendar Days of Encounter
July 2013 Performance Data Compared To June 2014 Performance Data



Graph 4 – Dictated Documents – Days to Complete Each Step
July 2013 Performance Data Compared To June 2014 Performance Data



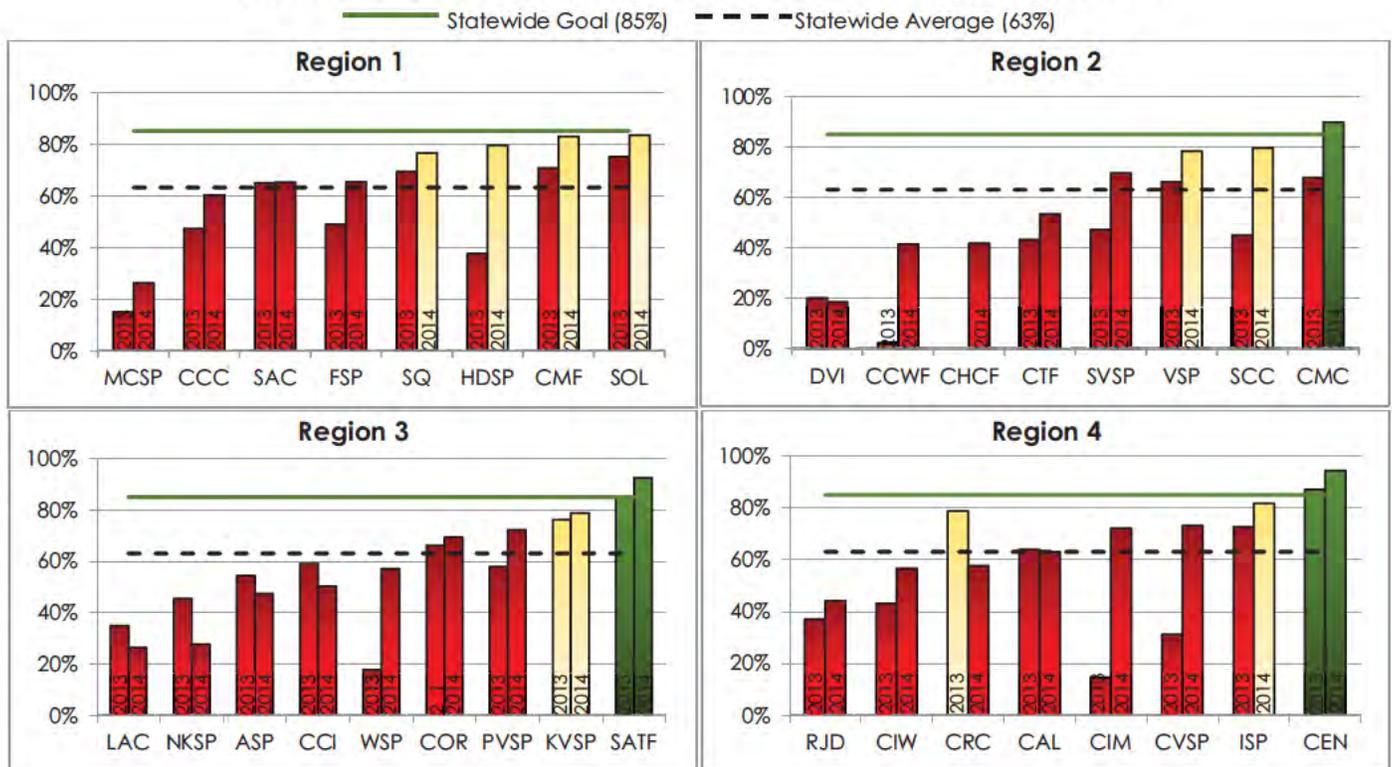


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Specialty Reports Available within 5 Calendar Days of Encounter (Graph 5)

- CEN currently has the highest performance at 94% in timely availability of specialty reports, while CMC and SATF also exceeded the goal of 85%; CIM demonstrated the largest gain in this measurement type, increasing by 57 percentage points.
- DVI had the lowest performance at 19%; CRC showed the largest decline in their performance by dropping 21 percentage points.
- Three-quarters of institutions improved performance in timely availability of specialty documents, with six institutions improving performance by greater than 25 percentage points.

Graph 5 – Specialty Reports Available within 5 Calendar Days of Encounter
 July 2013 Performance Data Compared To June 2014 Performance Data



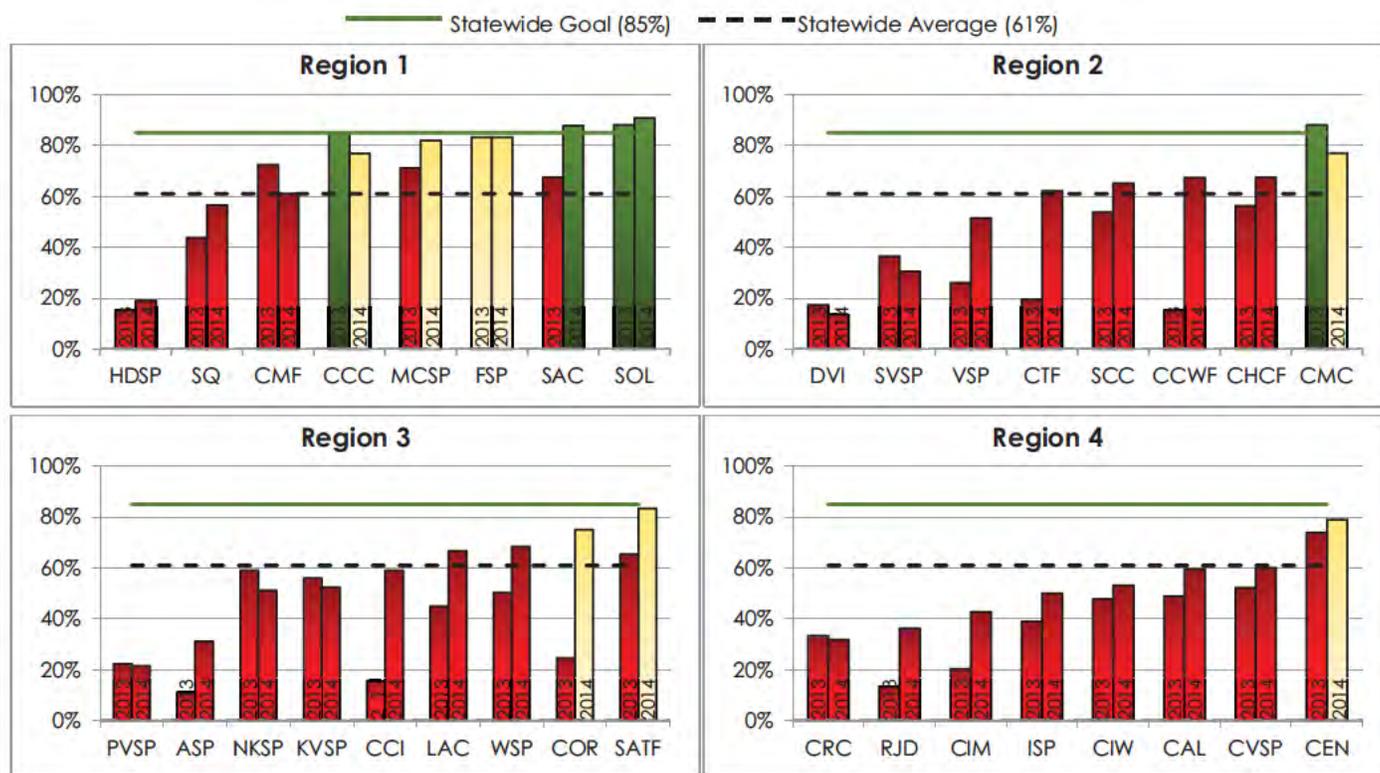


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Hospital Records Available within 3 Calendar Days of Discharge* (Graph 6)

- Both SAC and SOL exceeded the statewide performance target, and seven additional institutions had performance over 75%.
- DVI had the lowest performance at 14%.
- 23 Institutions have improved their performance between the 3rd Quarter of 2013 and the 2nd Quarter of 2014. CCWF achieved the largest gain, increasing by 52 percentage points.

Graph 6 – Hospital Records Available within 3 Calendar Days of Discharge
3rd Quarter 2013 v. 2nd Quarter 2014 Performance Data



*Analysis was performed using hospitalization data from the 3rd Quarter in 2013 and 2nd Quarter in 2014 due to small monthly totals.

Scanning Accuracy

- Scanning accuracy has consistently been very high, with the statewide average exceeding 95% during each of the last 6 months. In June 2014, all institutions, except three (CIW, SQ, and WSP), exceeded the 95% target for scanning accuracy, and the statewide average was 98%.



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Which Factors Impact Performance? Why is there so much variation in performance? Do differences among institutions' health care missions, patient acuity, workload and/or staffing explain the differences in performance? Which factors influence how well institutions perform? The following assumptions were analyzed, and the results may be surprising.

Assumption	The Data Show...
<p>Document Volume Generated Performance differences are explained by differences in the volume of documents generated by clinicians.</p>	<p>Not True. Volume of documents – whether internally generated or by specialists or hospitals – doesn't explain most of the performance variance.</p>
<p>Patient Acuity Institutions with more complex patients will show lower performance in these measures, because complex patients require more documentation and that documentation takes longer to process.</p>	<p>Not True.</p>
<p>Health Records Scanned Institutions with health records staff who each scan more documents per hour show better performance.</p>	<p>Not True.</p>
<p>Scanning Accuracy Institutions with higher filing accuracy show lower performance, because more time and care is taken when scanning into the eUHR.</p>	<p>Not True.</p>
<p>Type of Specialty Reports from certain types of specialty consultations are more likely to be scanned timely than other types of specialty documents.</p>	<p>True. Documents associated with certain specialty types are more likely to be available within 3 calendar days. For example, 83% of podiatry reports are available within 3 calendar days, contrasted with only 24% of infectious disease reports. (<i>Appendix 2, Tables 2 and 3</i>)</p>
<p>Onsite Specialty vs. Offsite Specialty Reports from on-site specialty consultations are much more likely to be scanned timely than off-site records.</p>	<p>Not True. Offsite reports are slightly more likely to be scanned timely than onsite reports.</p>
<p>Hospital that Discharged Patient Timely scanning of discharge summaries depends in large part on which hospital discharged the patient – some hospitals are better than others at getting discharge summaries to our health care staff.</p>	<p>True. Documents from certain hospitals are more likely to be available compared to other hospitals. For example, among hospitals with 30 or more CDCR patient visits, 75% of documents from one hospital were in the eUHR within 3 calendar days, while only 42% of documents from another were in the patient chart within the same timeframe. (<i>Appendix 2, Table 4</i>)</p>



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Recommendations

Tips from a Top Performer – Centinela State Prison

How did Centinela transform its health information system to become one of the highest-performing institutions in the state? Chief Executive Officer, Kevin Reilly, shared some of Centinela's strategies used to redesign processes involved in getting clinical information into patient records, and motivate change, which cumulatively resulted in success for the institution.



Internally-Generated Documents Due by Close of Business. Centinela's leadership team instituted a new performance standard: clinical staff from all program areas are expected to submit clinical documentation for patients seen that day by close of business, whenever possible.



Frequent Clinic Runs. Centinela staff made it easier for clinicians in different clinic areas to submit documents timely by making multiple daily runs from the clinic areas to Health Records and vice versa taking every opportunity to deliver documentation ready for filing. With these frequent runs, Health Records staff were also able to maintain a steady flow of scanning instead of having periods of time with low activity or large batches of documentation arriving in Health Records all at once.



Dedicated Staff and Tracking Systems. Designated staff were assigned to obtain missing specialty reports and hospital discharge summaries, and instituted reminder systems when specialty reports were getting close to due, so that these designated staff could proactively follow-up with specialty and hospital providers.



Building Solid Partnerships with Outside Stakeholders. Establishing a strong partnership and standardized communication and coordination processes with the hospital ensured that discharge documents were available to the Primary Care Provider within 5 days after discharge. Centinela staff were also persistent in obtaining documents when discharge summaries and medication lists were not provided at the time of patient transfer, which reinforced the established processes.



Messaging by the Leadership Team. Each member of the leadership team dedicated time to understand details of the Dashboard metrics then met with their subordinate staff to review the processes to find opportunities for improvements, and bring home the message that timely health information was critical to patient care. Leaders also provided program level performance data to inspire a healthy competition and ownership of improvement activities.



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Persistent Focus. Once Centinela decided that timely health information was going to be a major Quality Improvement priority for the institution, it became a regular focus at daily executive team meetings and monthly Quality Management Committee (QMC) sessions. At nearly every meeting, institution leaders reviewed the institution's performance on the Health Information Management performance measures and other Dashboard 4.0 measures in detail and made plans to improve performance.



Through It All Regular Feedback to Staff. Centinela supervisors and managers provided updates on progress on a regular basis in supervisory staff meetings, QMC and other forums. Regular feedback presents opportunities to recognize staff who are doing an exemplary job, celebrate success and builds momentum for further improvement.

Updates to Health Information Management Performance Measures

Health Information Management performance objectives in the statewide Performance Improvement Plan and on the Health Care Services Dashboard will be updated to better represent the different processes involved in obtaining timely and accurate health information.

Create Policies to Set Expectations

Currently, there are no comprehensive statewide policies around the entire business process of completing documentation of patient encounters through scanning the document into the chart. It is recommended that the necessary policies be developed to ensure timely availability of health information, which will require an interdisciplinary workgroup from all program areas.



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Appendix 1 – Detailed Methodology

To calculate performance measures presented in this analysis, Quality Management staff used data sources and applied specific rules as noted below:

Non-Dictated Internally-Generated Documents (currently named “Documents Scanned” on the Health Care Services Performance Improvement Plan and Dashboard)

- Data for this group of measures comes from the electronic Unit Health Record (eUHR).
- Internally generated documents are classified by program area, including Medical/Nursing, Dental, Mental Health, Inpatient and Other.
- The encounter date is compared to the scan date to determine how long it took for the document to be available in the chart.
- Dictated documents, Medication Administration Records (MARs), Tuberculosis documents, and Notification of Diagnostic Test Results are excluded from this measure.
- This measure is under review and is subject to change.

Dictated Internally-Generated Documents

- Data for this measure comes from the electronic eUHR and the Dictation and Transcription database.
- The encounter date of the dictated document is compared to the scan date to determine how long it took for the document to be available in the chart.
- This measure is under review and is subject to change.

Specialty Reports

- Data for this measure comes from the Medical Scheduling and Tracking System (MedSATS), which captures on- and off-site specialty encounters that were completed during the reporting period, and the eUHR.
- Specialty providers are required to provide all clinical documentation, including but not limited to prescriptions, clinical notes, discharge summaries, and brief operative notes sufficient to support continuity of care within the institution, and any other required reports within 48 hours of the visit.



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- With the exception of MRI and CT Scans, all other radiology reports are excluded from this measure since radiology documents do not have to be scanned into the eUHR, as long as they are in the Radiology Imaging System/Picture Archiving System (RIS/PACS).
- Dialysis appointments are excluded from this measure since a summary of dialysis visits is often only provided once a month.

Community Hospital Records

- Data for this measure comes from the Census and Discharge Data Information System (CADDIS), which captures discharges from a community hospital. The eUHR is then searched for a hospital discharge document associated with that discharge.
- Hospital providers are required to issue a written discharge summary and/or transfer summary upon hospital discharge of a patient back to a CDCR institution.

Scanning Accuracy

- Every institution sends a bundle of documents to the Health Record Center (HRC) monthly. HRC staff samples approximately 15% of documents from each institution to audit and determine the accuracy of scanning outpatient documents into the eUHR.
- Scanning inaccuracies include wrong CDC Number, wrong name, wrong encounter date used, blank pages, document in wrong location, etc.
- Inpatient documents are excluded from this measure since they are not sent to the HRC.

Pelican Bay State Prison (PBSP) was not included in the analysis of timely availability of health information performance measures in this report since it has a free standing electronic medical record, but it was included in the analysis of scanning accuracy.



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Appendix 2

Table 1 – HIM Measures Performance Data: July 2013 Compared to June 2014

		Overall Internally-Generated		Medical		Dental		Mental Health		Inpatient		Other		Dictated*		Specialty		Hospital		
		07/13	06/14	07/13	06/14	07/13	06/14	07/13	06/14	07/13	06/14	07/13	06/14	07/13	06/14	07/13	06/14	3rd Qtr 2013	2nd Qtr 2014	
		SW	48%	55%	55%	64%	63%	67%	29%	35%	50%	60%	42%	49%	39%	37%	52%	63%	46%	61%
Region 1	CCC	34%	66%	43%	63%	38%	78%	12%	49%	-	-	44%	75%	100%	67%	47%	60%	85%	77%	
	CMF	45%	61%	49%	81%	75%	60%	35%	39%	10%	80%	54%	47%	2%	39%	71%	83%	72%	61%	
	FSP	81%	90%	89%	98%	97%	98%	62%	98%	-	-	77%	67%	87%	40%	49%	65%	83%	83%	
	HDSP	25%	35%	49%	30%	34%	46%	7%	4%	3%	54%	35%	40%	42%	43%	38%	79%	15%	19%	
	MCSP	19%	45%	26%	57%	22%	51%	8%	15%	-	65%	19%	39%	21%	35%	15%	26%	71%	82%	
	PBSP	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	SAC	40%	40%	47%	52%	26%	17%	14%	15%	85%	91%	29%	27%	28%	13%	65%	65%	68%	88%	
	SOL	61%	78%	83%	89%	66%	94%	47%	57%	-	86%	47%	66%	50%	36%	75%	83%	88%	91%	
	SQ	70%	60%	72%	78%	92%	55%	57%	57%	-	39%	58%	70%	26%	33%	69%	76%	44%	57%	
Region 2	CCWF	33%	38%	13%	27%	91%	58%	3%	4%	-	73%	24%	30%	22%	22%	2%	41%	15%	67%	
	CHCF	83%	60%	97%	79%	94%	86%	-	53%	42%	41%	100%	40%	-	34%	-	42%	56%	67%	
	CMC	56%	70%	86%	84%	90%	93%	40%	31%	5%	80%	60%	62%	55%	47%	68%	90%	88%	77%	
	CTF	59%	69%	76%	82%	62%	86%	67%	63%	-	-	33%	45%	8%	37%	43%	53%	20%	62%	
	DVI	34%	42%	26%	34%	84%	65%	9%	31%	-	-	17%	39%	0%	4%	20%	19%	17%	14%	
	SCC	46%	67%	55%	73%	63%	72%	29%	60%	-	-	37%	63%	19%	7%	45%	80%	54%	65%	
	SVSP	35%	66%	61%	85%	42%	89%	13%	49%	-	57%	24%	52%	46%	41%	47%	70%	37%	31%	
	VSP	71%	66%	68%	74%	87%	78%	68%	45%	-	-	62%	65%	77%	74%	66%	78%	26%	51%	

*This measure is under review and is subject to change



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Table 1 – HIM Measures Performance Data: July 2013 Compared to June 2014 (cont.)

		Overall Internally-Generated*		Medical		Dental		Mental Health		Inpatient		Other		Dictated*		Specialty		Hospital	
		07/13	06/14	07/13	06/14	07/13	06/14	07/13	06/14	07/13	06/14	07/13	06/14	07/13	06/14	07/13	06/14	3rd Qtr 2013	2nd Qtr 2014
		07/13	06/14	07/13	06/14	07/13	06/14	07/13	06/14	07/13	06/14	07/13	06/14	07/13	06/14	07/13	06/14	3rd Qtr 2013	2nd Qtr 2014
	SW	48%	55%	55%	64%	63%	67%	29%	35%	50%	60%	42%	49%	39%	37%	52%	63%	46%	61%
Region 3	ASP	69%	81%	81%	90%	71%	86%	66%	76%	-	-	60%	71%	26%	28%	54%	47%	11%	31%
	CCI	73%	82%	85%	89%	84%	91%	69%	75%	-	-	56%	72%	30%	23%	59%	50%	16%	59%
	COR	22%	42%	30%	46%	39%	33%	10%	24%	9%	67%	20%	40%	44%	38%	66%	69%	25%	75%
	KVSP	36%	72%	27%	69%	75%	89%	27%	64%	10%	85%	42%	53%	15%	40%	76%	79%	56%	52%
	LAC	32%	46%	34%	45%	53%	58%	12%	21%	-	71%	27%	36%	28%	19%	35%	26%	45%	67%
	NKSP	42%	36%	46%	44%	67%	43%	41%	15%	4%	36%	51%	43%	54%	62%	45%	28%	59%	51%
	PVSP	53%	53%	77%	55%	98%	82%	43%	23%	1%	75%	47%	30%	14%	5%	58%	72%	22%	21%
	SATF	40%	31%	62%	27%	65%	33%	20%	2%	11%	77%	44%	16%	11%	1%	85%	92%	65%	83%
	WSP	30%	40%	42%	52%	45%	56%	32%	51%	2%	2%	28%	37%	21%	4%	18%	57%	50%	68%
Region 4	CAL	50%	78%	67%	87%	35%	83%	32%	83%	74%	-	41%	58%	88%	67%	64%	63%	49%	60%
	CEN	82%	85%	85%	87%	96%	99%	69%	95%	-	69%	77%	76%	51%	54%	87%	94%	74%	79%
	CIM	13%	56%	16%	71%	1%	71%	9%	44%	27%	52%	11%	41%	29%	36%	15%	72%	20%	43%
	CIW	54%	73%	73%	85%	89%	99%	28%	44%	33%	60%	47%	79%	74%	61%	43%	57%	48%	53%
	CRC	78%	76%	93%	94%	93%	90%	69%	72%	-	-	56%	47%	61%	33%	79%	58%	33%	32%
	CVSP	44%	69%	52%	86%	45%	74%	40%	58%	-	-	41%	58%	38%	15%	31%	73%	52%	60%
	ISP	49%	49%	46%	46%	80%	42%	38%	59%	-	-	33%	50%	51%	24%	73%	82%	39%	50%
	RJD	55%	78%	85%	86%	91%	96%	47%	55%	3%	83%	49%	68%	30%	37%	37%	44%	13%	36%

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Table 2 – Specialty Reports by Type

	Specialty Reports by Type – June 2014		
	Timely Reports	Total Reports	Performance
Statewide	15548	24649	63%
Podiatry	832	997	83%
Ophthalmology	1181	1431	83%
Urology	305	390	78%
Gastrointestinal	419	578	72%
Pulmonary	386	544	71%
Orthotics	377	544	69%
Orthopedics	895	1303	69%
Surgery	564	839	67%
Optometry	3340	5073	66%
Cardiology	444	681	65%
Endocrinology	134	211	64%
Physical Therapy	3780	5995	63%
Oncology	171	282	61%
Neurology	143	243	59%
Dermatology	155	269	58%
Audiology	161	289	56%
ENT	180	325	55%
CT Scan	168	308	55%
Radiation Oncology	143	290	49%
MRI	122	308	40%
Specialty RN	408	1143	36%
Infectious Disease	244	1035	24%
All Other	996	1571	63%



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Table 3 – Onsite vs. Offsite Specialty Reports

		Onsite Specialty Reports – June 2014			Offsite Specialty Reports – June 2014		
		Timely Reports	Total Reports	Performance	Timely Reports	Total Reports	Performance
SW		12499	20202	62%	3049	4447	69%
Region 1	CCC	233	415	56%	56	65	86%
	CMF	1657	2016	82%	196	221	89%
	FSP	131	200	66%	70	108	65%
	HDSP	284	307	93%	8	61	13%
	MCSP	158	959	16%	140	179	78%
	PBSP	-	-	-	-	-	-
	SAC	97	173	56%	62	71	87%
	SOL	1335	1599	83%	193	234	82%
	SQ	537	646	83%	130	226	58%
Region 2	CCWF	293	612	48%	11	121	9%
	CHCF	472	1268	37%	147	213	69%
	CMC	834	934	89%	256	279	92%
	CTF	375	707	53%	71	128	55%
	DVI	48	329	15%	32	102	31%
	SCC	257	332	77%	75	85	88%
	SVSP	281	380	74%	61	111	55%
	VSP	402	476	84%	83	143	58%
Region 3	ASP	314	694	45%	41	56	73%
	CCI	74	175	42%	50	72	69%
	COR	261	350	75%	57	109	52%
	KVSP	250	319	78%	39	48	81%
	LAC	61	408	15%	81	132	61%
	NKSP	317	1321	24%	80	116	69%
	PVSP	431	582	74%	28	54	52%
	SATF	696	745	93%	91	106	86%
	WSP	268	524	51%	98	118	83%
Region 4	CAL	281	455	62%	54	77	70%
	CEN	382	399	96%	99	111	89%
	CIM	638	856	75%	211	322	66%
	CIW	237	439	54%	82	125	66%
	CRC	88	179	49%	116	175	66%
	CVSP	271	384	71%	69	81	85%
	ISP	287	359	80%	68	76	89%
	RJD	213	599	36%	177	287	62%



Timely Availability of Health Information

Table 4 – Hospital Records by Hospital

	Hospital Records by Hospital – 2nd Quarter 2014		
	Timely Reports	Total Reports	Performance
Statewide	1265	2087	61%
Hospital 01	381	552	69%
Hospital 02	191	335	57%
Hospital 03	170	228	75%
Hospital 04	60	129	47%
Hospital 05	45	108	42%
Hospital 06	40	96	42%
Hospital 07	40	62	65%
Hospital 08	19	40	48%
Hospital 09	27	39	69%
Hospital 10	21	38	55%
Hospital 11	25	38	66%
Hospital 12	26	37	70%
Hospital 13	18	32	56%
Hospital 14	18	30	60%
All Others	184	323	57%



Timely Availability of Health Information

Table 5 – Scanning Accuracy

		June 2013			June 2014		
		Accurate Pages	Pages Examined	Performance	Accurate Pages	Pages Examined	Performance
	SW	12033	12177	99%	4314	4407	98%
Region 1	CCC	491	497	99%	123	123	100%
	CMF	388	391	99%	149	149	100%
	FSP	323	323	100%	106	110	96%
	HDSP	29	63	46%	110	113	97%
	MCSP	459	460	100%	223	230	97%
	PBSP						
	SAC	363	365	99%	55	55	100%
	SOL	355	358	99%	131	131	100%
	SQ	1197	1220	98%	373	407	92%
Region 2	CCWF	190	190	100%	82	82	100%
	CHCF*	-	-	-	-	-	-
	CMC	139	143	97%	84	84	100%
	CTF	538	540	100%	138	138	100%
	DVI	653	658	99%	190	190	100%
	SCC	171	171	100%	94	94	100%
	SVSP	330	331	100%	91	91	100%
	VSP	392	395	99%	104	106	98%
Region 3	ASP	138	139	99%	30	30	100%
	CCI	177	179	99%	283	289	98%
	COR	441	442	100%	118	121	98%
	KVSP	194	196	99%	95	98	97%
	LAC	259	259	100%	170	170	100%
	NKSP	440	451	98%	180	180	100%
	PVSP	221	231	96%	128	130	98%
	SATF	647	657	98%	108	108	100%
	WSP	229	229	100%	50	55	91%
Region 4	CAL	237	238	100%	204	204	100%
	CEN	590	591	100%	139	139	100%
	CIM	656	657	100%	120	121	99%
	CIW	423	437	97%	67	88	76%
	CRC	262	262	100%	125	126	99%
	CVSP	291	292	100%	69	69	100%
	ISP	235	236	100%	96	97	99%
	RJD	182	183	99%	199	199	100%

*CHCF documents have not been audited.