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## Leap of Faith

Anxious about being the proverbial fish out of water, registrars get set to move to an EMR environment.



**MTIA & NCRA**  
Conference Issue

Transcription  
Overflow

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Patient/Provider  
Communication

## TRANSCRIPTION TRENDS



# MANAGING TRANSCRIPTION OVERFLOW

By Don Hughes and Kim Vernon, RHIA

As with most information and requests for information coming into an HIM department, dictated voice files do not always arrive in a steady flow throughout the week or year. Sometimes they are a stream, other times, a river. When a healthcare facility is flooded with voice files, its in-house transcription process often cannot handle the extra volume, resulting in an overflow situation. In actuality, though, these files are no longer flowing anywhere; they are at a standstill, creating a backlog of voice files in the system.

Hospitals, clinics, and other providers handle their overflow in different ways. Typically, they employ a temporary solution to eliminate the backlog, then return to their normal transcription process. However, this process will break down again during the next inevitable flood period. As a result, too many healthcare facilities are trapped in an endless cycle of reacting to regular overflow crises rather than addressing the problem proactively.

The most common cause of overflow is a staffing shortage created by holidays, vacations, or high turnover. Other causes include an unexpected fluctuation in transcription volume, seasonal upswings in the number of patient visits, and insufficient staffing on nights and weekends.

A growing backlog of voice files waiting for transcription is often ignored until it reaches a critical mass, at which point the facility implements emergency measures that are generally expensive and inefficient—as emergency measures tend to be. Even when a backlog gathers slowly and steadily over a long period of time, it is generally not addressed until it becomes an acute problem.

The most pressing problem created by overflow is incomplete medical records, which leads to a host of additional concerns ranging from unnecessarily lengthening of a hospital stay to slowing down the billing process. Overflow also leads to angry physicians, overburdened transcriptionists, and added costs for the facility when it is forced to pay overtime and/or enlist outside help.

### Temporary Solutions

The phrase *temporary solution* is, of course, an oxymoron. However, it is what most healthcare facilities rely on when handling an overflow problem. In addition to requiring their own medical transcription staff to work overtime, they typically outsource their backlog to one or more medical transcription service organizations (MTSOs). In some cases, facilities are forced to get assistance from a number of unfamiliar MTSOs just to get through the current crisis.

Attempting to solve an overflow problem with short-term outsourcing is unreliable, expensive, and inefficient. First, the MTSO may not be able to directly interface with the facility's HIM system for patient demographic information and easily accessible finished files. Also, the medical transcriptionists (MTs) working for the MTSO will be unfamiliar with the facility's account specifics and unaccustomed to physician dictation habits, which will affect turnaround time and accuracy.

When dealing with a local MTSO, its MTs will not necessarily have experience and expertise in every work type it is required to transcribe. Plus, temporary outsourcing projects tend to concentrate on speed over quality.

When an MTSO is handed a backlog of voice files, turnaround times can be widely inconsistent and unpredictable, as can quality. There is often little or no monitoring of the workflow once voice files leave the facility. Furthermore, the facility is generally forced to pay a premium for this rushed work.

It is also important to remember that if an MTSO is only enlisted to help in times of urgent overflow, the MTSO is often faced with the exact same problems that its client is trying to

overcome. Specifically, the MTSO has an unpredictable and wildly fluctuating volume of voice files to handle at any given time, often with little notice, which makes staffing and capacity issues difficult. The MTSO itself must pay its staff overtime and require it to work nights and weekends. This problem can lead to quality issues, and the costs are naturally passed along to the healthcare facility.

### Long-term Solutions

How can a healthcare facility escape the endless cycle of overflow? The first step is to stop thinking of each overflow crisis as a one-time event. To use one of Hollywood's favorite medical clichés: treat the cause, not the symptoms. The facility must recognize the core issues behind overflow if it is to adopt proactive solutions and end the cycle.

Overflow must be treated as a regular part of the medical transcription process rather than a breakdown in the system. Otherwise, the facility will continue to rely on temporary emergency solutions.

If a healthcare facility is relying on short-term assistance from various MTSOs during repeated overflow periods, then the organization would be better served by establishing a committed relationship with a single transcription partner throughout the year.

A long-term partnership allows the MTSO to become a fully integrated part of the facility's transcription process. Technology and compatibility issues are eliminated, as are problems with inconsistent quality or turnaround time. An MTSO in a committed assistance relationship should be able to analyze its client's workflow patterns, predict volume fluctuations, and adapt immediately to overflow.

Since overflow is absorbed by the MTSO, voice files do not build up in a backlog during periods of heavy volume. A proactive solution is in place rather than repeated crisis management situations.

When establishing a long-term relationship with an MTSO, some healthcare facilities make the mistake of only outsourcing dictation that their in-house workforce has been unable to complete in a reasonable period of time. Thus, dictation may wait hours or days in the internal pipeline at the hospital and is only sent to the MTSO when it becomes urgent.

Instead, the facility should establish up-front which work types, departments, or physicians will be handled by the MTSO and which voice files will remain in-house. Areas that have the greatest fluctuation and are most prone to overflow are generally a good place to start. This allows the MTSO to assign MTs to the account according to their experience and expertise, resulting in higher quality documents and consistent turnaround times.

With a committed assistance relationship, an MTSO can become an extension of the facility's in-house transcription staff rather than an outside solution to a temporary problem. Since major MTSOs bill by the line rather than the hour, the facility is assured that establishing a long-term partnership is no more expensive than hiring a company to handle its entire backlog at once.

In fact, it is almost always more economical to handle excess voice files proactively rather than pay a premium to eliminate backlog after it becomes an urgent problem. Plus, the quality of the work is more consistent, the turnaround time is more reliable, and the cycle of repeated crises is broken.

— Don Hughes is regional vice president of operations, and Kim Vernon, RHIA, is director of consulting and HIM services at Spheris.

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