Error Values and Definitions

The following is a suggested list of potential error categories for use in a quality assurance auditing program for healthcare documentation specialists and clinician-created documentation. It is recommended that each facility, organization, or business carefully review these error categories and adopt them in a manner that suits its needs based on its various methods of healthcare documentation, its EHR, its healthcare documentation staff, and its clinicians. Some organizations may differ in opinion regarding which errors are critical, which are noncritical, and which require further education of the HDS staff or clinician using the EHR. Likewise, some facilities or businesses may choose to focus on error categories as a means of evaluating HDS or CCD performance for reward or corrective counseling. AHDI, in its Mission Statement and Bylaws, stresses the importance of education in the field of healthcare documentation integrity. (Also see the AHDI Compensation Best Practices Toolkit.)

Errors are assigned a category (critical, noncritical, educational feedback or minor) and are also given a point value relative to the error's potential adverse consequences. Error types, values, and categories are described below.

Critical Errors (-3)

Definition: A critical error is any error in a patient care record that has the potential to:

- 1. Adversely impact patient safety.
- 2. Alter the patient's care or treatment.
- 3. Adversely impact the accuracy of coding and billing.
- 4. Result in a HIPAA violation.
- 5. Adversely affect medicolegal outcomes.

Types of Critical Errors

ITEM	DESCRIPTION	EXAMPLE(S)
Patient demographics	Wrong patient, content or	
	encounter; incorrect, inserted or	
	omitted date of service.	
Wrong work type/template	Such errors may result in improper	
	filing of the document and/or	
	incorrect content.	

Wrong provider information	May depend upon whether document is distributed and/or authenticated.	Courtesy copies, author is not identified correctly, wrong cosigner.
Terminology misuse	Use of incorrect terminology, medical or English, which alters, obscures or is opposite the meaning of what was dictated or entered.	hypo/hyper; negative/positive; regular/irregular; no/known.
Wrong medication, wrong dose/dosage	Incorrect, inserted or omitted medication name, dose or dosing schedule, method of medication administration, or unit of measure.	
Wrong lab value	Dictated value transcribed or entered in a manner that impacts patient safety/care.	
Unapproved abbreviations	Those of The Joint Commission, along with other organizations approved by the facility or organization. Healthcare organizations may also have their own list of approved and unapproved abbreviations for healthcare documentation.	Institute for Safe Medication Practices at www.ismp.org.
Incomplete or missing text		Neurologic: 2+; Extremities show 2 to 3 over 4; X-ray shows pathologic fracture, no acute
Inserted text	Includes transcribed text not dictated, copy/paste (with or without attribution), speech recognition errors not edited or removed, incorrect template text not removed. Note: Exam results or information that changes must never be copied forward.	

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Omitted text	A word, phrase or sentence of a	Surgical procedure,
	critical nature dictated but not	treatment plan or key
	transcribed, or not entered.	words of a diagnosis.
Incorrect side/site		Right/left;
		humerus/femur;
		peroneal/perineal.
Failure to edit		Speech recognition
		output, dictation
		quality issues, nonsense
		text.
Failure to flag	Failure to call out critical	
	inconsistencies/discrepancies,	
	dictated instructions HDS cannot	
	accomplish.	
Failure to follow author		"Go back up and add to
instructions		the diagnosis"
		"Go back up and delete
		the procedure"
Inconsistencies/discrepancies		HPI: Patient has
		weakness.
		Musculoskeletal:
		Normal strength.
Unauthorized substitution		Transcription of
		generic vs. dictated
		trade name drug, or
		vice versa; misuse of
		word expander, short
		cut, etc.

Additional Critical Errors for Clinician-Created Documentation Only

ITEM	DESCRIPTION	EXAMPLE(S)
Confusing/Questionable	Includes any confusing	
Information	words/phrases/punctuation	
	requiring clarification from the	
	provider. This type of error can	
	result in the provider having to	
	add a clarifying addendum to a	
	document or, less likely, the	
	provider having to completely	
	recreate the document.	
Referenced documentation	Providers should not be	
	referencing documents outside	
	of the respective encounter.	
	Specific dates or versions of a	
	document being referenced	
	must always be identified and	
	included in the note. Medical	
	student documentation should	
	never be referenced.	
Note bloat	A gray area not always easy for	
	the auditors to discern. One	
	organization has determined	
	note bloat to be anytime an	
	ENTIRE document is pulled	
	into another document.	
	Providers should summarize	
	applicable lab data, pathology	
	and radiology results rather	
	than copying in entirety into	
	progress notes and other	
	documentation. Note: Exam	
	results or information that	
	changes must never be copied	
	forward.	

Noncritical Errors (-1)

Definition: Noncritical errors impact document integrity but do not have the potential to affect patient safety, care, or treatment, and/or do not alter the intended meaning of the author.

Types of Noncritical Errors

ITEM	DESCRIPTION	EXAMPLE(S)
Misspelled medications,		
terminology, names		
Transposition of proper		
names		
Incorrect word form		Complete, completed; given,
		giving.
Incorrect, inserted or		
omitted text		
Nonsense text	Incomprehensible text; text that	
	does not make logical sense	
	given the context.	
Punctuation	Text that alters or obscures the	"Reassess spinal stability
	meaning.	after patient is stabilized by
		flexion/extension films."
Failure to Flag	Failure to call out noncritical	
	inconsistencies/discrepancies.	
Sound-alikes		Hear, here; 8, ate; gait, gate.
Protocol failure	Errors resulting from failure to	
	follow a procedure determined	
	by the facility/organization's	
	own platform, formatting,	
	training and Style Guide, or	
	account specifics.	

Educational Feedback (-0) and/or Minor Errors (-0.25, -0.5)

Definition: A difference between dictation and transcription, or text that is entered in the EHR by the clinician, that has no impact on patient safety/care and no impact on the integrity of the document.

Best practices dictate that a facility, organization, or business provide educational feedback to the HDS or clinician regarding these errors as a means of continuing education of healthcare documentation integrity. Best practice, also, is not to penalize an HDS for occasional random errors that do not impact the integrity of a document and instead to identify them only as educational opportunities. Doing otherwise can adversely affect the HDS and can even impact their pay. (See the AHDI <u>Compensation Best Practices Toolkit</u>.)

Nevertheless, a facility, organization, or business may choose to refer to some or all of these error types as minor errors and assign a lesser point value, setting their own threshold for the number of educational feedback errors that can occur in a document before the integrity of the document is compromised. Consideration is given to the possibility that, with some HDS staff, applying a point value to an error that might otherwise be considered for educational feedback will engender in them a greater desire to improve their current skill level. In such situations, repetitive educational errors could result in a deductible error and/or corrective action.

Types of Educational Feedback and Minor Errors

ITEM	DESCRIPTION	EXAMPLE(S)
Grammar		
Typographical errors		
Punctuation (other than mentioned above)		
Capitalization		
Misspelling (other than mentioned above)		
Transposed words (other		
than proper names)		
Incorrect, inserted or		
omitted verbiage (other		
than mentioned above)		

Sound-alikes	Nonmedical.	Their, there; where, wear; to,
		too.
Duplicate errors within the		
same report		
Duplicated adjacent text		D: "The patient was alert and
		oriented."
		T: "The patient was alert and
		oriented. The patient was
		alert and oriented."
		" who is here to is here for