External Review of Hospital Charts – Dr. David Jadwin

Problem:
Our healthcare quality and cost crises stem from failed internal review of healthcare services. Physicians are expected to provide peer review of colleagues to ensure that appropriate care is being rendered and hospitals are required to ensure that adequate review processes are being performed. However, in virtually every hospital, internal review is inadequate or not performed at all. Hospitals lack the resources to perform thorough review and physicians are challenged to carry out unbiased critical review of colleagues with whom social, economic and political relationships exist. Since patient data is generated in a non-standardized and inconsistent manner, direct comparison of the care provided by any two physicians or hospitals is not feasible in any meaningful or detailed way.

Requirement:
Independent external review of healthcare delivery is critical in order to solve healthcare quality and cost issues. This review process must be able to evaluate every chart, every physician and every hospital in an objective (blinded), thorough, critical and standardized manner to produce directly comparable data. To be successful, this chart review process must also be capable of reviewing all medical records, including all forms of paper and electronic data, and not require any additional work on the part of the hospitals. Further, the process must be cost effective and produce immediate improvement. Finally the process must operate as a national program in order to consolidate and evaluate data to better define healthcare policy and educational programs.

Solution:

External Review as a Service (ERaaS) makes possible the review of hospital charts (and outpatient records) in as little as a few minutes per chart in a standardized and objective manner. Consequently, ERaaS facilitates review of all complex patient charts to rapidly identify problems, permit root cause analysis, and provide quick feedback to physicians wherever patient care may have been delivered in a safer and/or more cost-effective manner. One hundred percent chart review results in an immediate improvement in provider performance through the Hawthorne Effect, a recognized form of operator reaction to a state of being observed. Improvement is the result of allowing providers to examine their own patient case management to discover how to improve care, rather than being told how to do it. The process is sustained and further improved through continuous feedback to providers, raised high-level awareness of systemic problems and enhanced national learning targeting all providers.

ERaaS requires only access to paper or electronic patient records, redacts all proper names and uses under-employed people to abstract chart data, so that a chronologic list of hospital events can be rapidly reviewed in an objective, thorough, critical and standardized manner. ERaaS output makes very evident when a problem has occurred, what factors caused the problem and what steps can be taken to eliminate similar problems in the future. ERaaS can be rapidly implemented nation-wide, has the potential to reduce the $800 billion dollars spent annually on unnecessary outpatient and inpatient healthcare services, dramatically decrease medical errors and provide flexible employment for individuals who work from home. **Most importantly, ERaaS creates immediate transparency in healthcare delivery and full accountability.**