Deep Dive into Inpatient and Outpatient Clinical Documentation Improvement (CDI)

Wednesday, November 20, 2019, 11:00-12:00pm

Recording Link

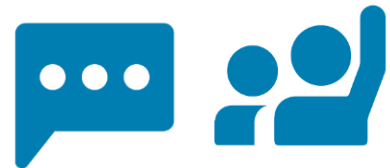# Agenda

Time	Topic	Lead(s)
3 min	Welcome & Roll-Call	Kristina Mody
45 min	Deep Dive into Inpatient and Outpatient Clinical Documentation Improvement (CDI)	Tammy Combs
10 min	Q&A	ALL
2 min	Wrap Up	Kristina

Housekeeping

Join via "audio streaming;" there is no phone

Lines are muted throughout

Please use Q&A to submit questions

Webinar will be recorded and saved on
SNI Link/Data

Intros

Kristina Mody

Sr. Program Associate, SNI

kmody@caph.org

Tammy Combs

Director and Lead Nurse Planner

HIM Practice Excellence for AHIMA

Tammy.Combs@ahima.org

Webinar series:
Clinical Documentation Improvement

This fall, SNI is partnering with the American Health Information Management Association (AHIMA) to present three webinars on improving clinical documentation. Click each webinar to read a description and register, or find full information here. Webinars will be available on SNI Link/Data.

Webinar 1: Essential Elements of a Successful Clinical Documentation Improvement (CDI) Program
Webinar Materials & Recording Link

Webinar 2: Deep Dive into Inpatient and Outpatient CDI Wednesday 11/20 11-12 PST

Webinar 3: Key Takeaways for Continual CDI Success Thursday 12/12 1-2pm PST; Registration Link

Take-A-Ways from Webinar 1

- The essential elements of a successful CDI program include:
  - Clearly established organization structure
  - Detailed policies and procedures
  - Defined record review process
  - Compliant query process
  - Physician engagement

- Key performance indicators used to measure CDI success include:
  - Organization
    - Case Mix Index
    - Risk Adjustment Factor (RAF)
    - Denial rate
    - Patient Safety Indicators (PSIs)
    - Hospital Acquired Conditions (HACs)
  - CDI Program
    - Review Rate
    - Query Rate
    - Response Rate
    - Agreement Rate
    - Quality Audits
    - Productivity Goals

- The effective components of a CDI program include:
  - Effective Communication
  - Leadership Skills
  - Technology
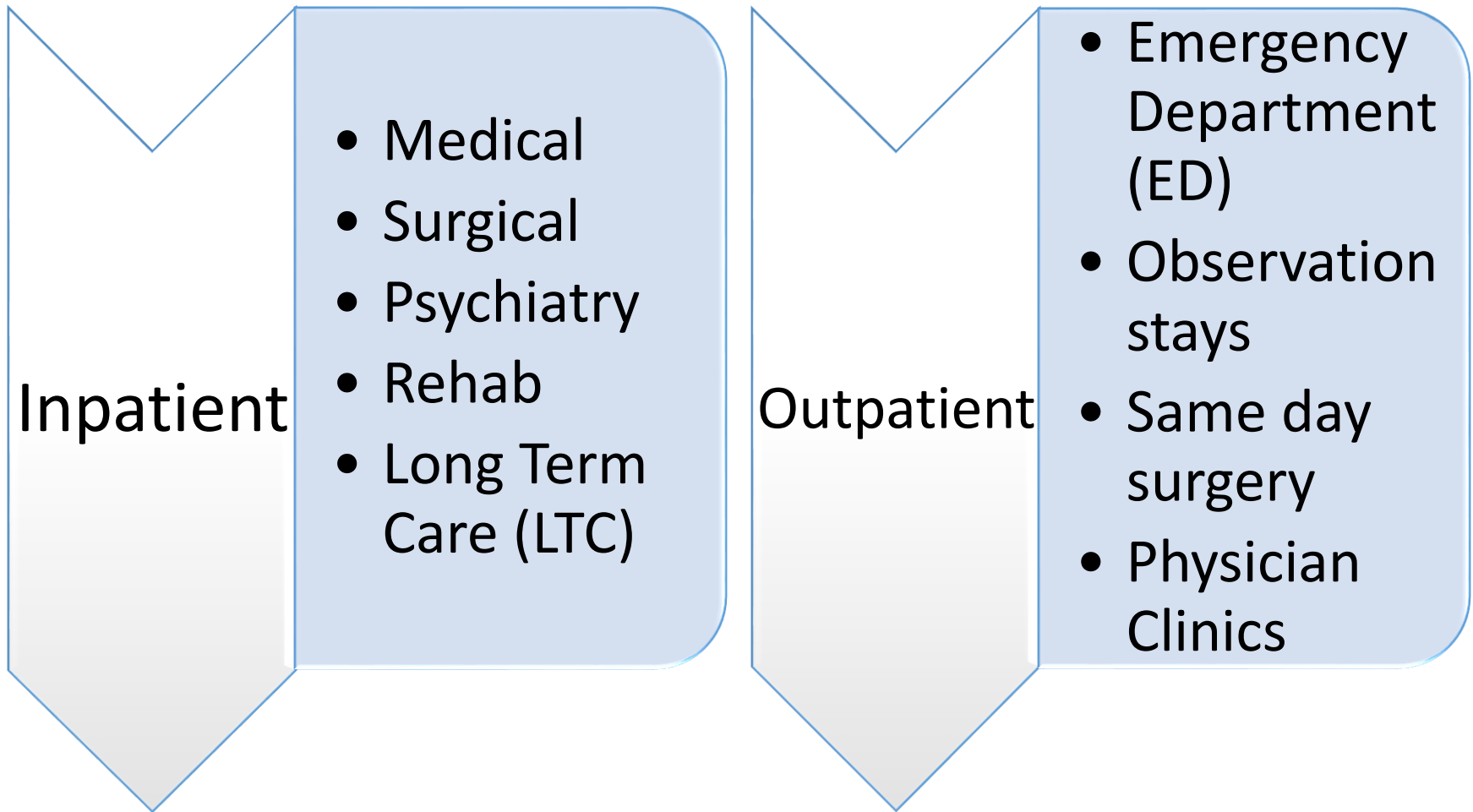 - Ongoing Training
  - Ongoing Audits

Objectives

- Analyze the high-quality components of inpatient documentation and outpatient documentation

- Analyze the documentation components needed to support care across the healthcare continuum

- Recap steps health systems can take to improve inpatient and outpatient clinical documentation integrity (CDI)

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Coding and Clinical Documentation Integrity (CDI) Comparisons

CDI	Coding
Documentation Focused	Coding Focused
Concurrent review (when possible)	Retrospective review
Assign working codes	Assign file codes
Communicates with physician on regular bases and provides education	Communicates with physician as needed

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Healthcare Setting

Inpatient
- Medical
- Surgical
- Psychiatry
- Rehab
- Long Term Care (LTC)

Outpatient
- Emergency Department (ED)
- Observation stays
- Same day surgery
- Physician Clinics

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Polling Question

- What healthcare setting do you currently work in?
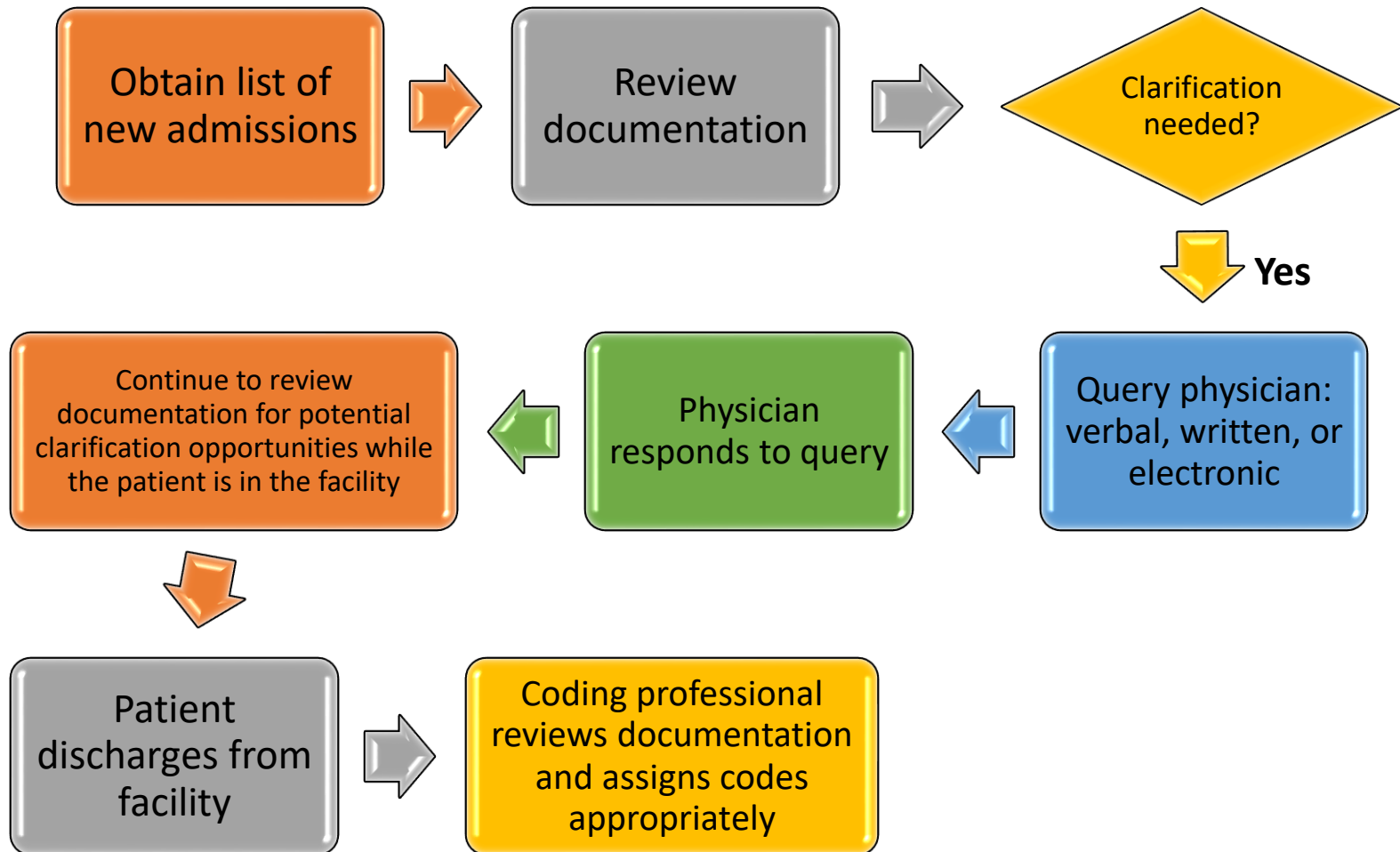 - Inpatient
  - Outpatient
  - Both

Select one

The CDI Record Review Process

- Provider Notes

- Nursing Notes

- Nutrition

- Wound Care

- Respiratory Therapy

- Physical/Occupational Therapy

- Discharge Summary

Day in the Life of an Inpatient CDI Professional

Obtain list of new admissions → Review documentation → Clarification needed?

Yes →

Query physician: verbal, written, or electronic ← Physician responds to query ← Continue to review documentation for potential clarification opportunities while the patient is in the facility

↓

Patient discharges from facility → Coding professional reviews documentation and assigns codes appropriately

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Seven Characteristics of High Quality Clinical Documentation

Complete

↓

Consistent

↓

Timely

↓

Clear

↓

Precise

↓

Legible

↓

Reliable

Complete

- Maximum content
- Thorough
- All concerns addressed
- Example:

  Patient presents to ED with a severe muscle cramps and tachycardia. Lab findings reveal a potassium level of 2.4 and potassium replacement is started.

  Diagnosis: ↓K

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Consistent

- No contradictions

- Example: Patient admitted to observation with syncope and altered mental status. The attending physician documents TIA, orders a neuro consult. Neuro note indicates diagnosis as CVA. Attending note the following day, stable to discharge home.

Timely

- Information is available at or near point of care

- Example: Patient admitted with pneumonia from a skilled nursing facility and is bedridden. On day 3 the provider documents stage 4 pressure ulcer on coccyx.

Clear

- No ambiguity
- Example: Patient with a Respiratory Rate (RR) 32, PCO2 60, PO2 55, unable to complete a full sentence and was placed on mechanical ventilation.
- Diagnosis: Shortness of breath

Precise

- Accurate

- Exact

- Strictly defined

- Example: Patient admitted with a CVA with left sided weakness. Nursing documents patient coughing when drinking liquids. Dietary consult recommends thickened liquids and swallowing evaluation. Swallowing evaluation reveals aspiration when drinking thin liquids On day 3 patient spikes a fever, physician documents pneumonia.

Legible

- Easy to decipher and comprehend

- Example: H&P notes patient has possible sepsis and this is copied forward throughout the health record until discharge. However, the patient does not have any clinical evidence of sepsis.

Reliable

- Trustworthy
- Safe
- Diagnosis and treatment are not consistent.
- Example: Patient admitted with shortness of breath. O2 saturation levels on 1liter of O2 via nasal canula 95-97%. Diagnosis: Acute respiratory failure.

Polling Question

- Have you heard of the seven characteristics of high-quality documentation before today?
  - Yes
  - No

Select one

CDI Tools

Code book

- Hard copy
- Electronic

Coding Clinic™

CPT® Assistant

Policies and procedures

- Record Review
- Compliant Query Process
- Escalation process
- Communication Process

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Electronic Health Record Access

- Daily census
- Notes to be reviewed
  - Provider Notes
  - Nursing Notes
  - Nutrition
  - Wound Care
  - Respiratory Therapy
  - Physical/Occupational Therapy
  - Discharge Summary
- Encoder
- Communication tools

Inpatient versus Outpatient Comparisons

Inpatient	Outpatient
Admissions typically 2 days or greater	Admissions typically less than 2 days or shorter Single encounter visits
CDI professionals with coding or clinical knowledge base	CDI professional with coding or clinical knowledge base

Return on Investment:
• Case mix index (CMI)
    • MCC & CC capture
• Quality measures
• Denial rates
	Return on Investment:
	• Risk Adjustment Factor
	    • HCC capture
	• Quality measures
	• Denial rates

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Provider Education

ONE-ON-ONE CONVERSATIONS

QUERIES

STAFF MEETINGS

ROUNDING

FLYERS

BLOGS

NEWSLETTERS

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Care Teams and Coding

FOCUS ON HIGH-QUALITY DOCUMENTATION

RESPOND TO QUERIES

UTILIZED THE EXPERTISE OF CDI AND CODING PROFESSIONALS

ASSESS DENIED CLAIMS

ATTEND CDI EDUCATION SESSIONS

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Recap steps health systems can take to improve inpatient and outpatient CDI

- Create a steering committee
- The timing of the record review should be defined in the policies and procedures
- The notes to be reviewed should be included in the policy and procedure
- The seven characteristics of high-quality clinical documentation should be defined in the policy and procedure
- The elements of documentation that support care across the healthcare continuum should be included in the policy and procedures
- CDI team will need access to a code book
- A compliant query process should be defined in the policies and procedures

Polling Question

- Do you have any of the following elements in your current policies and procedures?
    - Steering committee
    - Record review policy and procedure
    - The notes to be reviewed are included in the policy and procedure
    - The seven characteristics of high-quality clinical documentation are defined in the policy and procedure
    - The elements of documentation that support care across the healthcare continuum are included in the policy and procedures
    - CDI team has access to a code book
    - A compliant query process is defined in the policies and procedures

Select all that apply

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Take-A-Ways

Analyze the high-quality components of inpatient documentation and outpatient documentation

- Documentation that is:
  - Complete
  - Consistent
  - Timely
  - Clear
  - Precise
  - Legible
  - Reliable

Analyze the documentation components needed to support care across the healthcare continuum

- CDI Tools
- EHR Access
- Provider Education
- Setting specific expectations
- Care Team Support

Recap steps health systems can take to improve inpatient and outpatient clinical documentation integrity (CDI)

- Create a steering committee
- The timing of the record review should be defined in the policies and procedures.
- The notes to be reviewed should be included in the policy and procedure.
- The seven characteristics of high-quality clinical documentation should be defined in the policy and procedure
- The elements of documentation that support care across the healthcare continuum should be included in the policy and procedures
- CDI team will need access to a code book
- A compliant query process should be defined in the policies and procedures

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References

- AHIMA Body of Knowledge (2019). **Clinical Validation: The Next Level of CDI (January 2019 Update)** http://bok.ahima.org/doc?oid=302679#.XO7sJvZFyUk

- AHIMA Body of Knowledge (2019). Guidelines for Achieving a Compliant Query Practice (2019 Update) http://bok.ahima.org/doc?oid=302674#.XO7r9PZFyUk

- Hess, P.C. (2015). Clinical Documentation Improvement Principles and Practice. Chicago, IL: American Health Information Management Association.

- Hess, Pamela. *Clinical Documentation Improvement for Outpatient Care.* AHIMA Press: 2018

Questions

WRAP UP

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In Case You Missed It….

PRIME Disparity Reduction Webinar

Hear about PRIME DY14 progress in disparity reduction

Learn from ZSFGH on their equity strategy deployment and learnings

Chlamydia Screening: Best Practices and Implementation Strategies for Primary Care Settings

Understand evidence-based implementation strategies for increasing chlamydia screening

Access a wealth of resources to support primary care settings in increasing screenings

PRIME External Webinar

- CAPH/SNI to share PRIME performance data and implementation trends for year four of the program.

- Los Angeles County Department of Health Services and University of California, San Diego, will share their experiences

Share with your partners and stakeholders!

Register now

An archived version of the webinar will be available here

See you soon!

DESIGNING THE FUTURE
Annual Conference 2019

SAVE THE DATE!
December 4-6 | Paradise Point Resort, San Diego, California

Registration open now!

Nadine Burke Harris, MD
Surgeon General of California

Adam Schickedanz
Pediatrician & researcher, UCLA

Michelle Rhone-Collins
Founding LIFT-Los Angeles Executive Director

Len Nichols
Policy professor, George Mason University

Ai-Jen Poo
ED, National Domestic Workers Alliance

Celinda Lake
Pollster & political strategist

Stacey Chang
Founder & ED, Design Institute of Health

Robin Wittenstein
CEO, Denver Health

William York
Executive VP, 211 San Diego

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Upcoming Dates

Dec 3 (12-1): PRIME/QIP OH

Dec 4-6: CAPH/SNI Annual Conference

Dec 12 (1-2): Key Takeaways for Continual CDI Success [here]

Dec 16 (1-2) PRIME External Webinar [here]

Jan 14(1-2) Anchoring PRIME Behavioral Health Integration in Practice [here]

M	T	W	Th	F
December				
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
January				
30	31	1	2	3
6	7	8	9	10
13	14	15	16	17

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How did we do?

What did you learn?

Do you have suggestions for future topics or content?

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