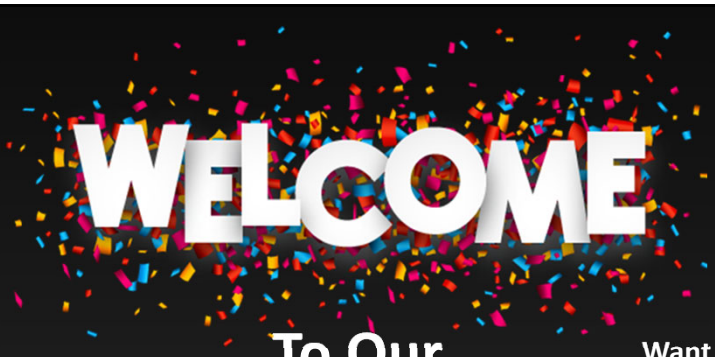
apdis

2023 2nd Quarter Meeting
June 1, 2023

Valerie Bica BSN, RN **Amy Bush BS, RN, MJ, CCDS, CCS** **Jeff Morris BSN, RN, CCDS, CCS**

1



To Our Q2 2023 Meeting!

apdis

OUR GOAL

We are a group of pediatric CDI specialists who want to expand our knowledge, network, and share information!

Want to Ask the Group a Question?

Email Valerie, Amy or Jeff and we will post to the members and share with the group!

- Valerie.Bica@Nemours.org
- Bush-amy@cooperhealth.edu
- Jeff.Morris@nyulangone.edu

2

326 Nationwide Members!

That's 38 new members this quarter!!

Are You Interacting with A CDS from Another Pediatric Hospital?

PLEASE ASK THEM TO JOIN US!

Send Us Their Contact Info So We Can Invite!

We are small but FIERCE
...and GROWING

3

OUR NEXT MEETINGS

- ✓ September 7th, 2023
- ✓ December 7th, 2023

Sharing Knowledge is ESSENTIAL! Let Us Know If You Or Someone You Know Can Present!

4

Our Initiatives

Be An apdis Superpower!

- ✓ Webex call between quarterly meetings- 7/13 @3pm EST
- ✓ Suggest Interesting Topics
- ✓ Suggest Speakers –We Love Diversity of Topics
- ✓ Reach out to Other Local Chapters for CDSs to Join Us
- ✓ JOIN ACDIS! It is a of Resources

❑Once you have joined, please complete the local chapter roster to receive BENEFITS! The roster is located on the main ACDIS site under networking and local chapters.

❑Local chapter members RECEIVE A DISCOUNT FROM THE ACDIS CONFERENCE if listed on the ACDIS roster and signed up as a group of 5 attendees. You also RECEIVE A DISCOUNT ON NATIONAL MEMBERSHIP FEES!

5

- You are all muted when you sign on.
- Use the chat box for questions and we will open up a discussion after the presentation, time permitting.
- Chat to let us know if you are having technical issues.
- Please allow 1-2 weeks for the receipt of your ACDIS CEU

WE LOVE VOLUNTEERS!
Let us know if you are interested in making apdis GREATER!

6

7

Introducing our Guest Speakers:

**"Inpatient Pediatric APR-DRG CDI Benchmarking;
A Children's Hospital Association perspective"**

- **Amber Davidson, RHIA, CCS, CCS-P**
- **James Kennedy, MD**

8

Amber Davidson, RHIA, CCS, CCS-P
Manager Health Information Data

Amber has over 30 years' experience with coding, revenue integrity, auditing, compliance, data analytics and health information. In her role with Children's Hospital Association, she is the subject matter expert for coding classification and grouping systems including ICD-10-CM, ICD-10-PCS, MS-DRGs and APR-DRGs. She helps maintains the PHIS data base for all regulatory & coding updates, oversees the PHIS data submission processes and assists CHA members with their coding and DRG related research requests. She also facilitates CHA's popular Coding Roundtable and CDI Hot Topic calls.

CHILDREN'S HOSPITAL ASSOCIATION

Email: amber.Davidson@childrenshospitals.org
Telephone: (913) 981-4140

9

James Kennedy, MD
jkennedy@cdimd.com / 615-479-7021

Dr. Kennedy is the founder and President of CDIMD, a Nashville-based physician and facility advisory and consulting firm that advocates ICD-10-pertinent clinical documentation and coding integrity essential to healthcare revenue cycles and quality measurement. As a coding and clinical documentation integrity (CDI) expert with over 20 years of experience and as a frequent speaker to medical staff, Health Information Management (HIM) and CDI associations, Dr. Kennedy is nationally recognized for his subject matter expertise, communication skills, and problem-solving approach.

Dr. Kennedy is a native of Oak Ridge, Tennessee and a graduate of the University of Tennessee, Memphis, where he trained and was board-certified in Internal Medicine. He practiced as a general internist for fifteen years in Franklin, Tennessee as a solo practitioner, in private multispecialty groups and ultimately with Vanderbilt Health Services and also served as the chairman of the 911 board and as the medical examiner for Williamson county, Tennessee. His interests include media (radio and print), politics, and public service.

CDIMD PHYSICIAN CHAMPIONS

10

Goals

- Orient the audience to algorithms and available benchmark ICD-10-CM/PCS-based pediatric performance, such as
  - KID Database
  - Various state databases (e.g., Texas, Maryland, etc.) and software (e.g., 3M APR-DRG CGS)
  - Children's Hospital Association (CHA) data products with an emphasis on CHA's Pediatric Health Information System (PHIS) and Inpatient Essentials (IE or PHIS-lite)
- Provide an overview of the 3M APR-DRG system with an emphasis on
  - Base DRGs, Severity of illness (SOI) , Risk of mortality (ROM), and Relative Weights (RWs)
  - Applicability to pediatric inpatient reimbursement
- Demonstration of CHA's PHIS and IE CDI-pertinent analytics
  - Standard reports capabilities
  - Ad-hoc report capabilities
- Review communication strategies in using data that promotes positive change.

While the authors endeavor to accurately portray this subject matter, this entire lecture represents their own personal opinions and may not necessarily represent that of CHA
3M APR-DRGs are copyrighted by 3M; our intent is to showcase their methods with "fair use"

11

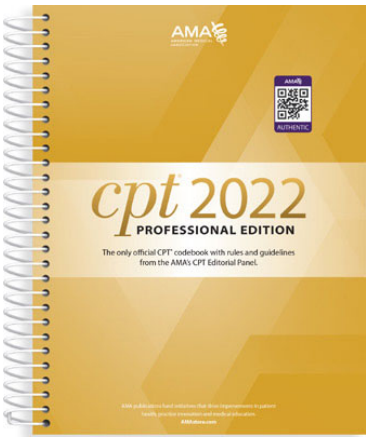
What Is CDI (CDCI) CDIMD Definition

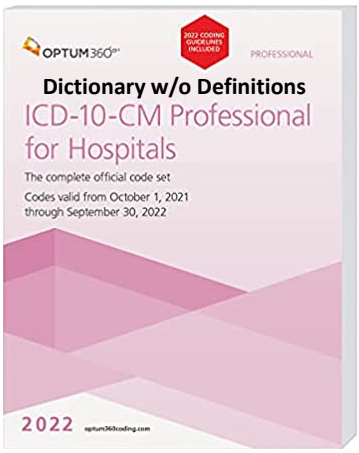
- Clinical documentation (and coding) **integrity** (CDI or CDCI) is the **policies, procedures, technology, people, and efforts** that promote legible, clear, consistent, complete, precise, non-conflicting, and reliable provider documentation essential to the ***final*** assignment of ***accurate*** and ***clinically congruent*** HIPAA-associated transaction set codes (e.g., CPT, ICD-10-CM, ICD-10-PCS) and their submission to all accepting entities.
- **The ICD-10-CM Official Guidelines for Coding and Reporting promote CDI by stating:**
  - A ***joint effort*** between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures.
  - The importance of ***consistent, complete documentation*** in the medical record cannot be overemphasized. Without such documentation accurate coding cannot be achieved.

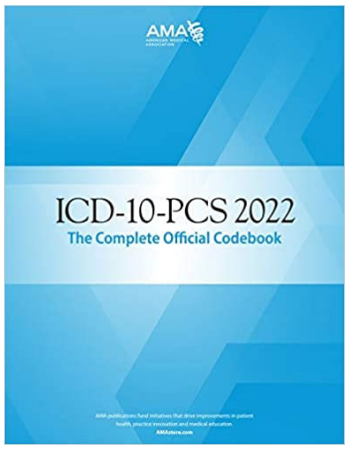
12

HIPAA Transaction Sets

Focus of our work will be ICD-10-CM/PCS; knowing some CPT may help with physician engagement







https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Transactions/TransactionsOverview

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13

CDI Foundations
Servant Leadership – Managing the Relationship

Physician

Coding Professional

CDI team

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14

CDI Foundations Team Composition

- **Providers**
  - Primary agents for condition or treatment definition, diagnosis, description and documentation

CDI

- **Coders**
  - ICD-10-CM/PCS content experts and final arbiters on what codes are submitted
  - Usually tasked with post-discharge (retrospective) query

- **Concurrent/Clinical Documentation Specialists (CDS)**
  - Nurses, coders or others who manage and negotiate CDI principles with physicians
  - Proactive, concurrent, and reactive workflows
- **Compliance officer**
  - Ensures that the process withstands retrospective scrutiny
- **Medical informatics**
  - Incorporates ICD-10-CM/PCS or CPT terminology into paper or electronic health record (EHR)
- **Service line directors (e.g., CV, orthopaedic, trauma, obstetrics)**
  - Negotiates terminology and documentation structure that systemizes clinical information capture with providers, coders, and CDI team
- **Ancillaries, such as**
  - Dietitians
  - Wound care
  - Respiratory therapy
  - Physical therapy
  - Antibiotic stewardship/clinical pharmacy
- **Others (e.g., subject matter experts)**

Physician advisors and C-suite are active supporters and champions
Data analytics helps "keep score"

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15

CDI Sensitive Metrics Affecting Pediatrics

- **MS-DRG revenue metrics**
  - Medicine Case Mix
    - MCC/CC rates are supportive
  - Surgery Service Line MCC rate and CC rate
    - Case mix cannot be used since primarily **driven by the procedure**
- **APR-DRG inpatient revenue metrics**
  - Medicine CMI within service lines
    - APR-DRG SOI is supportive
  - Surgery SOI
    - While CMI is important, the nature and volume of various surgeries can impact this

NOTE: APR-DRGs also affect the 3M Potentially Preventable Complications and Readmission Measures (view under the quality metrics)

How do we know if we have CDI risk or opportunities with any of these models?

- **3M EAPGs**
  - Used by some payers (e.g., DC Medicaid, Alabama BCBS) to influence outpatient reimbursement
  - Some EAPG venues (e.g., emergency department) influenced by ICD-10-CM codes
- **Quality metrics**
  - AHRQ Pediatric Quality Indicators (PDIs)
    - Observed events risk adjusted using Elixhauser
  - 3M Potentially Preventable Complications (in some states, such as Texas, Maryland, New York, Florida)
  - 3M Potentially Preventable Readmission Measures (similar states plus Oklahoma)
  - Complex Chronic Conditions (CCC)
    - Feudtner, C., Feinstein, J.A., Zhong, W. et al. Pediatric complex chronic conditions classification system version 2: updated for ICD-10 and complex medical technology dependence and transplantation. BMC Pediatr 14, 199 (2014). https://doi.org/10.1186/1471-2431-14-199
- **Health plan funding**
  - CMS HCCs (Medicare Advantage)
  - HHS HCCs ("Obamacare" plans)
  - CDPS (Medicaid Managed Care)
  - Others

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16

16

FY2021 Medicine MS-DRG Inpatient Admissions Children's Hospitals (w/o ESRD and COVID)

MedPAR#	Hospital Name	City	ST	Overall Vol	Med CMI X VT	Med MCC%	Med CC%	Med WO%
363305	NATIONWIDE CHILDREN'S HOSPITAL	Columbus	OH	104	1.485	56.5%	29.0%	14.5%
043300	ARKANSAS CHILDREN'S HOSPITAL	Little Rock	AR	93	1.365	38.3%	21.3%	40.4%
263301	ST LOUIS CHILDRENS HOSPITAL	Saint Louis	MO	73	1.271	40.0%	40.0%	20.0%
453300	COOK CHILDRENS MEDICAL CENTER	Fort Worth	TX	85	1.241	51.0%	34.7%	48.6%
393302	UPMC CHILDREN'S HOSPITAL OF PITTSBURGH	Pittsburgh	PA	75	1.208	45.8%	22.9%	31.3%
363300	CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER	Cincinnati	OH	123	1.187	36.0%	32.6%	31.5%
113300	CHILDREN'S HEALTHCARE OF ATLANTA AT EGLESTON	Atlanta	GA	90	1.148	23.1%	50.8%	26.2%
223302	BOSTON CHILDREN'S HOSPITAL	Boston	MA	179	1.144	45.2%	25.0%	29.8%
453304	TEXAS CHILDRENS HOSP	Houston	TX	102	1.088	28.6%	42.9%	28.6%
033302	PHOENIX CHILDREN'S HOSPITAL	Phoenix	AZ	93	1.079	20.5%	41.1%	38.4%
193300	CHILDRENS HOSPITAL	New Orleans	LA	82	1.070	24.5%	47.2%	28.3%
503300	SEATTLE CHILDREN'S HOSPITAL	Seattle	WA	111	1.056	23.6%	44.4%	31.9%
263302	CHILDRENS MERCY HOSPITAL	Kansas City	MO	72	1.034	18.9%	39.6%	41.5%
013301	USA HEALTH CHILDREN'S & WOMEN'S HOSPITAL	Mobile	AL	184	1.029	19.0%	24.1%	57.0%
393303	CHILDREN'S HOSPITAL OF PHILADELPHIA	Philadelphia	PA	96	0.990	9.2%	29.2%	61.5%

Courtesy – Dr. Kennedy – CDIMDTracker – https://www.cdimdtracker.com

17

The Best is the AHRQ KID However, the Data is Somewhat Old

- The Kids' Inpatient Database (KID) is part of the Healthcare Cost and Utilization Project (HCUP), sponsored by the Agency for Healthcare Research and Quality (AHRQ).
- The KID is the largest publicly available all-payer pediatric inpatient care database in the United States, yielding national estimates of hospital inpatient stays by children.

Diagnosis Related Group (DRG)	DRG	DRG in use on discharge date
	DRG_NoPOA	DRG in use on discharge date, calculated without Present On Admission (POA) indicators
	DRGVER	Grouper version in use on discharge date

Table 3. Data Elements in the 2019 KID Disease Severity Measures Files
For prior years, refer to the KID Description of Data Elements page on the HCUP-US Web site or to previous versions of the KID Introduction.

Type of Data Element	HCUP Name	Coding Notes
All Patient Refined DRG (3M)	APRDRG	All Patient Refined DRG
	APRDRG_Risk_Mortality	All Patient Refined DRG: Risk of Mortality Subclass
	APRDRG_Severity	All Patient Refined DRG: Severity of Illness Subclass

- The KID is a sample of pediatric discharges from all community, non-rehabilitation hospitals in States participating in HCUP. The target universe includes pediatric discharges from community, non-rehabilitation hospitals in the United States. Pediatric discharges are defined as all discharges where the patient was age 20 or less at admission.

KID IS UPDATED ONLY EVERY 3 YEARS – LAST VERSION AVAILABLE IS 2019
HCUP DATA *CANNOT* BE PUBLISHED BY COMPANIES LIKE CHA OR CDIMD

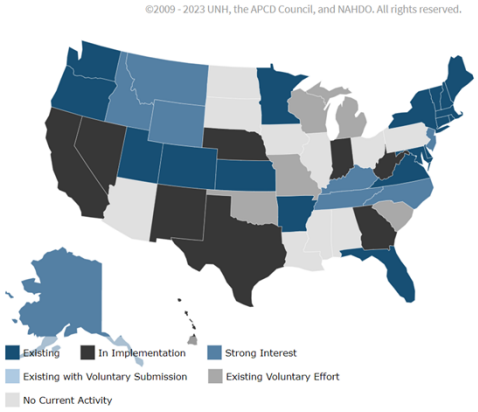
https://hcup-us.ahrq.gov/kidoverview.jsp#data

18

Getting Comparative Children's Hospital Data Is Difficult

- Medicare data
  - MedPAR – once a year (includes Medicare Advantage)
  - Standard Analytic File – quarterly (no Medicare Advantage)
- Other Insurers data (including Medicaid)
  - Can be procured from individual states from their All-Payer Claims Databases
  - Most will have the MS-DRG; however, few will have APR-DRGs which must then be regrouped using 3M's Core Grouping Software
  - All require analytic staff to process the information
- Others, such as 3M, IBM Watson, or others (other than CHA), may have regrouped data we can use

Interactive State Report Map



https://www.apcdcouncil.org/state/map

19

That Said, There Is Some Data Out There California HCAI Data – All Payers

Hospital	793 FULL TERM NEONATE WITH MAJOR PROBLEMS	794 NEONATE WITH OTHER SIGNIFICANT PROBLEMS	% of 793
CHILDREN'S HOSPITAL AT MISSION	70	60	53.85%
CHILDREN'S HOSPITAL OF LOS ANGELES	212	196	51.96%
CHILDREN'S HOSPITAL OF ORANGE COUNTY	350	1046	25.07%
LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL	441	2002	18.05%
LUCILE PACKARD CHILDREN'S HOSPITAL STANFORD	413	2010	17.04%
MEMORIALCARE MILLER CHILDREN'S & WOMEN'S HOSPITAL LONG BEACH	553	517	51.68%
RADY CHILDREN'S HOSPITAL - SAN DIEGO	591	80	88.08%
UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND	168	189	47.06%

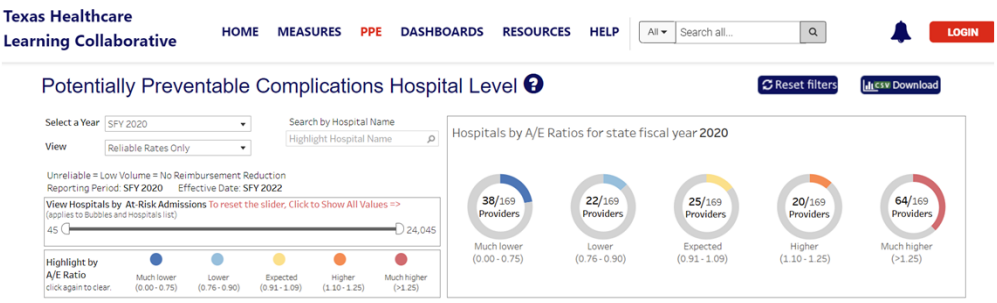
https://data.chhs.ca.gov/dataset/top-25-ms-drgs-individual-hospital-pivot-profile

California Hospitals and Health Departments can now request Limited Data through the online HCAI request portal that does differentiate the payers; however, it is grouped only to MS-DRGs, not APR-DRGs

https://datarequest.hcai.ca.gov/csm

20

Texas Potentially Preventable Complications



Provider	Applicable Volume	Actual PPC Counts	Actual PPC Weights	Expected PPC Weights	Actual-to-Expected Ratio	Reimbursement Reduction
CHILDRENS MEDICAL CENTER OF DALLAS-CHILDRENS MEDICAL CENTER	5,908	29	52.53	91.26	0.58	0.00%
COOK CHILDREN'S MEDICAL CENTER-	5,711	21	39.72	68.28	0.58	0.00%
METHODISTS CHILDRENS HOSPITAL-COVENANT CHILDRENS HOSPITAL	3,316	8	10.82	16.29	0.66	0.00%
DRISCOLL CHILDRENS HOSPITAL	2,201	14	32.2	37.71	0.85	0.00%
TEXAS CHILDRENS HOSPITAL	18,334	166	234.58	200.36	1.17	-2.00%
SETON HEALTHCARE-DELL CHILDRENS MEDICAL CENTER OF CENTRAL TEXAS	3,631	36	84.34	65.82	1.28	-2.50%
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION-CHILDRENS HOSPITAL OF SAN ANTONIO	3,873	45	68.37	34.35	1.99	-2.50%

https://thlcportal.com/ppe/ppc-hospital-performance

Potential Solution
CHA's PHIS / Inpatient Essentials Analytics

- The Pediatric Health Information System® (PHIS) is a comparative database with clinical and resource utilization data for inpatient, ambulatory surgery, emergency department (ED) and observation unit encounters for more than 49 children's hospitals. The PHIS database supports a wide range of improvement activities, including:
  - Clinical effectiveness
  - Resource utilization
  - Care guideline development
  - Readmission analysis
  - Antimicrobial stewardship
  - Physician profiling (OPPE) and more.
- Data from PHIS is useful in identifying areas to improve clinical care, enhance financial outcomes, improve clinical documentation and perform research.

Features

- Data: Patient abstract, diagnoses, procedures, billed transactions and utilization
- 3M APR-DRG and AHRQ
- Patient types: Inpatient, observation, ambulatory surgery and ED
- Transparency: Unblinded hospital ID with ability to blind local competitors

https://tinyurl.com/CHAPHIS

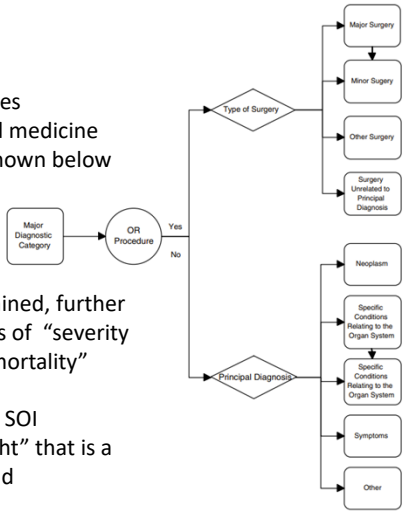
CHA's PHIS and IE Algorithms APR-DRGs

Developed by 3M HIS in conjunction with the National Association of Children's Hospitals and Related Institutions (NACHRI), now part of CHA

3M™ All Patient Refined Diagnosis Related Groups (APR DRG)

Methodology Overview

- 25 Major Diagnostic Categories
  - Divided into surgery and medicine
  - Further subdivided as shown below



- Once the DRG base is ascertained, further subdivided into four (4) levels of "severity of illness" (SOI) and "risk of mortality" (ROM)
- The base DRG along with the SOI translated to a "relative weight" that is a measure of predicted cost and reimbursement

https://apps.3mhis.com/docs/Groupers/All_Patient_Refined_DRG/Methodology_overview_GRP041/grp041_aprdrg_meth_overview.pdf

23

PHIS's Emphasis – APR-DRGs

APR DRG	SOI SUBCLASS	DRG Description	Weights
160	1	MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	2.5697
160	2		3.3334
160	3		5.4639
160	4		11.9633
161	1	IMPLANTABLE HEART ASSIST SYSTEMS	11.6399
161	2		12.2555
161	3		15.0781
161	4		22.0433
162	1	CARDIAC VALVE PROCEDURES WITH AMI OR COMPLEX PRINCIPAL DIAGNOSIS	3.6230
162	2		4.3303
162	3		5.7252
162	4		8.9331

As a general rule of thumb

- To get a "2", one needs only one "2" or "3"
- To get a "3", one needs two "3"s or one "3" and two or three "2"s
- To get a "4", one needs two "4"s or one "4" and two "3"s

CODE	Title	MS-DRG	SOI Impact	ROM Impact
J13	Pneumonia due to Streptococcus pneumoniae	MCC	2	2
J14	Pneumonia due to Hemophilus influenzae	MCC	3	2
J150	Pneumonia due to Klebsiella pneumoniae	MCC	3	2
J151	Pneumonia due to Pseudomonas	MCC	3	2
J1520	Pneumonia due to staphylococcus, unspecified	MCC	3	2
J15211	Pneumonia due to Methicillin susceptible Staphylococcus aureus	MCC	3	2
J15212	Pneumonia due to Methicillin resistant Staphylococcus aureus	MCC	3	2
J1529	Pneumonia due to other staphylococcus	MCC	3	2
J153	Pneumonia due to streptococcus, group B	MCC	2	2
J154	Pneumonia due to other streptococci	MCC	2	2
J155	Pneumonia due to Escherichia coli	MCC	3	2
J156	Pneumonia due to other Gram-negative bacteria	MCC	3	2
J157	Pneumonia due to Mycoplasma pneumoniae	MCC	2	2
J158	Pneumonia due to other specified bacteria	MCC	2	2
J159	Unspecified bacterial pneumonia	MCC	2	2
J160	Chlamydial pneumonia	MCC	2	1
J168	Pneumonia due to other specified infectious organisms	MCC	2	2
J17	Pneumonia in diseases classified elsewhere	MCC	2	2
J180	Bronchopneumonia, unspecified organism	MCC	2	2
J181	Lobar pneumonia, unspecified organism	MCC	2	2
J182	Hypostatic pneumonia, unspecified organism	CC	2	2
J188	Other pneumonia, unspecified organism	MCC	2	2
J189	Pneumonia, unspecified organism	MCC	2	2

24

How PHIS Promotes Positive Change
APR-DRG SOI Average

Row Labels	Hosp #1	Hosp #2	Hosp #3	Hosp #4
Ratio of Complex to Simple Pneumonia	12.8%	17.9%	23.1%	12.6%
Ratio of Sepsis to All Pneumonias	28.2%	19.6%	10.7%	10.6%
DRG 693 - Admission for Chemotherapy	2.09	2.74	2.05	2.15
DRG 138 - Bronchiolitis & RSV Pneumonia	1.85	2.02	1.58	1.62
DRG 131 - Cystic Fibrosis & Pulmonary Disease	2.89	2.76	2.36	2.64
DRG 132 - BPD & Pulmonary Diseases	3.04	2.86	2.70	2.81
DRG 141 - Asthma	1.67	1.93	1.53	1.42
DRG 160 - Major CT Repair of Cong. Abnl	3.49	3.37	3.07	3.10
DRG 3 - Bone Marrow Transplant	NA	3.54	2.61	2.10
DRG 21 - Craniotomy w/o Trauma	2.42	2.47	2.13	2.27
DRG 420 - Diabetes	1.85	1.93	1.78	1.69
DRG 53 - Seizures	2.46	2.23	2.16	2.23

How PHIS Promotes Change
Service Line Comparisons

		Cardiology - Invasive						Cardiology - Open Heart Surgery					
TF	Hospital City	Cases	ALOS	Avg SOI	CMI	SOI Rank	CMI Rank	Cases	ALOS	Avg SOI	CMI	SOI Rank	CMI Rank
FY14	City 1	73	5.9	2.60	2.382	5	26	260	13.5	3.32	6.908	3	3
FY15	City 1	70	9.8	2.64	2.425	5	24	243	12.9	3.20	6.502	5	5
FY16	City 1	49	13.9	2.59	3.345	13	5	262	14.7	3.23	6.389	7	7
FY17 Q1	City 1	10	3.8	2.20	3.482	31	7	28	18.2	3.36	6.476	6	5
FY14	City 2	84	13.7	2.76	4.249	3	3	426	12.0	2.87	5.518	11	11
FY15	City 2	102	14.5	3.10	3.986	1	2	436	11.7	3.00	5.944	11	11
FY16	City 2	82	17.4	2.87	4.586	1	1	479	13.9	2.96	5.625	18	15
FY17 Q1	City 2	24	20.1	3.00	5.545	3	1	113	10.1	2.73	5.080	27	27

- Note that City #2 has a high invasive cardiology SOI while having a relatively low Cardiology open-heart surgery SOI
- One can also trend CDI performance and determine compliance risk if one's CDI performance exceeds a threshold, such as over the 90th percentile

Two Types Of CHA Data Programs

Pediatric Health Information System (PHIS)

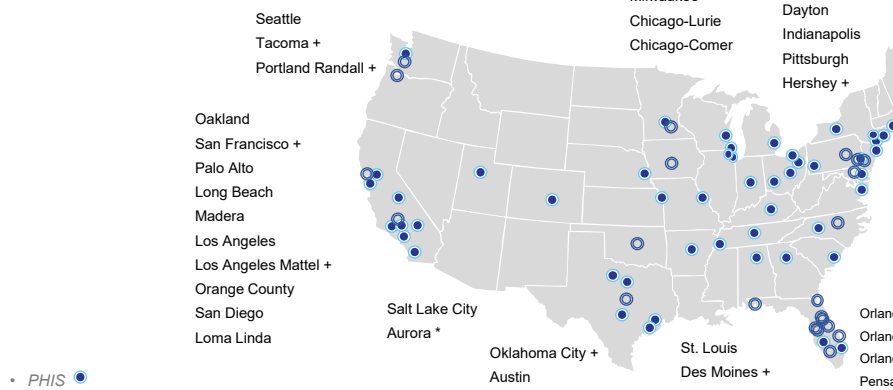
- Unblinded data set with reciprocity rules for certain markets
- Clinical Insight Report Series
- Business Objects BI:
  - Report cards, over 100+ standard reports, antibiotic stewardship, low value care, AHRQ PDIs, etc.
- Adhoc reporting capabilities
- Used often for Health Services Research

Inpatient Essentials (IE)

- PHIS "Lite"
- Blinded, aggregated data
- Two sets of reporting tools:
  - Clinical Insight Report Series (CIRS) (Tableau based reports)
  - Executive Insight Report Series (Business Objects BI tool)

27

PHIS & IE Participants



- PHIS
- Inpatient Essentials +
- Multiple campuses *

Seattle
Tacoma +
Portland Randall +

Oakland
San Francisco +
Palo Alto
Long Beach
Madera
Los Angeles
Los Angeles Mattel +
Orange County
San Diego
Loma Linda

Salt Lake City
Aurora *

Oklahoma City +
Austin
Dallas *
Fort Worth
Houston-Hermann
Houston *
Temple +

Chicago-Oak Lawn *
Omaha
Kansas City *
Minneapolis *
St Paul +
Milwaukee
Chicago-Lurie
Chicago-Comer

St. Louis
Des Moines +
Louisville
Little Rock
Memphis
Nashville
Birmingham

Ann Arbor
Akron *
Cleveland-Rainbow
Columbus
Cincinnati *
Dayton
Indianapolis
Pittsburgh
Hershey +

Norfolk
Charlotte
Chapel Hill +
Charleston
Atlanta *

Orlando Arnold Palmer +
Orlando Nemours +
Orlando Florida Hospital +
Pensacola +
Tampa Shriners +* (sites across US)
Tampa St Joseph +*
St. Petersburg
Fort Myers +
Jacksonville Wolfson +
Hollywood +
Miami

Boston
Hartford
Yale New Haven
Baltimore Johns Hopkins +
New York Morgan Stanley/Komansky*
New York – Montefiore
New York – Cohen +
Philadelphia
Philadelphia St. Christopher's +
Wilmington Nemours +
Washington, DC

28

Clinical Insights Report Series Reports

Clinical Insights Report Series (CIRS)

- CHA rolled out Fall 2022
- Tableau based, interactive reports
- Easy to use
- Variety of reports for many audiences

29

29

Purpose of CIRS Reports for Coding and CDI

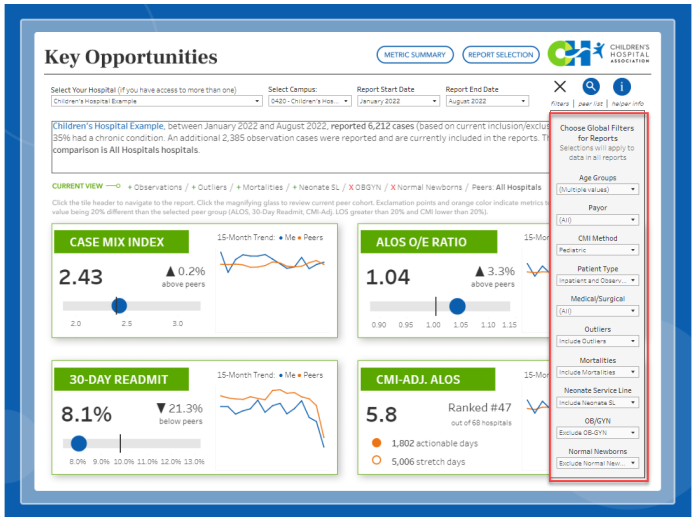
Understand your Data
Understand your Populations
Understand your Hospital
Know Your "Score"

- Validates what you know anecdotally
- Answers the question, "How does my hospital compare to other children's hospitals?"
  - CIRS reports pull together data from 72 children's hospitals across the nation for benchmarking
- Outlines clinical areas to focus CDI efforts for provider education and CDI work
- Assesses nonspecific code use
- Assesses CDI and coding integrity projects
  - Pre- and post-implementation
- Shows providers their pertinent CDI metrics for their service lines
- Finds variations in coding between your hospital and peers

30

30

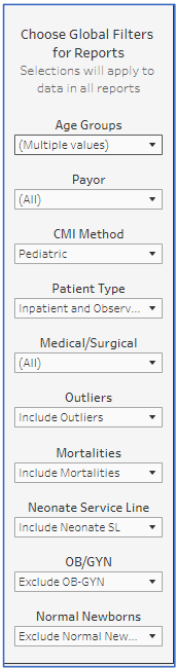
Filters in CIRS Reports



Global Filters apply to data in all reports

Age groups
Payor groups
CMI Method
Patient Type
Medical/Surgical
Include/Exclude:

- Outliers
- Mortalities
- Neonate Service Line
- OB/GYN
- Normal Newborns



31

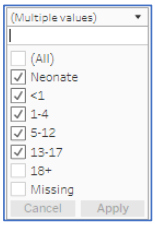
31

Select Global Filter Options & Tips

Age Groups

For patients 0-17, select groups shown.

- To assess your Neonate population in all service lines, select only Neonate age group.



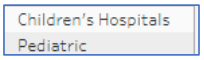
CMI Methodology

Two CHA CMI Frames:

CHA Children's Hospitals

CHA Pediatric

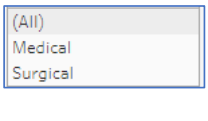
- Both developed by CHA using HCUP KID data set



Medical/Surgical

If you only want to see surgical cases for a service line, set this filter to "Surgical" only.

- Neurosurgery – set filter to "Surgical" & assess Neurology Service Line



Include/Exclude Options

Outliers

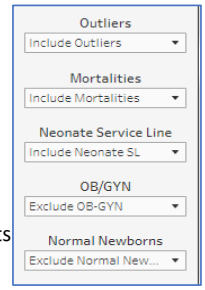
Mortalities

Neonate Service Line

OB/GYN

Normal Newborns

Planned Readmissions/Chemo Visits



32

32

Metrics of Interest in Reports

- Case Mix Index (CMI)
  - Only APR-DRG driven
- Length of Stay (LOS) Observed to Expected (O/E)
- Excess Days
- Average volume of diagnosis codes per case
- MS-DRG MCC and CC percentages
  - APR-DRG SOI and ROM averages currently not available but can be calculated using raw data
- Complex Chronic Conditions (CCCs) percentage that is assigned
- Diagnoses and procedures assigned by SOI for an APR-DRG

*CMI, LOS O/E and Excess Days can be assessed at Hospital, Service Line and APR-DRG levels

33

33

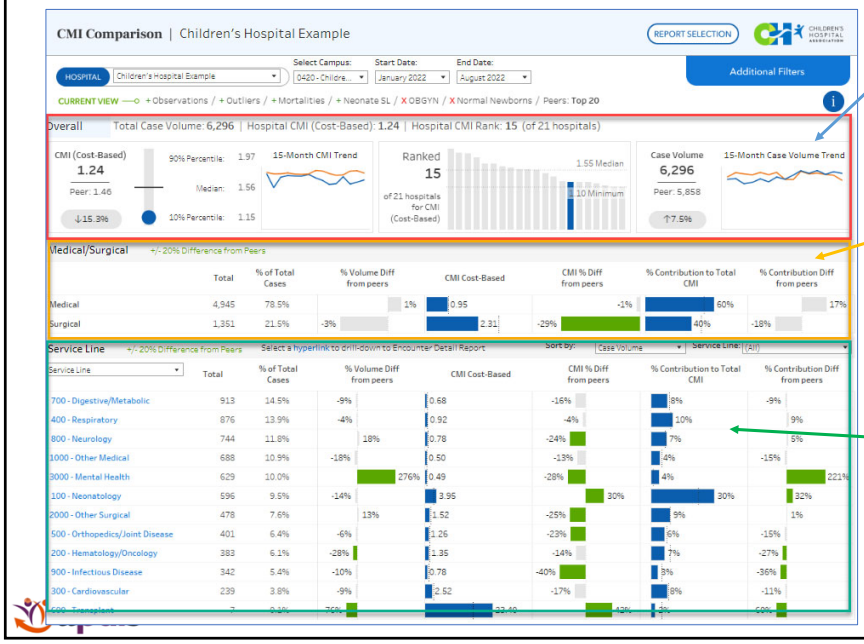
DEMO

CIRS Report Series

Champions for Children's Health

34

Finding Opportunities - CMI Report



Overall Hospital CMI
- Hospital CMI with Percentiles & Trend
- Ranking among Peers
- Volumes & Trend

Medical-Surgical CMI Breakdown
- CMI & Difference from Peers
- % Contribution to Total CMI

Service Line CMI Breakdown
- CMI & Difference from Peers
- % Contribution to Total CMI

35

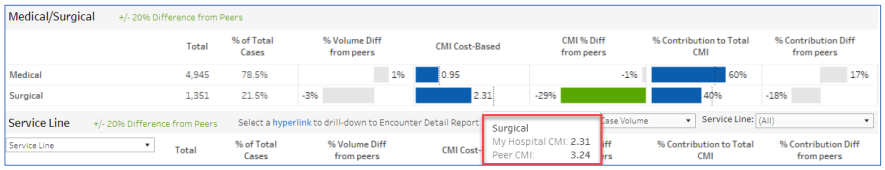
35

Finding Opportunities - CMI Report

Findings from CMI Comparison Report

- Overall, our CMI is lower (1.24) than the peer median of 1.46
- Our 15-month Trend is also lower than peers

- Our **SURGICAL** CMI (2.31) is much lower than peer average (3.24)



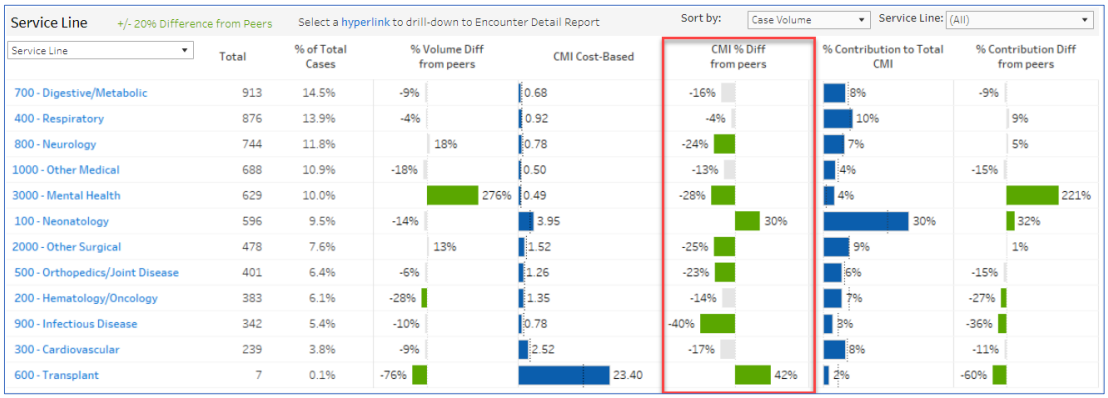
36

36

Finding Opportunities - CMI Report

Findings from CMI Comparison Report

- We have a lower CMI in almost all Service lines except Neonatology and Transplants
  - Infectious Disease, Neurology, Other Surgical and Orthopedics are Top service lines to learn more about



Service Line	Total	% of Total Cases	% Volume Diff from peers	CMI Cost-Based	CMI % Diff from peers	% Contribution to Total CMI	% Contribution Diff from peers
700 - Digestive/Metabolic	913	14.5%	-9%	0.68	-16%	8%	-9%
400 - Respiratory	876	13.9%	-4%	0.92	-4%	10%	9%
800 - Neurology	744	11.8%	18%	0.78	-24%	7%	5%
1000 - Other Medical	688	10.9%	-18%	0.50	-13%	4%	-15%
3000 - Mental Health	629	10.0%	276%	0.49	-28%	4%	221%
100 - Neonatology	596	9.5%	-14%	3.95	30%	30%	32%
2000 - Other Surgical	478	7.6%	13%	1.52	-25%	9%	1%
500 - Orthopedics/Joint Disease	401	6.4%	-6%	1.26	-23%	6%	-15%
200 - Hematology/Oncology	383	6.1%	-28%	1.35	-14%	7%	-27%
900 - Infectious Disease	342	5.4%	-10%	0.78	-40%	3%	-36%
300 - Cardiovascular	239	3.8%	-9%	2.52	-17%	8%	-11%
600 - Transplant	7	0.1%	-76%	23.40	42%	2%	-60%

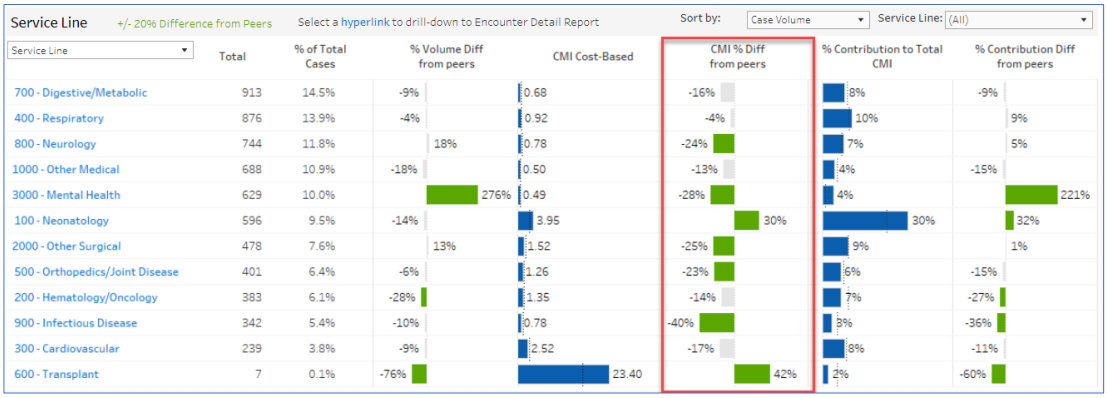
37

37

Finding Opportunities - CMI Report

Findings from CMI Comparison Report

- We have a lower CMI in almost all Service lines except Neonatology and Transplants
  - Infectious Disease, Neurology, Other Surgical and Orthopedics are Top service lines to learn more about



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800 - Neurology	744	11.8%	18%	0.78	-24%	7%	5%
1000 - Other Medical	688	10.9%	-18%	0.50	-13%	4%	-15%
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600 - Transplant	7	0.1%	-76%	23.40	42%	2%	-60%

38

38

Finding Opportunities - CMI Report

Findings from CMI Comparison Report

Neurology looks like a target are for improvement – let's learn more about a high volume DRG with a lower CMI than peers

- **APRDRG 53 Seizure**

53 - Seizure
My Hospital CMI: 0.47
Peer CMI: 0.55

APR-DRG +/- 20% Difference from Peers — Select a hyperlink to drill-down to Encounter Detail Report — Service Line: 800 - Neurology

APR-DRG	Total	% of Total Cases	% Volume Diff from peers	CMI Cost-Based	CMI % Diff from peers	% Contribution to Total CMI	% Contribution Diff from peers
53 - Seizure	397	53.4%	6%	0.47	-14%	32%	21%
58 - Nerv syst disorder NEC	139	18.7%	67%	0.73	-10%	17%	100%
21 - Craniotomy X for trauma	42	5.6%	-42%	3.77	12%	27%	-14%
55 - Head trauma w coma/hemor	35	4.7%	29%	0.57	-9%	3%	56%
57 - CI sk fx/IC inj, no coma	29	3.9%	8%	0.40	-16%	2%	21%
54 - Migraine & oth headache	27	3.6%	-16%	0.40	-6%	2%	4%

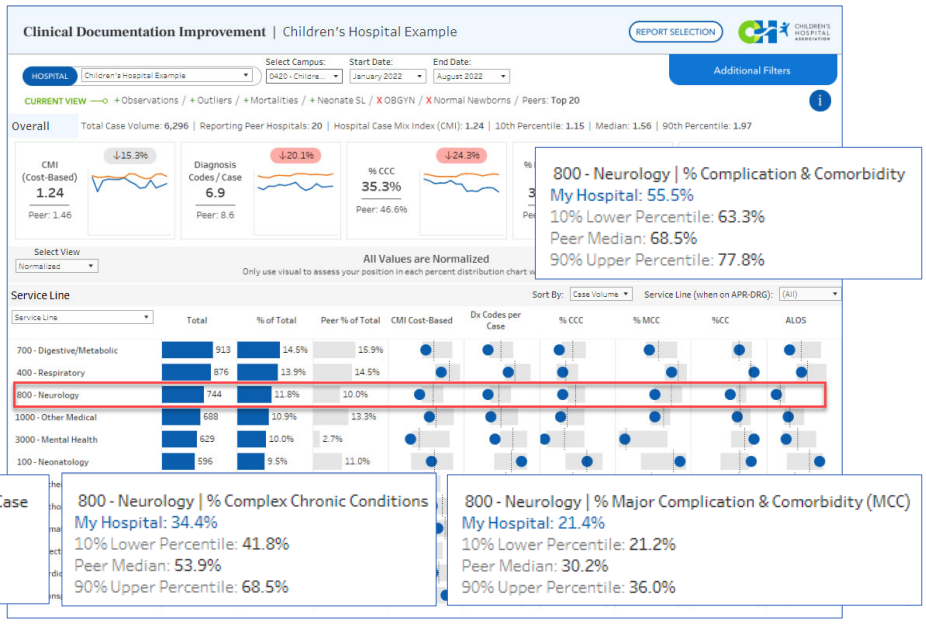
39

39

Finding Opportunities - CDI Comparison Report

CDI Comparison Report:
Learn More about Service Line and Selected DRGs

- CMI
- Avg. # DX codes per case
- % of Complex Chronic Conditions
- % of MCCs and CCs assigned
- ALOS



800 - Neurology | % Complication & Comorbidity
My Hospital: 55.5%
10% Lower Percentile: 63.3%
Peer Median: 68.5%
90% Upper Percentile: 77.8%

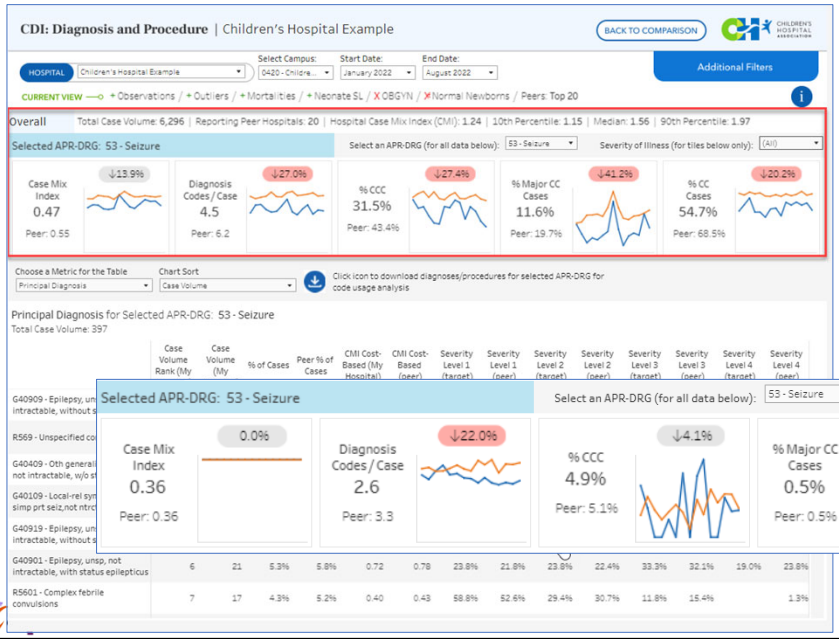
800 - Neurology | Diagnosis Codes per Case
My Hospital: 5.4
10% Lower Percentile: 5.7
Peer Median: 7.6
90% Upper Percentile: 10.4

800 - Neurology | % Complex Chronic Conditions
My Hospital: 34.4%
10% Lower Percentile: 41.8%
Peer Median: 53.9%
90% Upper Percentile: 68.5%

800 - Neurology | % Major Complication & Comorbidity (MCC)
My Hospital: 21.4%
10% Lower Percentile: 21.2%
Peer Median: 30.2%
90% Upper Percentile: 36.0%

40

Finding Opportunities – CDI: Dx & PX Report



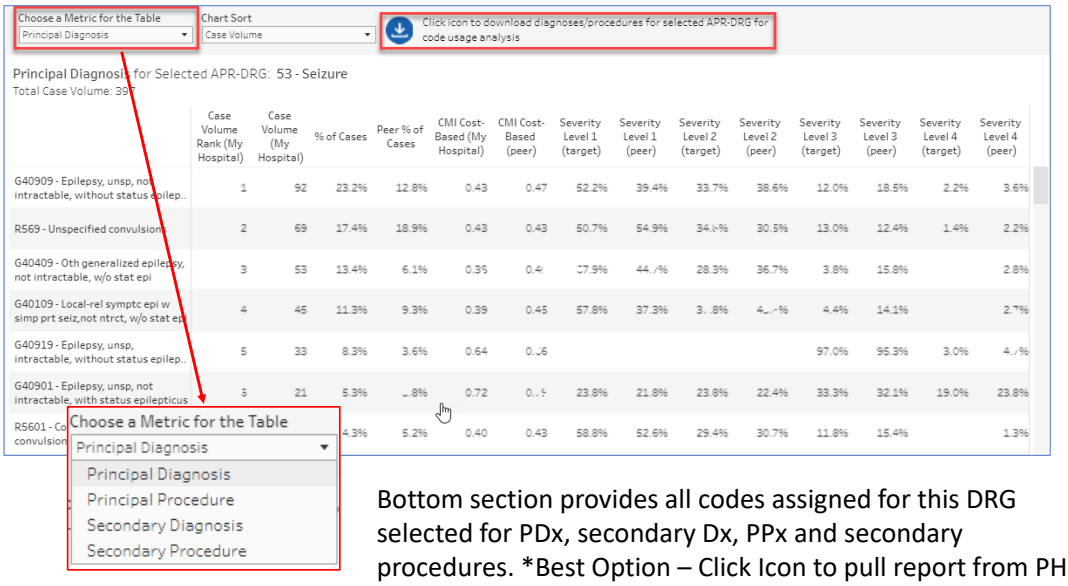
Learn about the Selected DRG in Depth by Combined SOI or each SOI Level

- CMI
- # DX Codes per case
- % Complex Chronic Conditions (CCC)
- % MCC
- % CC

41

41

Finding Opportunities – CDI: Dx & PX Report



Bottom section provides all codes assigned for this DRG selected for PDx, secondary Dx, PPx and secondary procedures. *Best Option – Click Icon to pull report from PHIS in Excel format.

42

42

CDI: Dx & PX Report – PDx Tab

Principal Dx (ICD)	Principal Dx Title (ICD)	MCC or CC Condition Fl	Case Volume (My Hospita	% of Cases	Peer % of Cases	CMI Cost Based (My Hospita	CMI Cost Based (Peer)	Severity Level 1 (Target)	Severity Level 1 (Peer)	Severity Level 2 (Target)	Severity Level 2 (Peer)	Severity Level 3 (Target)	Severity Level 3 (Peer)	Severity Level 4 (Target)	Severity Level 4 (Peer)
G40909	Epilepsy, Unsp, Not Intractable, Without Status Epilepticus		88	22.7%	13.3%	0.44	0.47	52.3%	38.7%	33.0%	39.1%	12.5%	18.7%	2.3%	3.5%
R569	Unspecified Convulsions		69	17.8%	19.2%	0.43	0.43	50.7%	54.8%	34.8%	30.8%	13.0%	12.3%	1.4%	2.1%
G40409	Oth Generalized Epilepsy, Not Intractable, W/o Stat Epi		48	12.4%	6.0%	0.38	0.45	64.6%	43.2%	31.3%	37.9%	4.2%	16.2%	0.0%	2.8%
G40109	Local-rel Symptc Epi W Simp Prt Seiz,not Ntrct, W/o Stat Epi	CC	45	11.6%	9.1%	0.39	0.46	57.8%	36.2%	37.8%	45.8%	4.4%	15.3%	0.0%	2.8%
G40919	Epilepsy, Unsp, Intractable, Without Status Epilepticus	CC	32	8.3%	3.6%	0.64	0.68					96.9%	93.9%	3.1%	6.1%
G40901	Epilepsy, Unsp, Not Intractable, With Status Epilepticus		21	5.4%	5.8%	0.72	0.77	23.8%	22.3%	23.8%	22.9%	33.3%	30.9%	19.0%	23.8%
R5601	Complex Febrile Convulsions	CC	17	4.4%	5.4%	0.40	0.43	58.8%	51.9%	29.4%	31.3%	11.8%	15.6%	0.0%	1.3%
G40A09	Absence Epileptic Syndrome, Not Intractable, W/o Stat Epi		7	1.8%	1.6%	0.39	0.41	85.7%	59.1%	0.0%	28.0%	14.3%	11.8%	0.0%	1.1%
G40419	Oth Generalized Epilepsy, Intractable, W/o Stat Epi	CC	6	1.6%	1.9%	0.61	0.64					100.0%	97.4%	0.0%	2.6%
R5600	Simple Febrile Convulsions	CC	6	1.6%	2.7%	0.37	0.41	66.7%	50.9%	33.3%	36.5%	0.0%	11.9%	0.0%	0.6%
G40911	Epilepsy, Unspecified, Intractable, With Status Epilepticus	CC	5	1.3%	0.9%	0.83	0.97					80.0%	67.9%	20.0%	32.1%
G40822	Epileptic Spasms, Not Intractable, W/o Status Epilepticus	CC	5	1.3%	5.0%	0.71	0.53			60.0%	65.1%	20.0%	30.2%	20.0%	4.7%
G40009	Local-rel Idio Epi W Seiz Of Loc Onst,not Ntrct,w/o Stat Epi	CC	5	1.3%	1.0%	0.37	0.44	80.0%	46.8%	20.0%	40.3%	0.0%	9.7%	0.0%	3.2%
G40401	Oth Generalized Epilepsy, Not Intractable, W Stat Epi		4	1.0%	0.9%	0.48	0.79	50.0%	16.7%	0.0%	25.9%	50.0%	33.3%	0.0%	24.1%
G40814	Lennox-gastaut Syndrome, Intractable, W/o Status Epilepticus	CC	4	1.0%	2.2%	0.61	0.67					43 100.0%	94.7%	0.0%	5.3%
G40101	Local-rel Symptc Epi W Simp Part Seiz, Not Ntrct, W Stat Epi	CC	3	0.8%	1.6%	0.46	0.80	33.3%	12.8%	33.3%	34.0%	33.3%	27.7%	0.0%	25.5%
P90	Convulsions Of Newborn	MCC	3	0.8%	0.6%	0.85	0.69			66.7%	47.4%	0.0%	36.8%	33.3%	15.8%
G40209	Local-rel Symptc Epi W Cmplx Prt Seiz,not Ntrct,w/o Stat Epi	CC	3	0.8%	1.3%	0.37	0.47	66.7%	23.4%	33.3%	44.2%	0.0%	31.2%	0.0%	1.3%
G4089	Other Seizures	CC	2	0.5%	1.1%	0.61	0.68					100.0%	94.0%	0.0%	6.0%
G40309	Gen Idiopathic Epilepsy, Not Intractable, W/o Stat Epi		2	0.5%	0.9%	0.36	0.43	100.0%	64.2%	0.0%	17.0%	0.0%	17.0%	0.0%	1.9%
G40211	Local-rel Symptc Epi W Cmplx Partial Seiz, Ntrct, W Stat Epi	CC	1	0.3%	0.5%	1.74	1.04					0.0%	62.1%	100.0%	37.9%

Principal Diagnosis | Secondary Diagnosis | Principal Procedure | Secondary Procedure | Report Information

43

CDI: Dx & PX Report – Secondary Dx Tab

Dx Code (ICD)	Dx Title (ICD)	MCC or CC Condition Fl	Case Volume (My Hospita	% of Cases	Peer % of Cases	CMI Cost Based (My Hospita	CMI Cost Based (Peer)	Severity Level 1 (Target)	Severity Level 1 (Peer)	Severity Level 2 (Target)	Severity Level 2 (Peer)	Severity Level 3 (Target)	Severity Level 3 (Peer)	Severity Level 4 (Target)	Severity Level 4 (Peer)
Z20822	Contact With And (suspected) Exposure To Covid-19		165	42.6%	39.4%	0.49	0.58	40.0%	27.2%	32.1%	30.7%	23.6%	33.3%	4.2%	8.9%
R6250	Unsp Lack Of Expected Normal Physiol Dev In Childhood		54	14.0%	10.0%	0.63	0.64			38.9%	37.7%	51.9%	52.9%	9.3%	9.3%
Z79899	Other Long Term (current) Drug Therapy		54	14.0%	24.1%	0.45	0.57	40.7%	25.7%	29.6%	27.2%	29.6%	40.1%	0.0%	7.1%
F840	Autistic Disorder	CC	43	11.1%	9.4%	0.54	0.64			46.5%	39.9%	51.2%	50.3%	2.3%	9.8%
R9401	Abnormal Electroencephalogram [eeg]		37	9.6%	2.9%	0.40	0.48	51.4%	38.0%	37.8%	37.4%	10.8%	20.5%	0.0%	4.1%
F88	Other Disorders Of Psychological Development		30	7.8%	13.3%	0.70	0.72	0.0%	0.3%	26.7%	26.7%	60.0%	58.1%	13.3%	15.0%
F909	Attention-deficit Hyperactivity Disorder, Unspecified Type		27	7.0%	7.1%	0.50	0.51	25.9%	22.9%	40.7%	34.8%	29.6%	39.5%	3.7%	2.8%
F809	Developmental Disorder Of Speech And Language, Unspecified		27	7.0%	4.3%	0.42	0.53	40.7%	27.6%	40.7%	34.6%	18.5%	32.7%	0.0%	5.1%
J45909	Unspecified Asthma, Uncomplicated		26	6.7%	4.2%	0.48	0.58	50.0%	28.5%	23.1%	29.2%	23.1%	33.6%	3.8%	8.7%
K219	Gastro-esophageal Reflux Disease Without Esophagitis		17	4.4%	5.5%	0.67	0.71	17.6%	8.9%	11.8%	26.7%	58.8%	48.5%	11.8%	16.0%
E871	Hypo-osmolality And Hyponatremia	CC	16	4.1%	1.8%	0.55	0.79			62.5%	42.9%	31.3%	33.3%	6.3%	23.8%
U071	Covid-19	MCC	14	3.6%	4.2%	0.61	0.82					100.0%	81.1%	0.0%	18.9%
E669	Obesity, Unspecified		12	3.1%	1.2%	0.67	0.56	25.0%	24.3%	33.3%	29.7%	25.0%	40.5%	16.7%	5.4%
E872	Acidosis	CC	11	2.8%	3.1%	0.74	0.86			36.4%	31.6%	45.5%	40.6%	18.2%	27.8%
F79	Unspecified Intellectual Disabilities		11	2.8%	2.5%	0.67	0.66			18.2%	25.2%	72.7%	66.0%	9.1%	8.8%
Z820	Family History Of Epilepsy And Oth Dis Of The Nervous Sys		11	2.8%	7.0%	0.40	0.49	54.5%	40.0%	36.4%	29.3%	9.1%	27.4%	0.0%	3.3%
Z931	Gastrostomy Status		10	2.6%	10.3%	0.93	0.85			10.0%	16.4%	60.0%	59.0%	30.0%	24.6%
G9389	Other Specified Disorders Of Brain		10	2.6%	2.9%	0.66	0.69			30.0%	35.1%	60.0%	51.1%	10.0%	13.8%
Z8616	Personal History Of Covid-19		10	2.6%	4.9%	0.61	0.63	20.0%	23.8%	30.0%	27.9%	40.0%	36.2%	10.0%	12.1%
Z982	Presence Of Cerebrospinal Fluid Drainage Device		10	2.6%	3.8%	0.57	0.78	10.0%	5.7%	60.0%	25.3%	20.0%	48.0%	10.0%	21.0%
G809	Cerebral Palsy, Unspecified		10	2.6%	2.7%	0.53	0.68			40.0%	32.7%	60.0%	54.7%	0.0%	12.6%
L309	Dermatitis, Unspecified		10	2.6%	1.2%	0.40	0.52	50.0%	30.1%	40.0%	27.4%	10.0%	38.4%	0.0%	4.1%
R259	Unspecified Abnormal Involuntary Movements		10	2.6%	0.6%	0.37	0.39	80.0%	60.6%	20.0%	44 30.3%	0.0%	9.1%		
Z6854	Body Mass Index Pediatric, > Or Equal To 95% For Age		9	2.3%	0.9%	0.71	0.66	33.3%	16.1%	33.3%	35.7%	11.1%	33.9%	22.2%	14.3%
Q02	Microcephaly		9	2.3%	2.5%	0.69	0.71			22.2%	27				13.8%
B348	Other Viral Infections Of Unspecified Site		9	2.3%	2.1%	0.69	0.68	33.3%	30.2%	44.4%	21				16.7%
R1110	Vomiting, Unspecified		9	2.3%	2.2%	0.55	0.59	55.6%	28.7%	22.2%	31				10.1%
G919	Hydrocephalus, Unspecified	CC	8	2.1%	1.6%	0.62	0.80			62.5%	21				20.4%
F419	Anxiety Disorder, Unspecified		7	1.8%	3.5%	0.52	0.52			42.9%	58				2.9%
B9789	Oth Viral Agents As The Cause Of Diseases Classd Elsewhr		7	1.8%	2.9%	0.51	0.67	14.3%	25.6%	28.6%	26				15.3%
R000	Tachycardia, Unspecified		7	1.8%	2.9%	0.46	0.72	0.0%	0.6%	71.4%	41				17.6%
R509	Fever, Unspecified		7	1.8%	2.0%	0.46	0.61	14.3%	25.6%	57.1%	22				9.9%
	Patient's Other Noncompliance With														

Sorted by Case Volume – allows for review of conditions assigned more by peers

Principal Diagnosis | Secondary Diagnosis | Principal Procedure | Secondary Procedure | Report Information

44

CDI: Dx & PX Report – Secondary Dx Tab

Dx Code (ICD)	Dx Title (ICD)	MCC or CC Condition Fl	Case Volume (My Hospita	% of Cases	Peer % of Cases	CMI Cost Based (My Hospita	CMI Cost Based (Peer)	Severity Level 1 (Target)	Severity Level 1 (Peer)	Severity Level 2 (Target)	Severity Level 2 (Peer)	Severity Level 3 (Target)	Severity Level 3 (Peer)	Severity Level 4 (Target)	Severity Level 4 (Peer)
E8339	Other Disorders Of Phosphorus Metabolism		0	0.0%	0.5%		1.23				16.1%		25.8%		58.1%
E8341	Hypermagnesemia		0	0.0%	0.0%		1.74								100.0%
E8342	Hypomagnesemia		1	0.3%	0.2%	0.40	1.19			100.0%	15.4%	0.0%	30.8%	0.0%	53.8%
E8350	Unspecified Disorder Of Calcium Metabolism		0	0.0%	0.0%		1.74								100.0%
E8351	Hypocalcemia		1	0.3%	0.5%	1.74	0.65			0.0%	39.3%	0.0%	50.0%	100.0%	10.7%
E8352	Hypercalcemia		0	0.0%	0.2%		0.87				58.3%		8.3%		33.3%
E8359	Other Disorders Of Calcium Metabolism		0	0.0%	0.0%		1.74								100.0%
E849	Cystic Fibrosis, Unspecified	CC	0	0.0%	0.0%		0.40				100.0%				
E860	Dehydration		2	0.5%	2.9%	0.40	0.67	0.0%	22.2%	100.0%	29.0%	0.0%	33.0%	0.0%	15.9%
E861	Hypovolemia		0	0.0%	0.0%		1.74								100.0%
E869	Volume Depletion, Unspecified		0	0.0%	0.0%		0.51				50.0%		50.0%		
E870	Hyperosmolality And Hypernatremia	CC	0	0.0%	0.4%		1.41				9.1%		18.2%		72.7%
E871	Hypo-osmolality And Hyponatremia	CC	16	4.1%	1.8%	0.55	0.79			62.5%	42.9%	31.3%	33.3%	6.3%	23.8%
E872	Acidosis	CC	11	2.8%	3.1%	0.74	0.86			36.4%	31.6%	45.5%	40.6%	18.2%	27.8%
E873	Alkalosis	CC	0	0.0%	0.1%		1.17						50.0%		50.0%
E874	Mixed Disorder Of Acid-base Balance	CC	0	0.0%	0.4%		1.57				12.5%				87.5%
E875	Hyperkalemia		5	1.3%	0.7%	0.53	0.79			40.0%	46.3%	60.0%	29.3%	0.0%	24.4%
E876	Hypokalemia		2	0.5%	1.1%	1.07	1.05	0.0%	6.3%	50.0%	18.8%	0.0%	31.3%	50.0%	43.8%
E8770	Fluid Overload, Unspecified		1	0.3%	0.2%	1.74	1.58					0.0%	14.3%	100.0%	85.7%
E878	Oth Disorders Of Electrolyte And Fluid Balance, Nec		3	0.8%	0.6%	0.85	1.03			66.7%	30.3%	0.0%	27.3%	33.3%	42.4%
E8801	Alpha-1-antitrypsin Deficiency		0	0.0%	0.0%		0.40				100.0%				
E882	Oth Disorders Of Plasma-protein Metabolism, Nec		1	0.3%	0.2%	0.40	1.49			100.0%	0.0%	0.0%	22.2%	0.0%	77.8%
E8840	Mitochondrial Metabolism Disorder, Unspecified	CC	0	0.0%	0.3%		0.94				5.0%		65.0%		30.0%
E8841	Melas Syndrome	CC	2	0.5%	0.1%	0.51	1.36			50.0%	0.0%	50.0%	33.3%	0.0%	66.7%
E8849	Other Mitochondrial Metabolism Disorders	CC	0	0.0%	0.1%		1.25				20.0%		20.0%		60.0%
E8881	Metabolic Syndrome		0	0.0%	0.1%		1.46				45		25.0%		75.0%
E8889	Other Specified Metabolic Disorders		1	0.3%	0.2%	0.61	0.81			0.0%					20.0%
E889	Metabolic Disorder, Unspecified		0	0.0%	0.1%		0.84								25.0%
F05	Delirium Due To Known Physiological Condition	CC	0	0.0%	0.1%		0.98								40.0%
F064	Anxiety Disorder Due To Known Physiological Condition		0	0.0%	0.0%		1.17								50.0%
F0781	Postconcussional Syndrome		0	0.0%	0.0%		0.51								
F09	Unsp Mental Disorder Due To Known Physiological Condition		0	0.0%	0.1%		0.84								25.0%
F1010	Alcohol Abuse, Uncomplicated		0	0.0%	0.0%		0.40								
F1123	Opioid Dependence With Withdrawal	CC	0	0.0%	0.0%		1.74								100.0%
F1210	Cannabis Abuse, Uncomplicated		0	0.0%	0.1%		0.51				50.0%		50.0%		

Principal Diagnosis | Secondary Diagnosis | Principal Procedure | Secondary Procedure | Report Information

Sorted by ICD Code A-Z – allows view of codes for similar types of conditions

45

Review Findings from CDI: Dx & PX Report

- Large % of cases assigned an Unspecified Seizure Disorder code as the Principal Dx that is Not-Intractable, without Status Epilepticus, or Unspecified Convulsion code
- PDxs for SOI level 3-4 cases are predominately cases with Intractable seizures, Status Epilepticus or both documented
- Conditions assigned by peers more frequently in SOI level 3-4 cases:
  - Infectious conditions: sepsis, encephalitis, hepatitis
  - Malignancies: brain cancer, lymphomas, leukemias
  - Anemias, Immunodeficiencies, and other metabolic disorders
  - Electrolyte disorders & Malnutrition
  - Cardiomyopathy and heart/cerebrovascular conditions
  - Pneumonia & Respiratory failure
  - Perinatal & Congenital conditions
  - Adverse effects of medications
  - Child abuse

46

46

Other Reports in PHIS

- Comparative Analysis

Title
Comparative Analysis - APR-DRG V7
Comparative Analysis - MS-DRG V6
Comparative Analysis - Principal Diagnosis V8
Comparative Analysis - Principal Procedure V8
Comparative Analysis - Service Line V7

- Case Mix Index Comparison

Case Mix Index Comparison - APR-DRG V2
Case Mix Index Comparison - MS-DRG V2
Case Mix Index Comparison - Principal Diagnosis V2
Case Mix Index Comparison - Principal Procedure V2

- ICD Diagnosis & Procedure Code Comparison

ICD Diagnosis & Procedure Code Comparison - APR-DRG V4
ICD Diagnosis & Procedure Code Comparison - MS-DRG V4
ICD Diagnosis & Procedure Code Comparison - Prin or Sec Dx V3
ICD Diagnosis & Procedure Code Comparison - Principal Diagnosis V4
ICD Diagnosis & Procedure Code Comparison - Principal Procedure V4

- AHRQ PDI Report Cards

AHRQ Accidental Puncture or Laceration V6
AHRQ Central Venous Catheter-Related Bloodstream Infections V6
AHRQ Iatrogenic Pneumothorax V6
AHRQ Neonatal Blood Stream Infection V6
AHRQ Postoperative Hemorrhage or Hematoma V6
AHRQ Postoperative Respiratory Failure V6
AHRQ Postoperative Sepsis V6

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47

Summary and Next Steps

- "Know Your Score"
- Data can advocate positive change
- PHIS is the ONLY CHA-sanctioned database measuring children's hospital performance
- Used correctly, PHIS can help you take your program from good to great

- Want to get PHIS or Inpatient Essentials?
- Want to enhance your use of what you've already licensed?
  - Call Amber Davidson at 913-981-4140 or write her at amber.Davidson@childrenshospitals.org

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48

THANK YOU SO MUCH FOR YOUR ATTENTION!
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49

49