



ROLE OF CDI IN DISCHARGE PLANNING

Impact of Initial WDRG-GLOS in actual LOS



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NAVIGANT
[Company address]

Introduction:

In today's value-based care environment, hospitals are under increasing pressure to avoid patient harm and maintain quality while also lowering costs. As hospitals look for ways to operate more efficiently, reducing length of stay and increase on-time discharge is considered as one of many steps which can help to meet new health care challenges. This paper will discuss the role of Clinical documentation specialist (CDI) in reducing length of stay (LOS) and increasing on-discharges based on assignment of working DRG-GLOS.

Abstract:

At Seton, North West Hospital, clinical documentation specialist (CDI) implemented the strategy to evaluate the cases where WDRG-GLOS was assigned by CDI on her initial review. The cases were monitor via a report generated every day by the system to asses if it is an effective strategy to support case manager (CM) in their discharge planning. The study revealed that out of 30 patients who were assigned WDRG-GMLO by CDI on her initial review, 37% patient were discharged on time with in or earlier than assigned WDRG-GLOS. 33% of patient stayed longer because they were sick and clinically cannot be discharge. 30% of cases stayed longer due to discharge issues including, waiting for placement, availability of outpatient resources on timely manner and other social issues. The study concluded that the strategy allowed case manager to identify certain cases with WDRG-GLOS cases with community resources to discharge early or on time. Physician were proactive and responded query on timely manners, so true WDRG-GLOS can reflect on report and allowed to make decision on discharge planning.

Methodology:

At Seton North West hospital CDI monitored 30 cases from daily Case Management report (appendix A) which is run automatically between 6am and 6:30am for the facility. Cases appear on the list were reviewed by CDI a day before and been assigned working DRG (WDRG). The report highlights actual length of stay (LOS) and compares it with WDRG geometrical length of stay (GLOS) and provides the variance LOS.

For this study working DRG and GLOS are defines as:

Working DRG (WDRG): "the initial DRG assigned during patient's stay by CDI based on her initial and concurrent review."

Geometric Length of stay (GLOS): "the days assigned to the particular DRG by CMS" e.g. DRG: 442 carries 3.3 G/LOS

This report was made available to case manager and chief of medical officer along with CDI of that site. On daily basis at multidisciplinary rounds, all cases discussed to evaluate the discharge planning and other clinical needs. The information from the report guided case manager to see if an early discharge can be initiated before or by the deadline of assigned WDRG-GLOS. CDI monitor report and review cases to see if there is any

opportunity to place query to either change actual DRG or APDRG. Overall physician focused on responding queries on timely bases specially for cases with negative variance with possibility of changing DRG and longer WDRG-GLOS .

During the time of February 16th to February 27th 2018, 30 cases were monitored with initial WDRG-GLOS and upon discharge with final LOS. These cases were divided into 3 categories: (Appendix B).

1. Cases discharged on-time with in limit of assigned WDRG-GLOS
2. Cases stayed longer than assigned WDRG-GLOS due to discharge issues
3. Cases stayed longer due to clinically not ready to be discharge but there was no opportunity to change DRG which would have reflected on GLOS.

Results:

The result showed that 11 patients out of 30 (37%) discharged on time or prior to assigned GLOS. 10 patients (33%) stayed longer due to clinically not safe for discharge and there was no opportunity to change DRG (no cc, mcc). 09 patients (30%) stayed longer due to discharge issues including waiting for insurance approval, bed availability at other facility or other outpatient setup and other family social issue.

Discussion/and Recommendation:

The study concluded following

- Initial WDRG-GLOS based on initial review by CDI allowed CM to be attentive of length of stay and they took proactive steps to make sure patient is safely discharged on timely manner.
- Report with negative variance of LOS allowed CDI to prioritize the reviews of follow-up cases to see if there is any opportunity in documentation to place query and change WDRG-GLOS.
- Physician were proactive and responded query on timely manners, so true WDRG-GLOS can reflect on report and allowed to make decision on discharge planning.
- The study endorsed the need to increase outpatient and community resources to allow safe discharges of patient with medical issues which can be managed in community and can decrease LOS due to placement issues.
- It is identified that GLOS assigned to certain DRG is not the true reflection of severity of illnesses based on patient's slow progress of recovery.
- It is recommended that there is need to study at large scale to evaluate certain DRGs-GLOS to accommodate safe discharges with old age population which true reflect the severity of illness of that DRG.

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Appendix A

Example:

Site	Bed	Working Dx Text	Admit Date	LOS	W DRG GLOS	Working DRG	LOS Variance
SNW	N401-01	Other urethral stricture	3/31/2018	4	2.9	697	-1.1
SNW	N402-01	Sepsis, unspecified organism	4/1/2018	3	3.7	872	0.7
SNW	N406-01	Hyper osmolality and hypernatremia	3/26/2018	9	3.3	640	-5.7
SNW	N409-01	Urinary tract infection, site not specified	4/2/2018	2	3	690	1
SNW	N410-01	Hypertensive urgency	3/28/2018	7	3.1	304	-3.9
SNW	N411-01	Hepatic failure, unspecified without coma	4/1/2018	3	4.7	441	1.7
SNW	N412-01	Shortness of breath	3/31/2018	4	2.2	204	-1.8
SNW	N425-01	Calculus of gallbladder with acute and chronic cholecystitis without obstructi	4/2/2018	2	3.2	445	1.2
SNW	N426-01	Gastrointestinal hemorrhage, unspecified	3/29/2018	6	3.1	378	-2.9
SNW	N439-01	Vascular disorder of intestine, unspecified	4/1/2018	3	4.6	393	1.6
SNW	N444-01	Hb-SS disease with crisis, unspecified	4/1/2018	3	2.8	812	-0.2
SNW	N454-01	Neoplasm of unspecified behavior of digestive system	3/31/2018	4	5.6	374	1.6
SNW	NICU-01	Sepsis, unspecified organism	3/30/2018	5	4.9	871	-0.1
SNW	NICU-02	Gastrointestinal hemorrhage, unspecified	4/1/2018	3	4.5	377	1.5
SNW	NICU-05	Alcohol abuse with intoxication, unspecified	3/27/2018	8	4.8	896	-3.2
Sum							-9.60
Avg							-0.640

Appendix B

