



Community Meeting

October 14, 2022

Presenter: Council Leadership



Linnea Archibald

ACDIS Associate Editorial Director,
Publications & Membership

Linnea Archibald oversees the management and strategic development of the ACDIS Leadership Council, including membership recruitment and engagement, and day-to-day offerings. Archibald is responsible for the strategic planning of ACDIS' publications, including the *CDI Journal* and *CDI Strategies*. She works closely with ACDIS' boards and committees and is responsible for the maintenance and management of the ACDIS Scholarship program.

Additionally, she oversees ACDIS' social media presence and the *ACDIS Podcast*.

Agenda

- Welcome to new members and overview of Council benefits, meeting structure, and involvement opportunities
- Council member presentations on:
 - Mortality reviews beyond SOI/ROM (Keisha Downes, RN, BSN, CCDS, director of CDI at Tufts Medicine in Boston, Massachusetts)
 - A multidisciplinary approach to quality reviews (Janice Cromer, RN, BSN, CCDS, system director, CDI, at AdventHealth in Apopka, Florida)



Council Overview and Opportunities

Who are the Council members?

- The ACDIS Leadership Council (founded in 2019) exists to connect forward-thinking CDI supervisors, managers, and directors through personalized insight-sharing and networking experiences that forge valuable relationships, advance strategic priorities, and illuminate game-changing trends.
- This term includes 301 members from 48 states (up from 270 in 2021/2022).
- The largest portion of our members are CDI managers (34.19%), followed by CDI directors (30.97%), and CDI supervisors (8.06%).
- 69.35% of Council members hold an RN credential; 15.17% hold either a RHIA or RHIT credential; 6.45% hold an MD.
- 71.94% hold their CCDS credential and 18.71% hold the CDIP.
- Most (65.81%) work for healthcare systems with multiple sites, followed by 25.48% who work at standalone acute care hospitals.

Council benefits

- Entry to a members-only online community on the ACDIS website, accessible by using your existing ACDIS website login credentials. This access includes access to all the previous on-demand meeting recordings, a special Council member Forum thread, and articles specific for Council members
- Access to Council survey and research findings, plus the opportunity to submit questions for review and potential inclusion in future surveys
- Regular virtual meetings to unpack the latest Council research findings, swap leadership strategies and best practices, and discuss industry developments
- The CDI Leadership Insider (CLI), our official eNewsletter for Council members that goes out the second Monday of each month
- Special discounts on new ACDIS memberships and selected leadership offerings
- A membership email signature badge to show your Council membership on all your email correspondence
- Opportunities to earn ACDIS CCDS/CCDS-O continuing education credits

Council participation requirements

- Council members must participate in 75% of the Council surveys in order to be eligible for automatic renewal in the next year
 - Surveys will be sent via email and several reminders will be sent before the survey closes
 - In order to receive credit for the surveys, Council members must complete their contact information when prompted on the survey; this is the only way we can track your participation concretely.

Council participation requirements, cont.

- Council surveys:
 - Please note that the surveys required to meet the participation requirements are NOT the same as the form members fill out to register for Council meetings
 - Most surveys will take roughly 10 minutes to complete and will be launched quarterly
- Council members must stay actively involved in the CDI profession and employed by a healthcare facility or system (as opposed to a vendor organization) for the duration of their term to remain eligible
 - If the circumstances of your role change, please contact Associate Editorial Director Linnea Archibald (larchibald@acdis.org) immediately.

Council meeting schedule

- Council meetings will take place the second Friday of each meeting month from 2-3:10 p.m. eastern. All Council meetings have been scheduled for the 2022/2023 term.
- Council members can register for any of these meetings by following the links on [the ACDIS website here](#).
- Linnea Archibald sent out calendar holds for all 2022/2023 meetings this week to mark the time on your calendars.
 - Note that topics and panelists will be chosen closer to the meeting dates; members can suggest meeting topics by [clicking here](#).
- Can't attend live? The meeting recording and materials will be made available within 24 hours of the live call date.

Council CEU opportunities

- Council members can earn ACDIS CCDS/CCDS-O CEUs by participating in a number of ways:
 - **Attend an ACDIS Leadership Council virtual community meeting:** The CEU will be emailed to all qualifying participants after the on-demand period has closed two weeks after the live call date. To qualify, Council members must either attend the full, live meeting, or view the full, on-demand meeting recording within two weeks of the meeting's live broadcast.
 - **Present on a CDI-related topic during a Council full-group virtual meeting:** Council members may claim 2 CEUs for each full-group virtual meeting in which they speak as a panelist or presenter. Note: these CEUs are in lieu of the 1 credit awarded to meeting attendees.
 - **Write for the CLI:** Council members may claim 0.5 CEUs per 350 published words of their original work featured in the CLI. Council members can submit an idea by [clicking here](#).

Leadership Council Mastermind

- The Council Mastermind group is a tightknit group of eight to 10 handpicked Council members who commit to:
 - Advancing concrete business goals, and
 - Helping their peers do the same by sharing challenges, strategy, and accountability through a combination of virtual and in-person meetings
- During discussions, members serve as both advisor and advisee
- Mastermind membership runs from November through August each term and members meet six times throughout the term
- In order to be eligible, Council members must have completed one term of Council membership and met the participation requirements.
 - Please note that the 2022/2023 Mastermind members will be selected and notified in the next few days.

What's next?

- 11/14/2022: Next issue of **CLI** hits your inbox
- Q4 2022
 - The first survey of the 2022/2023 Council term is live now! Please respond to the 2022 CDI Salary Survey today to receive credit. The survey will close at 11:59 p.m. on Monday, October 31. [Click here to respond](#).
 - Register for the December 9, 2022, Council meeting on [the ACDIS website](#). The topic will be the Council-specific findings from the Salary Survey.
 - Go to the “Current Council Member Info” page on the ACDIS website for more updates. ([Link](#))

Community meeting reminders

- Earning CEUs for participating in live or on-demand shows
 - *Note: All participating Council members, whether they joined the meeting live or listened to the on-demand version, will receive their CEU AFTER the on-demand period closes (two weeks after the live broadcast date).*
 - Accessing 2021/2022 term on-demand materials
 - [October 8, 2021, meeting materials](#)
 - [December 10, 2021, meeting materials](#)
 - [February 11, 2022, meeting materials](#)
 - [April 8, 2022, meeting materials](#)
 - [June 3, 2022, meeting materials](#)
 - [July 14, 2022, meeting materials](#)
- >> Get the full rundown on community meetings: <https://acdis.org/acdis-leadership-council/full-group-meetings>

Tips for ensuring Council communications reach you

- When responding to meeting invites, surveys, and other Council opportunities:
 - Be consistent and accurate when entering your info (name and email address)
 - Use the same email address; double check for typos
 - Use your full name, not a nickname; double check for typos or inconsistencies (e.g., alternating between a space and a dash in a hyphenated last name)
- Email Linnea Archibald (larchibald@acdis.org) if your primary email address or any other key professional detail changes.
- Whitelist the *CLI* send address (acdis-lc@e.news.hcpro.com). Still having trouble?
 - Check the inboxes of any alternate email addresses you might have entered into early Council surveys—the primary email address we have on file for each Council member is where your *CLI* issue is going
 - Check your deleted items folder and spam filter to ensure CLI isn't getting trapped



Council member presentations

CDI Mortality Reviews: Going Beyond SOI/ROM (Keisha Downes, RN, BSN, CCDS, director of CDI at Tufts Medicine in Boston, Massachusetts)

A multidisciplinary approach to quality reviews (Janice Cromer, RN, BSN, CCDS, system director, CDI, at AdventHealth in Apopka, Florida)

Presenters: Council Members



Keisha Downes, BSN, RN, CCDS, CCS
Director, CDI
Tufts Medicine
Boston, Massachusetts



Janice Cromer, RN, BSN, CCDS
System Director, CDI
AdventHealth
Apopka, Florida



CDI Mortality Reviews: Going Beyond SOI/ROM

Keisha Downes, BSN, RN, CCDS, CCS

CDI Director

Tufts Medicine

kdownes@tuftsmedicalcenter.org

Learning Objectives

- At the completion of this educational activity, the learner will be able to:
 - Differentiate between optimizing DRG/SOI/ROM and optimizing risk variables
 - Explore how to review a mortality case based on risk variables
 - Identify steps Tufts Medicine has taken to address risk variables across all patients

Tufts Medical Center

About Tufts Medical Center

Tufts Medical Center is an exceptional, not-for-profit, 415-bed academic medical center that is home to both a full-service hospital for adults. Conveniently located in downtown Boston, we're the principle teaching hospital for Tufts University School of Medicine. We offer a level one trauma center with a rooftop helipad, are the largest heart transplant center in New England and our renowned research program ranks among the top 10 percent of independent hospitals to receive federal research funding. Tufts Medical Center is a founding member of Tufts Medicine.

More at www.TuftsMedicalCenter.org.



The Dreaded Phone Call

- CMO contacted CDI for second level review of expired patients
 - The patient's expected mortality did not support the observed
 - Request was to review the medical record to be sure all MCCs were captured
 - Direction was given to be sure severity of illness and risk of mortality were 4/4
- Results of the second level review
 - Very sick patients
 - Optimized DRGs/SOI/ROM
 - Confusion as to why the reports would show patient as not sick

Doing a Deeper Dive

- Better understanding of the source report that indicated there was room for opportunity
- Collaborating with the Quality Department was key
- Tufts Medical Center utilizes Vizient® for health care performance improvement
- Per <https://www.vizientinc.com/about-us>
 - *“Through the alignment of cost, quality and market performance, we help members improve and fortify their market presence so they can concentrate on what they do best: provide high-quality care for patients.”*

Reviewing Mortality Cases for Risk Variables

- Rather than utilizing the CMS CC/MCC list to determine overall patient acuity, the risk models are DRG specific and are utilized based on a constellation of variables to include medical diagnoses, SDOH, transfer status and age.
- With few exceptions, variables that reflect the expected mortality of a patient is based on diagnoses present on admission.
- Focus should be to accurately reflect the expected mortality of all inpatients, not just those that expire.

Comparing Optimizing Variables—Example Sepsis 871

Common DRG Opportunity

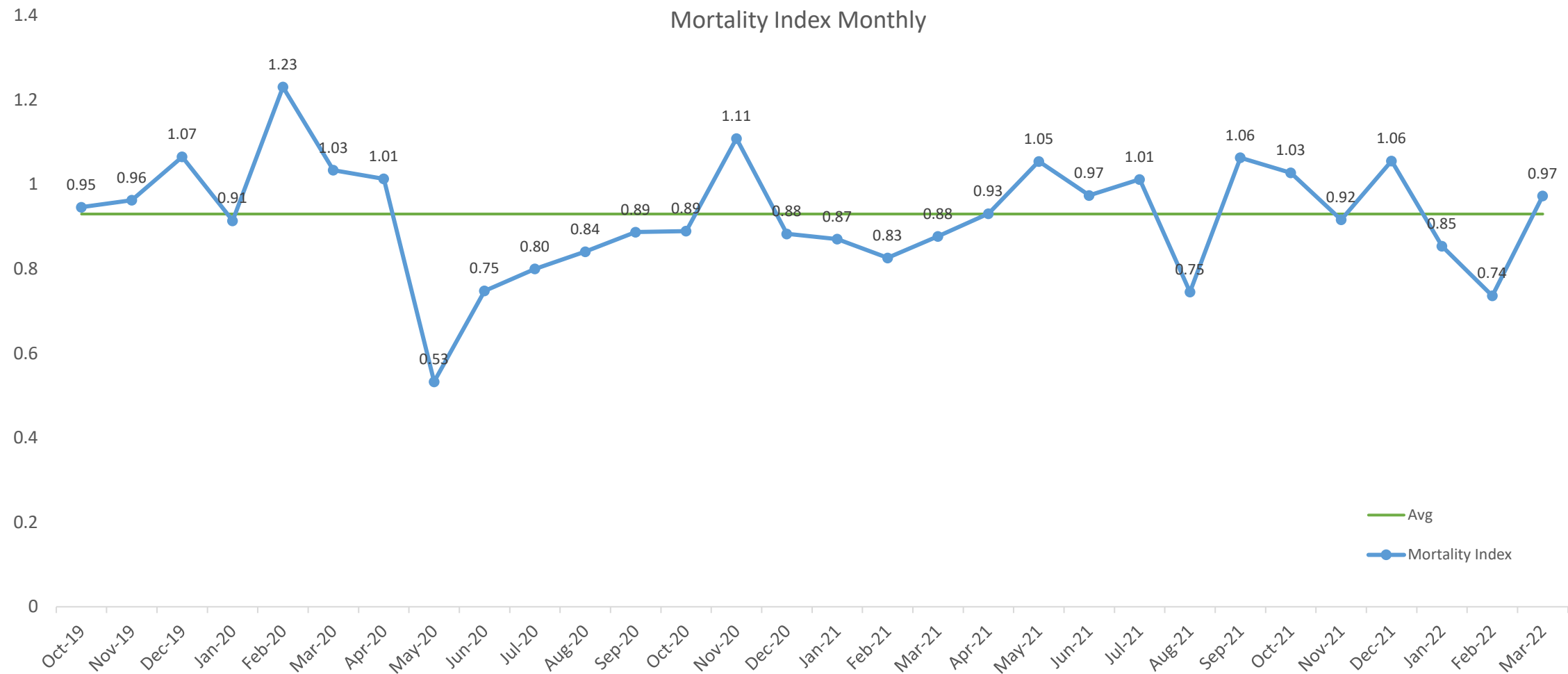
Acute Respiratory Failure
Septic Shock
Type 2 MI
AKI
Infection Source

Top Variables for Model Group 903

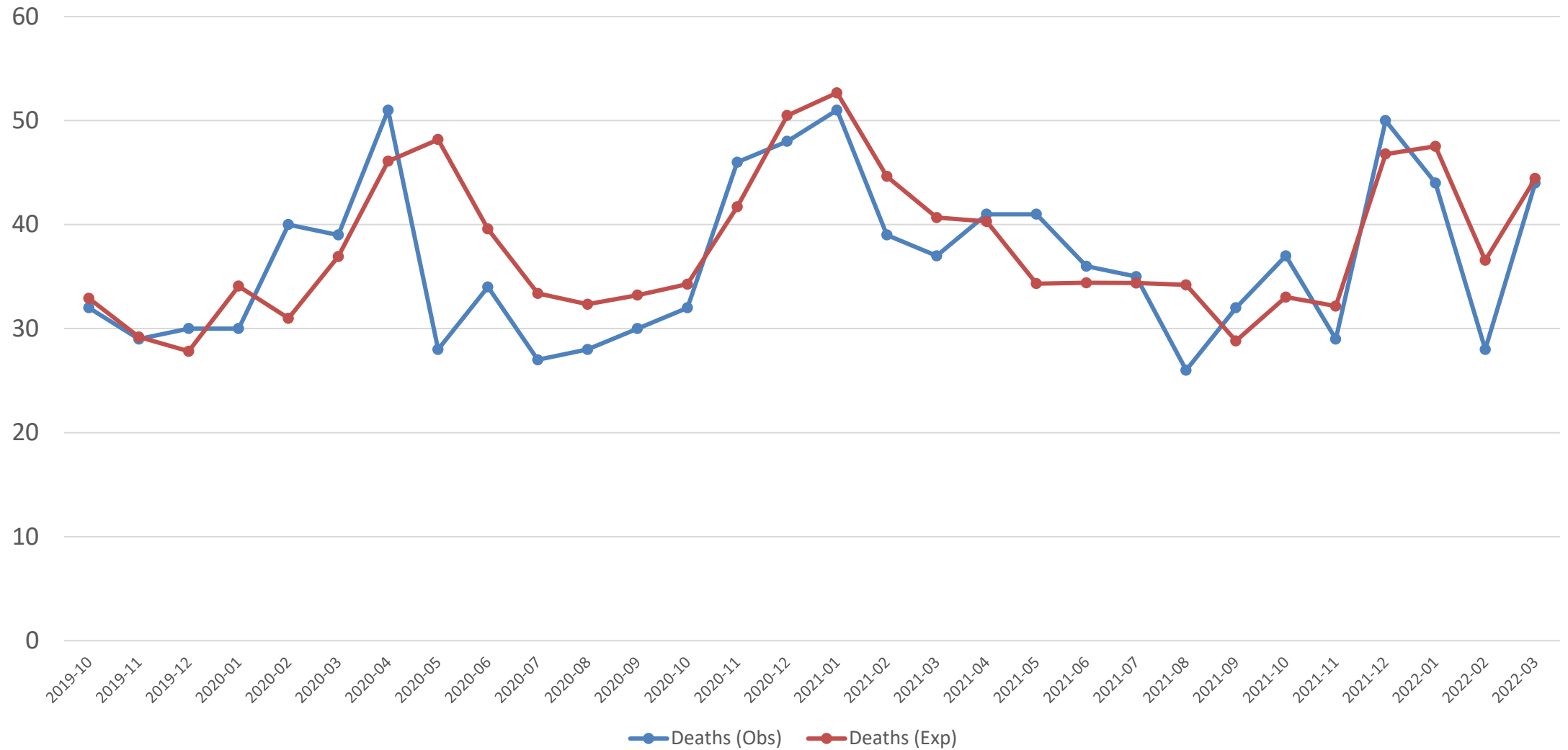
DNR w/o Vent >96 hours or ECMO
Vent on Admission Day
ECMO on Admission Day
DIC
Tumor Lysis Syndrome

Change in Workflow Implemented

- Two CDI specialists educated to specifically review mortality cases based on Vizient Risk Model Groups
- Agreement with coding to bill hold morality cases until CDI review complete
- Collaboration with coding to make certain appropriate DRG assignment
- Entire CDI team educated on most frequent variables that should be captured/queried for all inpatients
- Utilizing technology to incorporate most frequent variables into auto-sent queries via HiTeks
- Working with admitting to ensure proper admission status



Deaths Observed vs. Expected



Continuing to Optimize Workflow

- Recent EMR upgrade to EPIC
- Mortality cases identified automatically triggered by
 - Patient Class: Inpatient
 - Disposition Code: Expired
- New work queue developed that allows for bill hold after Coding
 - CDI now able to have the final coded DRG to compare against risk model
 - Queries and coding updates may be may prior to final billing
 - CDI able to verify all diagnoses suggested for addition to coding summary added prior to sending account for final billing

Conclusion

- Understand the platform in which your facilities metrics are based upon
- Determine which department tracks trends for mortality and collaborate with them (For Tufts, it is the quality department)
- If using a company like Vizient, reach out for help! There should be a representative assigned to your facility that may educate and assist



Quality and Safety of Care Review Process

Janice Cromer, RN, BSN, CCDS

System CDI Director

AdventHealth

Janice.cromer@adventhealth.com

Background, Problem Statement, and Scope

- **Background:** AdventHealth currently identifies opportunities that impact Hospital Star Rating, Leapfrog and Mortality involving HACs, HAIs, and PSIs by multiple departments via different processes. Creating a multi-disciplinary concurrent / retrospective validation process for these identified opportunities is in support of national best practice to improve accuracy and performance in all areas impacted by publicly reported clinical measures before the final bill is processed.
- **Problem Statement:** Lack of multi-disciplinary review of health record prior to claims submission may increase risk of inaccurate reporting of HACs, HAIs, and PSIs and risk adjustments of mortality, which may lead to incorrect reflection of the patient's care and condition as reported by coded administrative data.
- **Scope:**
 - **Process Start:** Concurrent / retrospective review
 - **Process End:** Appropriate action taken (post-audit)
 - **In Scope:** all CMS reportable HAIs, HACs, PSIs and Mortalities (discharge code 20)
 - **Out of Scope:** Cases with exclusions for HACs and PSIs; Mortalities (discharge code 41); HAIs that do not meet criteria for NHSN reporting

Process Owners

- Health Information Management (HIM)
- Multi-Disciplinary Team (MDT) Facilitator - Quality
- Clinical Documentation Integrity (CDI)
- Infection Prevention (IP)

Resolution Process

- For delays and disagreements involving diagnosis clarification, facility quality leader to escalate to facility CMO
- For disagreements involving coding guidelines, escalate to facility director HIM and facility director CDI to facilitate resolution
- Escalate to corporate director HIM and corporate director CDI for interpretation if not resolved at facility level

Audit Process

- Third part external audit-perform a quarterly review to:
 1. Verify whether changes to inclusions or exclusions are correct
 2. Confirm diagnoses reported are in accordance with the documentation on the health record
 3. Provide a report to AdventHealth on audit results, including discrepancies
 4. Ensure rebill accuracy for PSIs
- If the accuracy below 90% in any quarter of audit, the identified cases will be referred to the appropriate facility process owner(s)

Data Collection Tool (QSR PowerBI)

QSR App and Dashboard - PowerBI

Save as Favorite

Pages

EPIC Update

Review Summary

PowerApp Forms

Mortality

HAC01

HAC02

HAC05

PSI03

PSI04

PSI06

PSI08

PSI09

PSI10

PSI11

PSI12

PSI13

PSI14

PSI15

CAUTI

File

Export

Share

Chat in Teams

Get insights

Subscribe

Quality & Safety of Care Reviews

Review Summary

Instructions / Updates

Instructions:

For HAC, Mortalities, and PSIs, the right displays the number of cases populating per event. Click on the number to navigate to that specific event and view the work queue of cases to review.

For HAIs, the number displays the reviews that have been entered. Once in a event page, select a case for review. Review the patient details available in the table and/or in PowerChart.

Follow the instructions in the form for entering information. Enter the necessary information in the form until completions. You are able to go back and modify before marking "Done".

Refresh Schedule:

The data refreshes populate potential new cases for review every morning. Due to low volume of these cases, this doesn't mean a new case to review will appear every day.

Form entries and modifications refreshes every hour from 7am to 5pm, so new additions or changes won't reflect until next hour refresh.

Facility Name	Go Live Date
Heart of Florida	2/15/2022
Lake Wales	2/15/2022
Carrollwood	11/15/2021
Connerton	11/15/2021
Dade City	11/15/2021
Durand	11/15/2021

Facilities you have access to:
All

Hospital Acquired Conditions

1 HAC01	(Blank) HAC02	37 HAC05
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Patient Safety Indicators

71 PSI03	174 PSI04	34 PSI06	5 PSI08	50 PSI09	(Blank) PSI10
73 PSI11	107 PSI12	85 PSI13	1 PSI14	15 PSI15	

Healthcare Associated Infections

75 CAUTI	120 CLABSI	114 CDIF	21 MRSA	52 SSI
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Mortalities

92 New	1110 In Progress	4241 Total
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Number of open cases to review

Select Hospital

Quality and Safety of Care Review (QSR) Process

QSR Achievements:



26.13% of mortality reviews have resulted in a higher expected mortality

56.67% of the HACs have been excluded

24.82% of the PSIs have been excluded

QSR Analytics Dashboard

Quality & Safety of Care Reviews | Mortality Analysis

Facility

All

DC Date:

10/23/2020

7/7/2022



Reviews Initiated

4,231

CDS Reviewed

3,800

Review Rate

89.81%

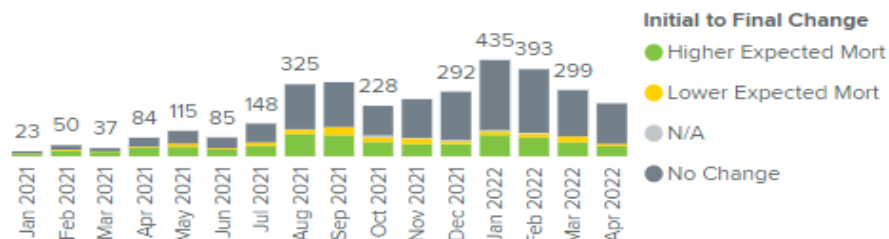
Code Opportunities

3,495

How many reviews had a change in their Expected Mortality?



How many reviews had a change in their Expected Mortality?

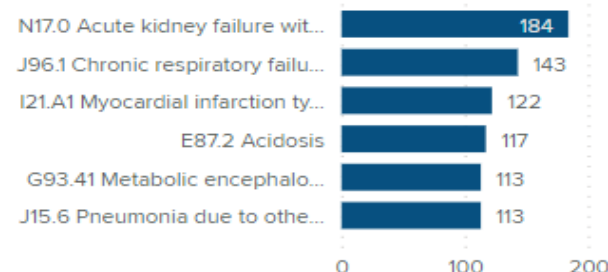


How many reviews achieved their targeted Expected Mortality?

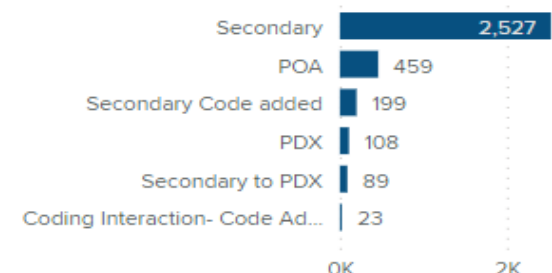


Diagnosis Code Opportunities

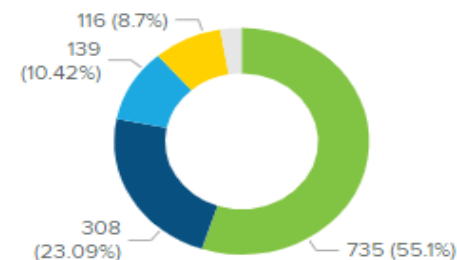
Total: 3,186



Diagnosis Code Opportunities



Coding Response



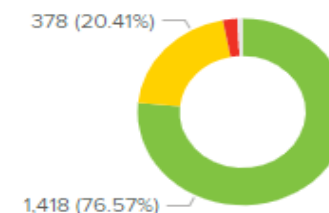
Code Opportunities

1,334

ICD10 Diagnosis C...

- Added
- Changed
- Deleted
- Disagree
- (Blank)

Physician Response



Query Opportunities

1,852

ICD10 Diagnosis C...

- Agree
- Disagree
- No Response
- (Blank)

(Blank)'s are due to Physician vs Coding in the form not being a data point collected prior to May 2021.

Facility	Go Live Date	Mortality Review Count	Mortality Review Rate	Mort Review Count Higher Expected	Mort Review Count Higher Expected Rate	Physician Agree Rate
Heart of Florida	2/15/2022	69	90.79%	22	31.88%	60.71%
Lake Wales	2/15/2022	23	88.46%	6	26.09%	35.29%
Carrollwood	11/15/2021	76	100.00%	5	6.58%	50.00%
Connerton	11/15/2021	71	76.34%	12	16.90%	66.67%
Dade City	11/15/2021	43	100.00%	3	6.98%	100.00%
Durand	11/15/2021	3	75.00%			
North Pinellas	11/15/2021	68	94.44%	2	2.94%	20.00%
Wesley Chapel	11/15/2021	63	100.00%	3	4.76%	66.67%

Mortality reviewed by CDI from the QSR process. Multiple code opportunities can apply to one patient. Patient level detail is found on the QSR tool.

HAC Exclusions

PSI/HAC

HAC

Exclusions

51

/

PSI/HAC's in Tool

90

=

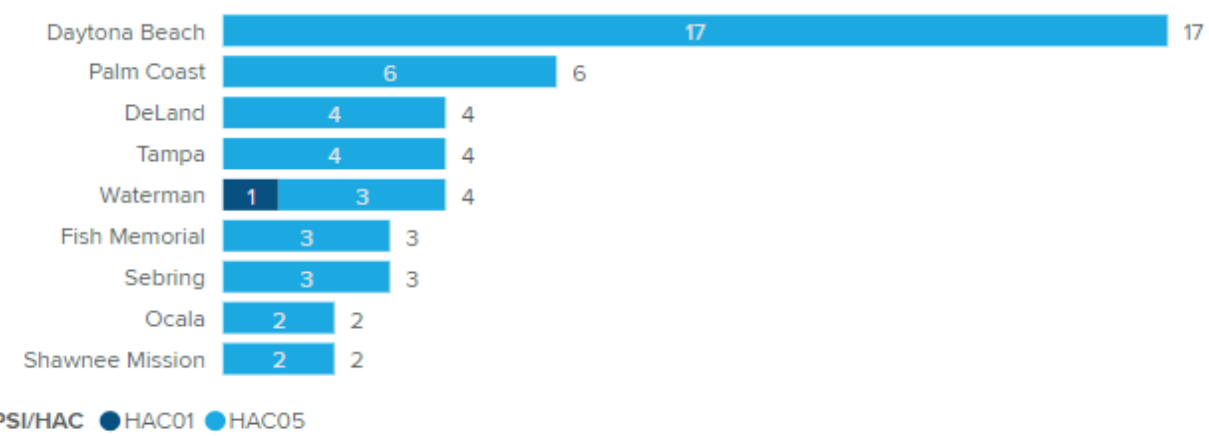
Exclusion Rate

56.67%

Completed Reviews

60

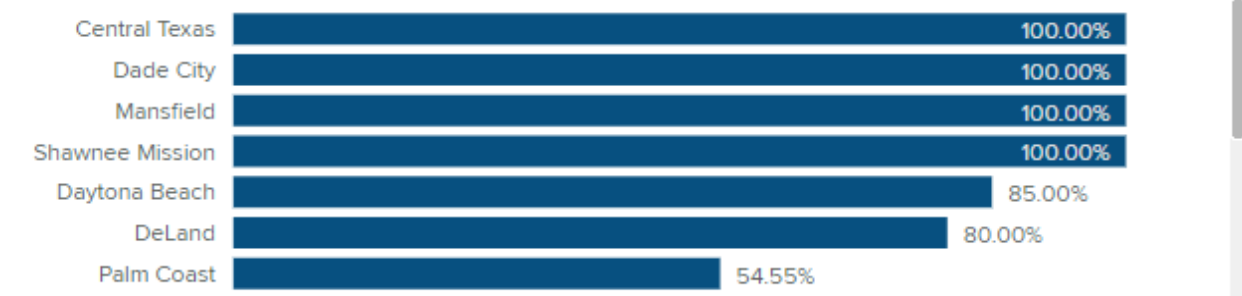
Exclusions by Facility



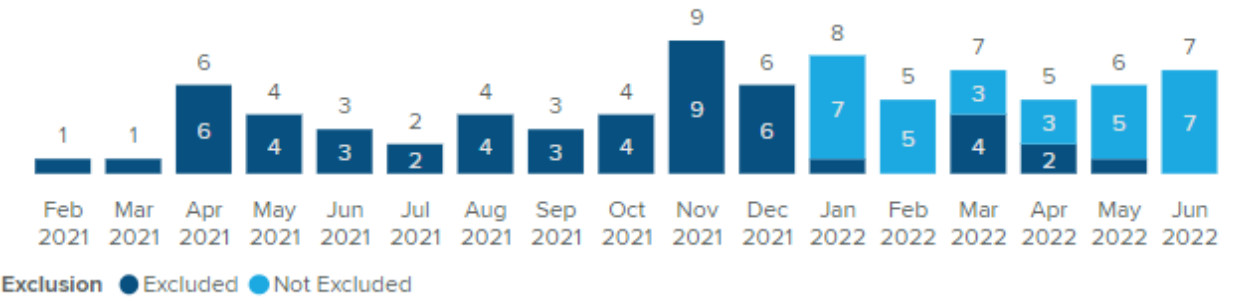
PSI/HAC Outcome Volume



Exclusion Rate by Facility



Monthly PSI/HAC Outcome Volume



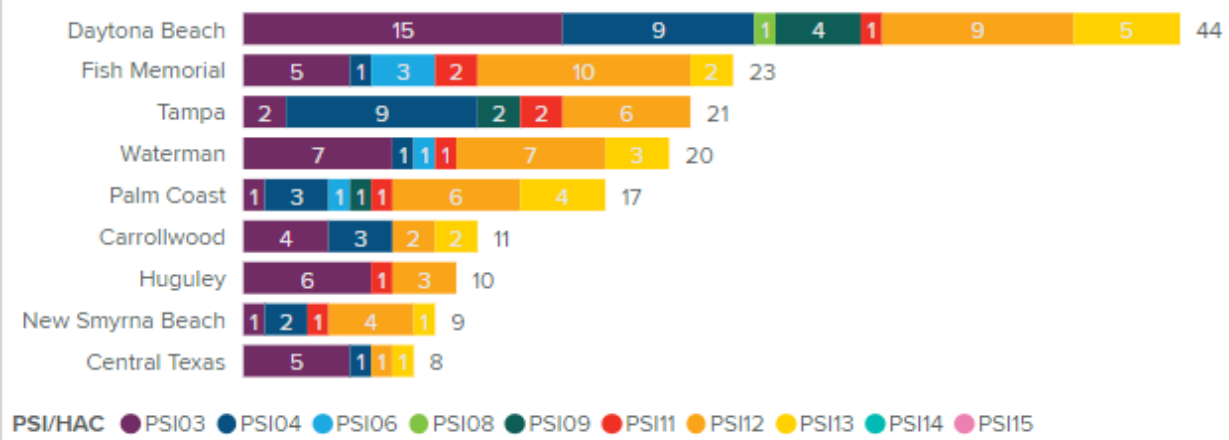
Exclusions

Facility	Go Live Date	Total PSI/HAC's	Reviews	Completed Reviews	Exclusions	Exclusion Rate	Review Rate
Heart of Florida	2/15/2022	1					
Lake Wales	2/15/2022	2					
Carrollwood	11/15/2021	2	1	1	1	50.00%	50.00%
Dade City	11/15/2021	1	1	1	1	100.00%	100.00%
North Pinellas	11/15/2021	1					
Wesley Chapel	11/15/2021	2					
Ocala	11/8/2021	4	2	1	2	50.00%	25.00%

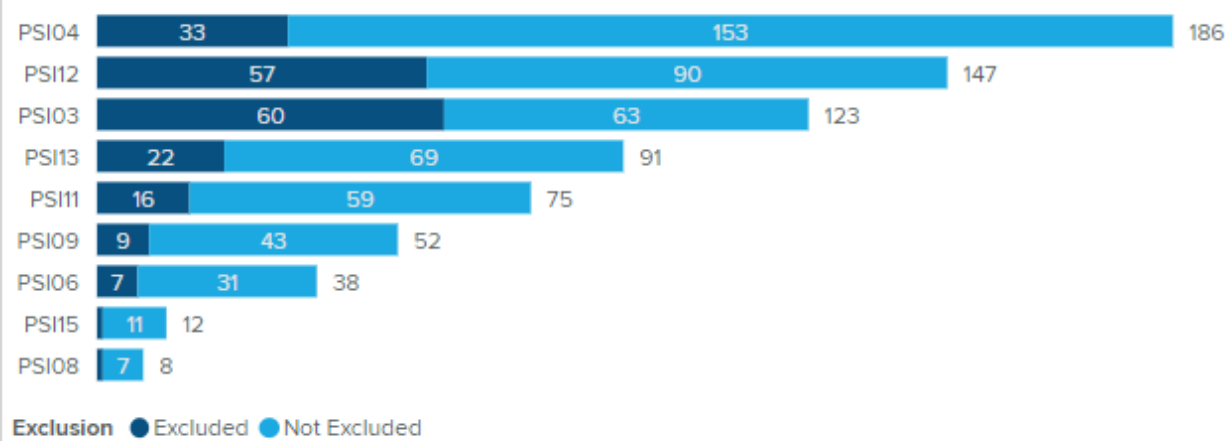
PSI Exclusions

PSI/HAC	Exclusions	PSI/HAC's in Tool	Exclusion Rate	Completed Reviews
PSI	206	830	= 24.82%	623

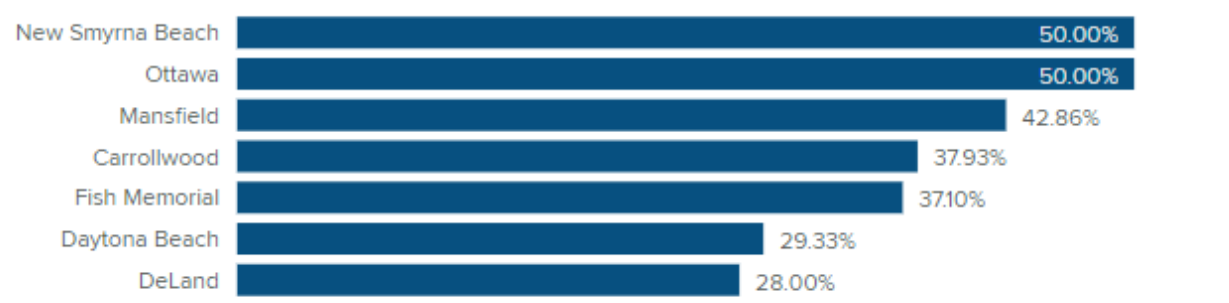
Exclusions by Facility



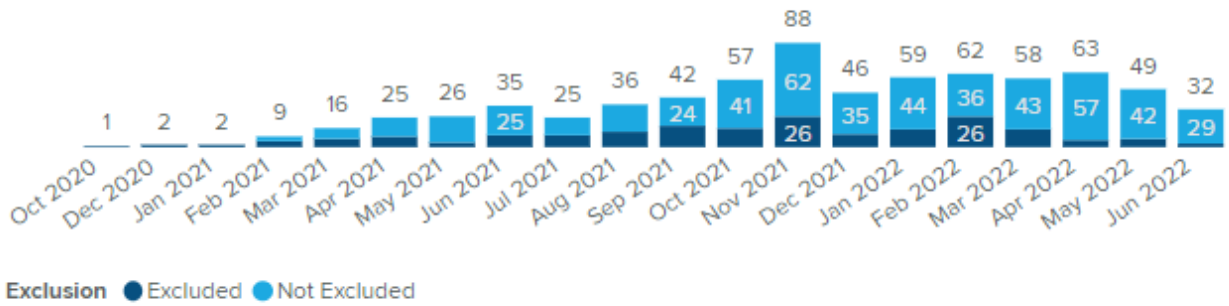
PSI/HAC Outcome Volume



Exclusion Rate by Facility



Monthly PSI/HAC Outcome Volume



Exclusions

Facility	Go Live Date	Total PSI/HAC's	Reviews	Completed Reviews	Exclusions	Exclusion Rate	Review Rate
Heart of Florida	2/15/2022	29	6	3	6	20.69%	10.34%
Lake Wales	2/15/2022	5	1	1	1	20.00%	20.00%
Carrollwood	11/15/2021	29	11	8	11	37.93%	27.59%
Dade City	11/15/2021	8	1	1	1	12.50%	12.50%
Durand	11/15/2021	1	0	0	0	0.00%	0.00%
North Pinellas	11/15/2021	12	1	0	1	8.33%	0.00%
Wesley Chapel	11/15/2021	14	1	0	1	7.14%	0.00%

Expectations: Training and Orientation

- Engagement from multi-disciplinary team, including
 - Health Information Management (HIM)
 - Quality
 - Clinical Documentation Integrity (CDI)
 - Infection Prevention (IP)
 - Nursing and Medical Leadership
- Tracking of cases reviewed using AdventHealth data collection tool (QSR PowerBI App)
- Participation in go-live touch bases (daily follow-up in first week, twice in second week, then weekly)

Questions?

- **Visit** Council community site: <https://acdis.org/acdis-leadership-council>
- **Contact** membership manager Linnea Archibald at larchibald@acdis.org

Following the live meeting, on-demand materials, including the recording and slide deck, will be published to the “[Council Meetings](#)” area of ACDIS site. Members will be alerted by email once materials are available.

Members who were unable to attend the live meeting will still be eligible for the CEU provided they watch the recording by Sunday, October 30.

CEUs will be sent out to both live and on-demand attendees on Monday, October 31.