Learning Objectives

• At the completion of this educational activity, the learner will be able to:
  – Articulate the role of auditing in a CDI department’s ongoing performance improvement plan
  – Define an objective audit process
  – Formulate an objective audit process/program
  – Create action plans based upon audit results
  – Evaluate success of the audit process

What Is an Audit?

• Definition
  – An official inspection of an individual’s or organization’s accounts, typically by an independent body.

• ACDIS white paper definition
  – “… provides oversight for the CDI program, insight into physician documentation and collaboration, and objective evaluation of the performance and effectiveness of individual CDI staff members as measured against your facility’s policies and priorities.” (D. Butler, 2011)
Why Audit?

- Johari Window
  - Identify blind spots in performance
  - CDI programs are not always the target for specific feedback within our organizations (TJC/DNV) – can lead to blind spots in our operations: Taking your strengths for granted/assuming your once leading practice is still effective and cutting edge/failing to continue to evolve your great department by failing to see where the industry is heading
- Transparency of operations
  - Different ways to use data/information to inform our process
- Identify areas for performance improvement (analyze)
  - Results in ongoing growth and maturity of program with greater contribution to the organization’s strategic plan

Audit Program

- Data review (record review)
- Action plan
- Report review

Goal of an Audit

- Identify:
  - Strengths
  - Areas for improvement
- Develop:
  - Action plan for performance improvement
    - Leverage strengths
    - Target areas for improvement
Components of an Audit

- Understanding the role of audits in a CDI department’s ongoing performance improvement plan
- Process:
  1. Management of data
  2. Dashboard review
  3. Record review

Management of Data

- Typically real-time data
- Used to see performance at staff and department level daily/weekly/monthly
- Usually imbedded in reports in CDI tools (examples)
  - Review rate
  - Query rate
  - Response rate
  - Physician acceptance or agreement rate
  - Coder agreement rate

Dashboard Review

- Typically monthly or quarterly data
- Used to create accountability and track performance over time
- Reported to build credibility in program & show progress

<table>
<thead>
<tr>
<th>System 1</th>
<th>Sys 2</th>
<th>Sys 3</th>
<th>Sys 4</th>
<th>Sys 5</th>
<th>Sys 6</th>
<th>Sys 7</th>
<th>Sys 8</th>
</tr>
</thead>
</table>

**SAMPLE DATA**
Auditing

- External or “fresh-eyed” feedback – best approach
- Repeated quarterly or annually (depending on maturity of program)
- Qualitative/quantitative review of the program
- Used to show gaps between the program and industry practice or standards

The Audit Process – Who?

- Internal versus external
  - Cost
  - Time
  - Effort
  - Validity
    - Building an internal program
    - Expertise outside of the organization

Who Should Perform the Audit?

- Internal
  - Build monthly review process targeting problem areas
- External
  - More costly
  - Involves time
  - Provides greater validity
    - Expertise outside of the team
Audit Process

- Identify metrics for review
  - Quantity
    - Review rates
    - Query rates
  - Quality
    - Compliance with organizational practice
- Identify records for review
  - Number of records per CDS
  - Type of records for review
    - Random versus targeted

Frequency

- Factors to consider:
  - Maturity of the program
  - Organizational structure of the program
  - Goals of program
    - Financial versus quality metrics
  - Availability of resources for external audit
    - Monthly internal audit with quarterly external audit
  - Previous action plan results
    - Action plan outcomes not being met increases frequency of audit

Audit Summary

- Feedback report
  - Identify strengths
  - Identify areas for improvement
    - Target 2–3 key areas for improvement
  - Create action items with timelines that are:
    - Transparent
    - Reasonable
    - Measurable
    - Easily understood
  - Follow up on action plan per timeline
Case Study: Advocate Health Care

- Faith-based, not-for-profit health system based in Downers Grove, Illinois
- More than 250 sites of care
- 12 acute care hospitals
  - Two academic medical centers
  - Children’s hospital with two campuses and the state’s largest integrated children’s network

"We are first and foremost a safe clinical enterprise"
—Jim Skogsbergh, president & CEO, Advocate Health Care

- Named one of the “top 5 large health systems” based on quality by Truven Analytics
- Six Advocate hospitals have earned Magnet® recognition from the American Nurses Credentialing Center (ANCC)
- One hospital National Baldrige winner
- Two additional hospitals winners of Illinois Performance Excellence awards (state—Baldrige)

**Journey to high reliability**
- Goal for zero preventable harm to patients by 2020
- Transitioned from TJC to DNV accreditation because of alignment with ISO 9001
- Systematic and repeatable processes = outcomes

CDI Program Background

<table>
<thead>
<tr>
<th>Recommendation</th>
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<tbody>
<tr>
<td>Centralized CDI leadership and oversight</td>
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<tr>
<td>Standardized staffing model</td>
</tr>
<tr>
<td>Standardized knowledge base of CDI staff</td>
</tr>
<tr>
<td>Standardization of a concurrent workflow process</td>
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<tr>
<td>Consistent reporting of standard metrics</td>
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Advocate CDI Goal

• “The purpose of the CDI program is to improve the quality of clinical documentation in the medical record and ensure that the intent of provider documentation reflects the care provided and resources consumed during the patient’s stay. The most vital role of our CDI program is facilitating an accurate representation of healthcare services through complete and accurate reporting of diagnoses and procedures.”

Advocate CDI Charter, 2014

CDI Program Size and Scope

• Staffing
  – ~75 CDSs across 10 acute care hospitals
  – Approximately 1 CDS per 1,500 discharges of payer review population
• Record reviews
  – Currently reviewing Medicare
  – Commercial payers added first quarter 2016
  – Medicaid to be added second quarter 2016
• Structure
  – System director CDI & system physician advisor = New 2015
  – Report directly to VP enterprise care management, nursing
  – Site care management director (varies)
  – Care management manager
  – CDI supervisor

Program goals 2015–2016
• Standardized approach to CDI across 10 sites (including new tool)
• ICD-10 transition
• Review > 80% of all DRG payers by end of 2016

Case Study: Advocate Health Care

Assessment
• Aggressive goals for a “new” program
• Site CDI programs were in various maturity levels
• Engaged leaders, ready to help improve – yet many lacked experience with CDI

Plan
• Audits
  – Frequent, transparent, detailed feedback needed to keep focus and engagement on our standardization efforts
Case Study: Advocate Health Care

- Our AUDIT process
  - Quarterly
    - Expectations in contract
    - Define key focus of each audit
    - Schedule with sites
  - Objective
    - Incorporate dashboard metrics
    - Expert analysis of process
    - Objective review of workflow
  - Audit and site visit
    - Record review (percent of records by facility size)
    - Site leader and staff interview & shadow
    - Included on-site education

Case Study: Advocate Health Care

- On-site visit
  - Record review
    - Written visit report
    - Review key themes from across sites with system director
  - Key themes addressed at CDI shared governance meeting
    - Directors share site action plans at enterprise care management director meeting

Case Study: Advocate Health Care

- CDI continuous improvement strategy:
  - Shine the light on our opportunities!
    - Cannot manage what we cannot see.
  - Create action plans based on the root cause of issues.
    - Not sure of the root cause? Investigate further.
    - Ensure action is geared toward eliminating the root cause – get creative.
  - Work together to find solutions.
    - Leverage unique talents in your team members to help solve problems.
  - Acknowledge that there is no end to learning and improvement – we will always be on the journey.
Case Study: Advocate Health Care

Advocate system CDI results – Year 1 standardization

<table>
<thead>
<tr>
<th>Advocate system</th>
<th>Key results</th>
<th>Baseline (01/2015)</th>
<th>Year 1 results (11/15YTD)</th>
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<tbody>
<tr>
<td>Process</td>
<td>% total discharges reviewed</td>
<td>54%</td>
<td>76%</td>
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<tr>
<td></td>
<td>% discharges reviewed with queries</td>
<td>29%</td>
<td>31%</td>
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<tr>
<td></td>
<td>% queries with physician responses</td>
<td>87%</td>
<td>91%</td>
</tr>
<tr>
<td></td>
<td>% physician agreed responses</td>
<td>79%</td>
<td>87%</td>
</tr>
<tr>
<td>Finance</td>
<td>CDI financial benefit/mo.</td>
<td>$1.1M</td>
<td>&gt;$1.5M</td>
</tr>
<tr>
<td>Quality</td>
<td>Overall LOS observed to expected ratio</td>
<td>0.90</td>
<td>0.87</td>
</tr>
<tr>
<td></td>
<td>Sites achieving CMI targets</td>
<td>3/10</td>
<td>9/10</td>
</tr>
</tbody>
</table>

Lessons Learned

- Reward “progress, not perfection”
- Build credibility in CDI metrics with leadership team
  - Share positive metrics and underperforming metrics
  - Never assume that your audience understands your metrics and your message
  - Demonstrate how metrics drive process improvement
- Audit should continue to mature as your program does: More mature = more detailed assessment
- Strong relationship with your external partner
  - Transparency = trust
  - Honesty = accountability

The Difference CDI Makes

- Key theme identified in December 2016 audit – pressure ulcer documentation
  - Frequent CDI/coder mismatch
- CDI/coding alignment team
  - Revealed key opportunities for better alignment of practice & documentation
- Partnership with systemwide wound care council
- Key learning for the CDI program

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Thank you. Questions?
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