



Learning Objectives

- At the completion of this educational activity, the learner will be able to:
 - Understand the process of initiating and identifying units appropriate for interdisciplinary rounds
 - Identify the overall benefit and format of interdisciplinary rounds
 - Understand the role and impact of CDI participation in interdisciplinary rounds
 - Describe ways interacting with the interdisciplinary team improves documentation
 - Identify challenges, opportunities, and ways to measure the success of CDI participation in interdisciplinary rounds

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Carolinas HealthCare System
Who We Are

Integrated System of Care
As one of the largest integrated healthcare networks in the country, Carolinas HealthCare System leverages knowledge, scale, and virtual technologies to drive better patient care. We deliver quality care efficiently and conveniently, creating value for our patients, communities, and payers.

Patient-Centered Focus
We believe the experiences of patients and their families are crucial components of the healing process. In every interaction, we aim to deliver personalized care and engage patients through tools and resources that make them feel included, informed, and inspired.

Transformative Approach to Care
As the healthcare landscape evolves, Carolinas HealthCare System is quickly adapting to the demands of the industry and the needs of our patients and payers. In everything we do, we strive to achieve affordability and deliver access to quality healthcare.

Source: Carolinas HealthCare System 2016 Value Report

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Carolinas HealthCare System
Where We Are

Source: Carolinas HealthCare System 2016 Value Report

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Carolinas HealthCare System
Clinical Documentation Improvement Program

- **Overview of the clinical documentation improvement program**
 - Part of the clinical care management department
 - CDI leadership: 1 director, 2 managers, 1 clinical supervisor, 4 senior CDI
 - Covers 10 Charlotte-region acute care facilities
 - 7 acute care facilities are all-payer review
 - 4 acute care facilities participate in the service line concurrent documentation excellence review process
 - Participates in 24 interdisciplinary rounds across 7 of the acute care facilities
 - Provides resources and education to 18 regional care facilities

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Carolinas HealthCare System
Overview of CDI Program

- **Clinical documentation improvement program focus**
 - Case review includes adult inpatient, excludes OB and psychiatric
 - Prioritize Medicare fee-for-service, Medicare Advantage
 - MS-DRG and APR-DRG optimization
 - Quality—accuracy and completeness, POA, PSI, HAC
 - Hierarchical Condition Categories

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Steps for Attendees to Answer/View POLLING QUESTIONS

1. Navigate to the event **Agenda** in the main menu
2. Tap the **name of the current session** to view the session details page
3. Tap **Polls**
4. Tap the **name of the poll**
5. Tap your **answer** choice and then tap **Submit**



Polling Question #1

- Has CDI taken center stage at your facility and/or organization as part of addressing length of stay and readmissions?
 - Yes
 - No
 - Not sure

Polling Question #2

- Does CDI in your facility or organization have a working relationship with the performance improvement department?
 - Yes
 - No
 - Not sure

Polling Question #3

- Do you have **provider-led** interdisciplinary rounds in your facility and/or organization?
 - Yes
 - No
 - Not sure

Carolinas HealthCare System
Interdisciplinary Rounds Performance Improvement Initiative

Lean methodology

Principles of Lean


- Identify Value
- Map the Value Stream
- Create Flow
- Establish Pull
- Seek Perfection

Continuous process improvement

Carolinas HealthCare System
The Lean Journey

- **What does the Lean journey mean for a healthcare system?**
 - Performance improvement with a patient-centered focus
 - Employees are engaged in continuous process/performance improvement
 - Creates a culture of change
 - Healthcare system-wide approach
 - Breakdown of departmental silos
 - New way of thinking


CHS Pineville 5 Tower
Identified for the Lean Journey



- **Reasons for action**
 - Ineffective communication among the disciplines, causing delays in care plan execution
 - Excessive length of stay
 - Duplication of processes, resulting in waste of staff time
 - Physician caseload scattered throughout entire hospital
 - Poor documentation

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CHS Pineville 5 Tower
Initiating the Lean Journey



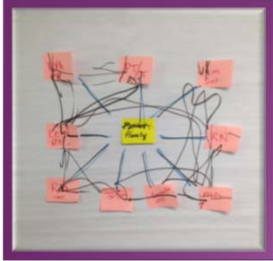
- **Rapid improvement event**
 - Initiated September 4, 2014 with rapid improvement event
 - Participating disciplines: Nursing, hospitalist physicians, nursing assistants, pharmacy, case manager, CDI specialist
 - Ad hoc members: Physical/occupational therapy, respiratory therapy, dietitian, leadership
 - 5-day rapid improvement event to identify current operations, see the waste, analyze the problems, then design a plan to eliminate the waste
 - Outcome: 1-hour roundtable discussions: Patient-centered plan of care

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Lean Principle: Waste Identification




CHS Pineville 5 Tower in 2014



Spaghetti diagram of current state

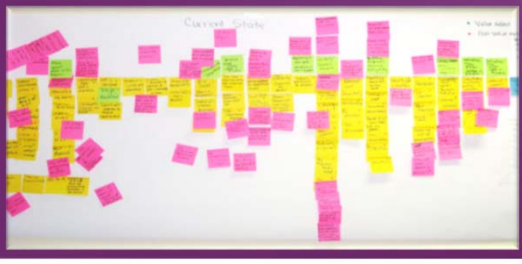
- Disconnected communication channels
- No standard process
- Inefficient and duplicative work

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Lean Principle: Value Stream Mapping

CHS Pineville 5 Tower in 2014



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Lean Principle: Create Flow – Gap Analysis

CHS Pineville 5 Tower in 2014

MODEL	PRO	CON
BESIDE	KEEP ROUND ADDITIONAL STAFF REAL TIME EASIER FOR C/C NOT CHANGING	OVER WORKING ADD TIME WASTING TOO MANY TOO MANY TOO MANY
C ROOM	NO DISTURBANCE REAL TIME CLEAN QUIET	TOO MANY NOT CLEAN TOO MANY
HALLWAY	ADDITIONAL STAFF	TOO MANY TOO MANY TOO MANY
HALLWAY TO PD	ALL THESE STAFF	TOO MANY TOO MANY
HYBRID (C Room, Bedside)	TOO MANY REAL TIME	TOO MANY TOO MANY

Team analyzed


5 potential models

- Focused on pros and cons of each model
- Weighed against patient plan of care

Outcome

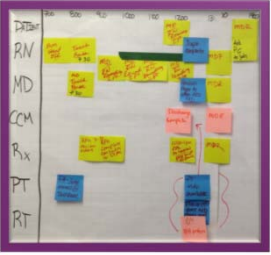
- Hybrid model
- Conference room rounding with bedside rounding PRN

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Lean Principle: Establish Pull – Future State Process Flow Map

CHS Pineville 5 Tower in 2014



Process flow

- ONE care team
- ONE plan of care
- ONE communication

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Lean Principle: Seek Perfection

- **CHS Pineville 5 Tower action plan for IDR process**
 - Consistent MD presence—2 MDs assigned to cover 5T
 - Daily table rounds with multidisciplinary team at 1 p.m. Mon–Fri in private conference room on unit
 - Updates to Cerner EMR during rounds or immediately (changes to plan of care, DC plans, CDI clarification responses)
 - Limit 2- to 3-minute discussion/patient
 - Omit discussion of newly admitted patients or discharges
 - Establishment of standard work—script of items to address

Creation of an IDEAL STATE and establishment of BEST PRACTICES

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CHS Pineville 5 Tower

Benefits of Interdisciplinary Rounds Initiative

Desired Improvement	Metric	Performance
Defined cycle time of discussion per case	Minutes/patient	2 minutes
Better coordination of care	LOS reduction	Reduced LOS from 4.06 to 3.86 days
Unit bed capacity	Admissions/day	24.5% increase in daily admissions to 5T
Improved communication	MD pages	Reduced pages to MD by 90% 5T IDR physician = 2 pages Other MDs = 20 pages
Physician engagement w/CDI	Clarification response rate	Baseline 92% After 3 months 95%
Revenue improvement	CDI financial impact	24% increase in gross revenue from clarifications

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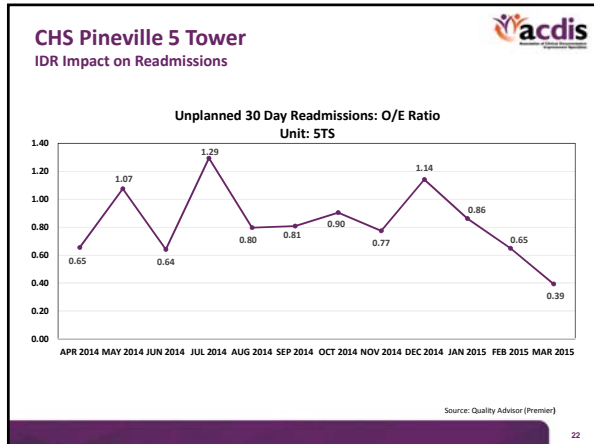
CHS Pineville 5 Tower

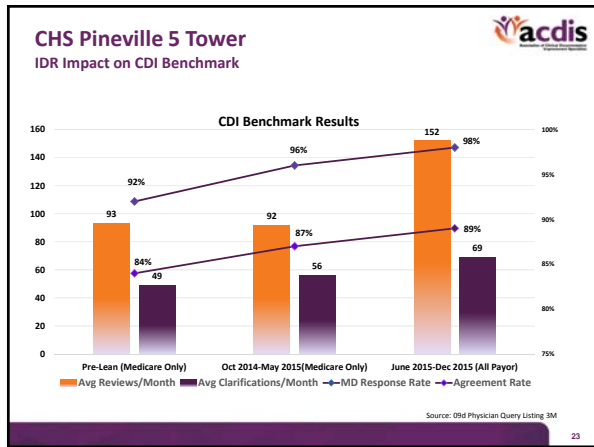
IDR Impact on ALOS

2015-5T ALOS in Days

Month	ALOS (days)
Jan	4,269
Feb	3,360
Mar	3,019
Apr	2,869
May	3,555
Jun	3,170
Jul	3,071
Aug	2,698
Sep	3,163
Oct	3,253
Nov	3,532
Dec	3,123

Source: Quality Advisor (Premier)
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Carolinas HealthCare System Expansion of Interdisciplinary Rounds (IDR)

CHS Acute Care Facility	CMC	Stanly	Mercy	Pineville	Union	Cleveland & Kings Mtn	Lincoln	NorthEast	University
Bed size	1,175	100	235	220	245	300	100	450	100
IDR 2014*				1 med					
IDR 2015	1 med 1 surg		1 med	1 med	1 med				
IDR 2016			1 ICU 1 med	1 med	1 med/tel	1 med	1 med 1 med/tel 1 ICU	4 med 1 surg 2 ICU 2 progress 1 tel	
Total	2		3	3	2	1	3	10	

*First interdisciplinary round established through the Lean Journey at CHS Pineville

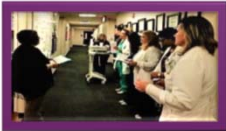
Polling Question #4

- Is having your CDI specialist participate in provider education important to the CDI program in your facility and/or organization?
 - Yes
 - No
 - Not sure

Format of Interdisciplinary Rounds



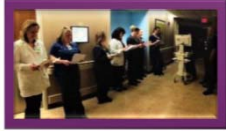
Picture This ...



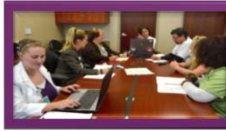
IDR around the ADOD board on a surgical unit



IDR around the ADOD board on a medical unit



IDR walking room to room in ICU



IDR roundtable on a medical unit

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Polling Question #5

- What percentage of your queries are asked through verbal, face-to-face communication?
 - 1%–20%
 - 20%–30%
 - 30%–50%
 - > 50%
 - Not sure

Primary Query Tool
2013 Physician Query Benchmarking Survey


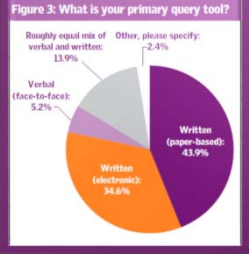


Figure 3: What is your primary query tool?



**Carolinas HealthCare System
CDI perspective**

- Prior to IDR, most queries were electronic or e-submission
- The EMR allowed queries to be sent electronically
- The electronic queries decreased face-to-face verbal communication with providers

Source: ACDIS Physician Query Benchmarking Survey Supplement to CDI Journal July 2013

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Effective Query Technique
2013 Physician Query Benchmarking Survey


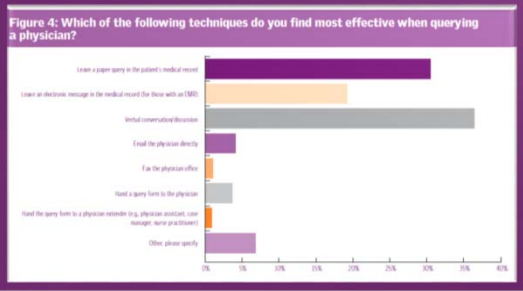



Figure 4: Which of the following techniques do you find most effective when querying a physician?



Source: ACDIS Physician Query Benchmarking Survey Supplement to CDI Journal July 2013

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Role of CDI Participation
Interdisciplinary Rounds



Role of CDI in IDR

- Provide the working DRG ALOS
- Provider documentation excellence education
- Verbal clarification of inconsistent or conflicting documentation
- Improve query response rate through face-to-face interactions
- Accurate and complete documentation
- MS-DRG and APR-DRG optimization
- Decrease retrospective queries

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Impact of CDI Participation Interdisciplinary Rounds

Impact of CDI in IDR

- Improved workflow—query management
- Developing relationships with interdisciplinary team
- Developing relationships with providers
- Providing documentation education to interdisciplinary team and providers
- Opportunity to capture an accurate clinical picture through documentation
- Communication and collaboration with interdisciplinary team
- Improved provider documentation

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Impact of Interdisciplinary Rounds by Discipline

Impact	Examples
Clinical case management	Appropriate assignment of patient status, proactive discharge planning
Pharmacy	Accurate medication reconciliation and appropriate medication utilization
Nursing education/documentation	Importance and value of nursing documentation—O2 sats, BMI, I&O, wounds
Physician documentation excellence	Face-to-face clarifications for the most accurate and consistent documentation
Physician education	DRG assignment, LOS targets, capture of severity of illness

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The NorthEast IDR Journey A Performance Improvement Perspective

Interdisciplinary rounds

- A very useful tool to bring a multidisciplinary team to the same page at the same time to improve patient outcomes by improving communication
- Can be an effective tool to reduce length of stay and have a positive effect on unplanned readmissions



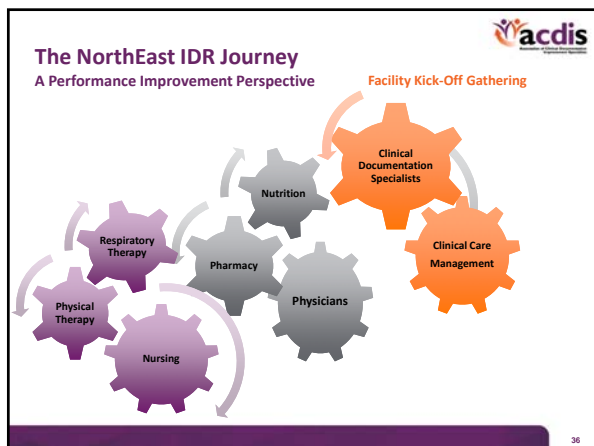
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Interdisciplinary Rounds

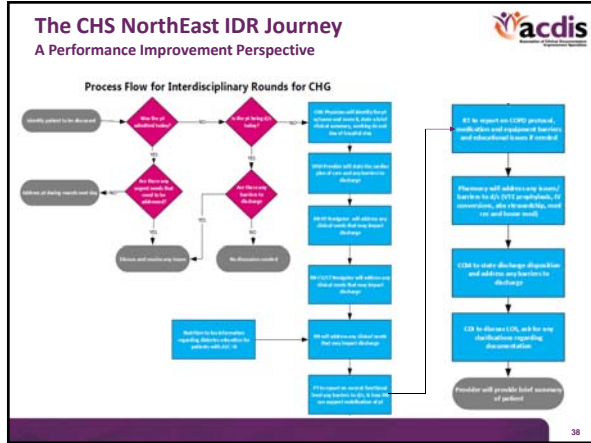
- **Challenges**
 - Facility layout
 - Physician engagement
 - Nursing engagement
 - Culture change
 - Staffing
 - Clinical documentation resources

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The CHS NorthEast IDR Journey A Performance Improvement Perspective

Actions to Take Place Prior to Start of Rounds (ADDD Boards)			
Role	Major Step	Key Points	Reason for Key Points
Assigned Nurse	New Admission: enters info for new pt Upon discharge: forces info on pt After Morning Report: updates everything Discharge on the board that needs to be	1. Ensure accurate information 2. Will assist with any barriers do d/c	At the time of the huddle, current relevant information is already on the board for round efficiency
CCM	1. Planmed d/c disposition 2. Physician only	1. Identify Prediction risk score 2. Is patient on a readmission 3. Note planned d/c disposition	At the time of the huddle, current relevant information is already on the board for round efficiency
CDI	Daily enter/update, prior to rounds 1. Expired ADG/LDS for patient	List the date of expired ADG. The actual date has been proven to be more meaningful to the team than actual LOS, i.e., ADG/SA vs. 7 (days)	At the time of the huddle, current relevant information is already on the board for round efficiency
Interdisciplinary Rounds (IDR) (Rounds begin promptly at 11:00)			
Role	Major Step	Key Points	Reason for Key Points
MD	1. Initiate Rounds: Identify Patient 2. Provide clinical summary: Summary to be brief (only 1-2 sentences) 3. Final Summarize: Review of clinical course and barriers to discharge	1. State patient name, room # and Prediction Score 2. Is patient on a readmission 3. State current hospital LOS 4. State working diagnosis 5. After each discipline has stated any issues, state if final summation of the urgent pertinent information and if the patient is on track for the anticipated day of discharge	1. All team members are talking about the same patient 2. Information needed at current state to compare to target 3. All team members need basic information about each patient 4. To ensure that all urgent pertinent information gets attention
Assigned Nurse	Present patient following standard script	Review standard script defined by nursing	Efficiency - only pertinent information should be reviewed. Discuss any barriers to discharge
Pharmacist	Review Pharmacy Checklist: Address any concerns related to medications	Identify and resolve any barriers	Eliminate LOS impact and create patient flow
RT	Present patient following standard script	Review all patient information related to RT needs	Efficiency - only pertinent information should be reviewed. Discuss any barriers to discharge
PT	Present patient following standard script	Review all patient information related to PT needs	Efficiency - only pertinent information should be reviewed. Discuss any barriers to discharge
Nutrition	Review Nutritional Checklist: Address any concerns related to patient nutrition	Identify and resolve any barriers	Eliminate LOS impact and create patient flow
CCM	Review Plan for d/c: Address any actions needed for discharge	1. Discuss patient's d/c disposition 2. Evaluate discussion to any barriers to d/c	Eliminate LOS impact and create patient flow
CDI	1. Update documentation: Ask for clinicians around documentation 2. Verify the LOS	1. Make notation of any additional notes to be made immediately after rounding 2. Check if LOS in case info has changed as a result of a DRG certification	1. Concurrence documentation gives opportunity for clarification, more accurate billing of appropriate DRG and LOS 2. Ensures the team is on the same page



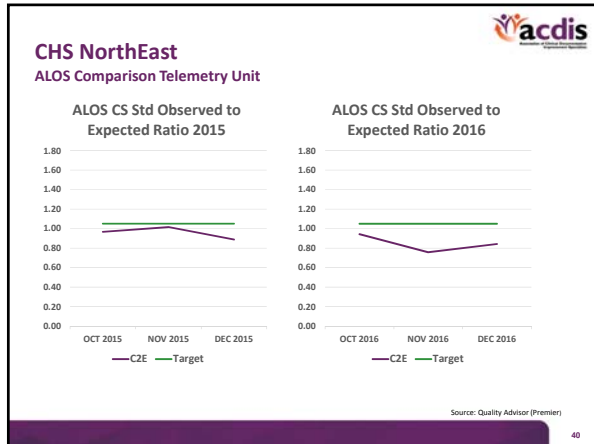
The CHS NorthEast IDR Journey A Performance Improvement Perspective

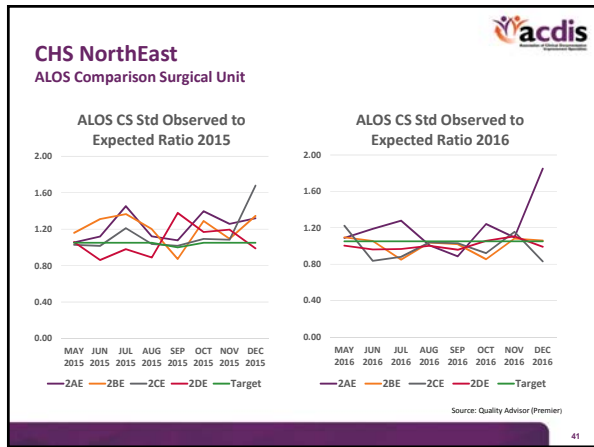
4 GHJ - MED

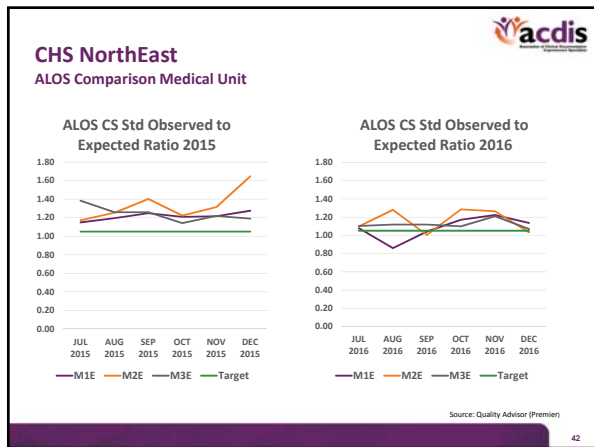
Overall Rating	2017												2018 Trend	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Adherence to Recommendation (Overall %)	70.54	69.0	64.7	71.0	65.4	53.4	55.5	78.3	65.5	58.1	73.2	73.4	61.1	61.5
1 Overall Rating	79.3	69.8	65.2	64.2	72.4	55.5	71.0	65.7	63.9	65.6	67.1	63.4	63.2	
4	Communication with Doctors	76.6	68.4	71.5	72.7	80.2	70.7	68.0	68.9	73.6	83.3	60.1	70.5	
	Communication with Nurses	74.3	61.7	70.3	67.8	72.1	68.0	61.7	68.9	81.3	85.1	85.1	66.2	
2	Communication with Doctors	80.8	76.8	70.8	67.7	85.1	67.8	66.9	67.6	65.1	61.8	60.1	71.2	
	Communication with Nurses	65.1	76.5	81.2	86.7	82.8	73.1	67.7	73.9	58.1	73.8	85.7	70.9	

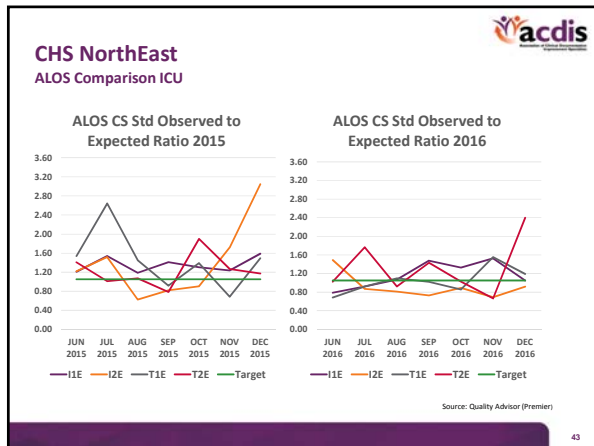
IDR began in July

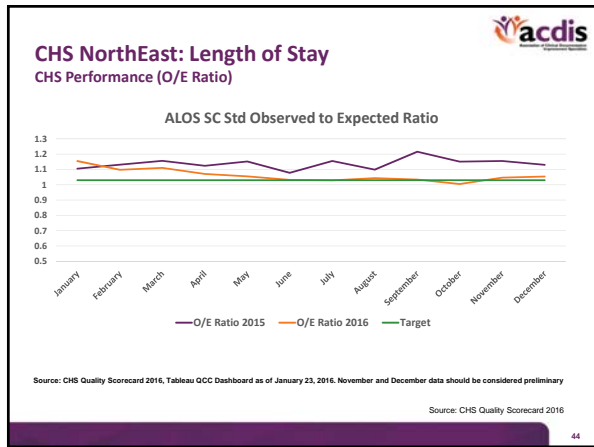
PATIENT SATISFACTION

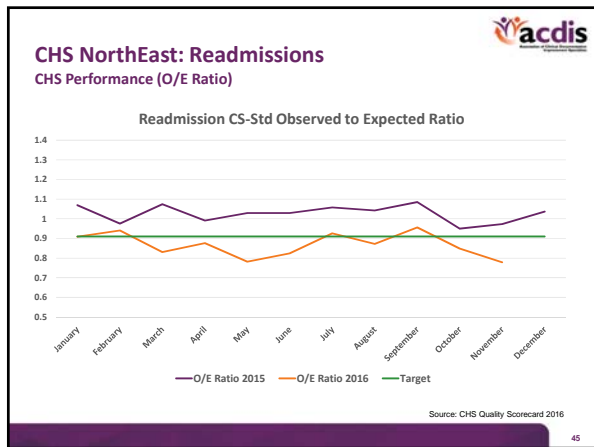












Participation in Interdisciplinary Rounds
Feedback After Implementation

Pros

- Floor-based MD for better patient accessibility & care team coordination
- Decreased interruptions from pages & phone calls
- Pharmacy med reconciliation, changing/entering verbal med orders for MD at IDR
- Improved communication between care team members, coordination of care & DC planning
- Appreciate CDI education regarding LOS/DRG, documentation specificity
- More accurate MD profiles for severity of illness/risk of mortality

Cons

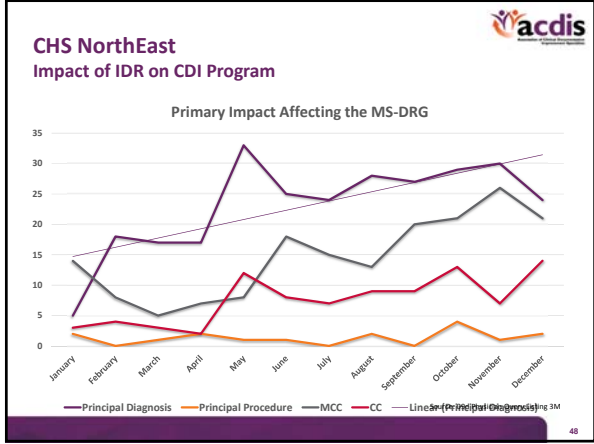
- Disruption in continuity to care if patient transfers to other units due to medical condition
- Patient satisfaction impacted with multiple providers
- Time constraints/staff late to rounds
- Extra work, change in expectations & culture
- Not a one-size-fits-all model; IDR rounds is a work in progress
- Not FTE neutral—additional acute care practitioners to assist with admission process

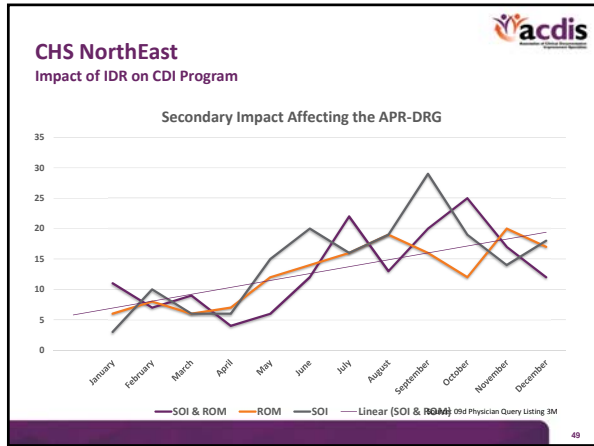
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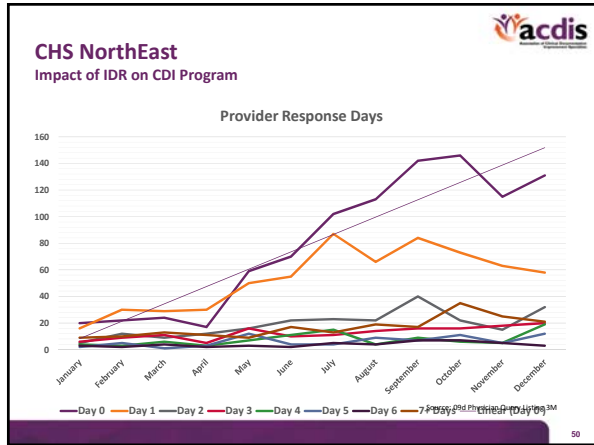
CHS NorthEast
Measuring the Success of CDI Participation in IDR

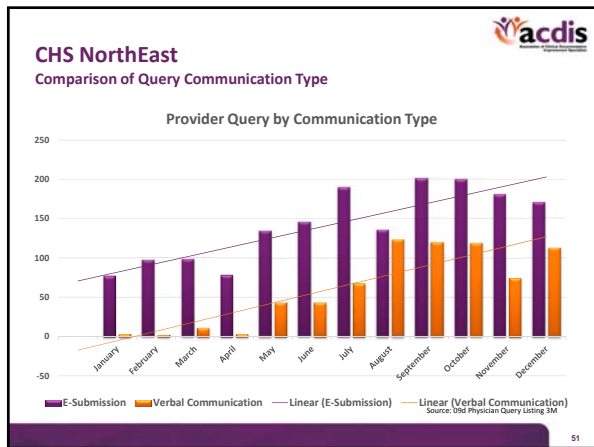
- **CDI benchmarking**
 - Query rate
 - Response rate
 - Trending of primary impact
 - Trending of secondary impact
 - Communication/query type
 - Review rate

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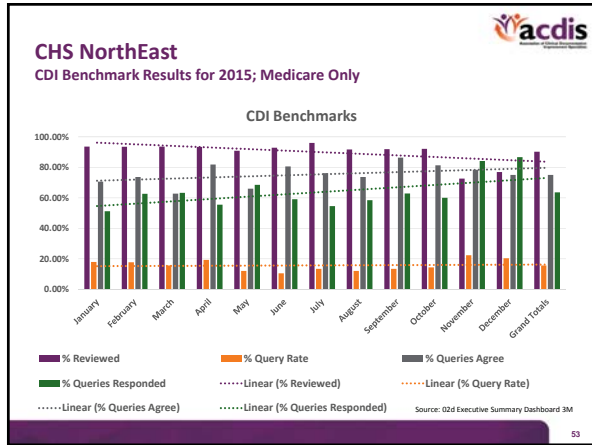


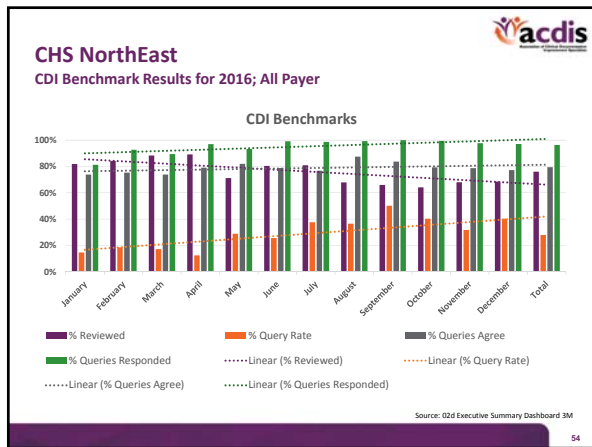




Polling Question #6

- What would you estimate your average monthly query response rate to be?
 - < 70%
 - 70%–80%
 - 80%–90%
 - > 90%





Polling Question #7

- Do you have a query compliance policy and workflow processes that address verbal queries?
 - Yes
 - No
 - Not sure

Query Policy and Procedure
2013 Physician Query Benchmarking Survey

Figure 12: Does your facility have standard query policies and procedures?

Response	Percentage
Yes, for all query types regardless of department	60.4%
No	15.1%
Yes, but they only apply to written queries	10.2%
Yes, but they only apply to coding staff	6.6%
Yes, but they only apply to verbal queries	0.4%
Don't know	7.3%

Source: ACDIS Physician Query Benchmarking Survey Supplement to CDI Journal July 2013

**Carolinas HealthCare System
CDI perspective**


- Compliance policy very minimally addressed verbal queries
- Standard workflow processes did not address the management of verbal queries

CDI Participation in Interdisciplinary Rounds
Challenges and Opportunities

Challenges	Opportunities
<ul style="list-style-type: none"> • CDI apprehension regarding verbal queries • Impact on productivity • Resistance to change • More IDRs than CDI staff • CDI representation at IDR • Provider relationships 	<ul style="list-style-type: none"> • Improve documentation • Provider & interdisciplinary education • Provide the right information at the right time • Policy & process to support verbal queries • Provider relationships • Improve CDI impact analysis


CDI perspective

Conclusion
Value of IDR to the Organization



- **Value of IDR**
 - Focus on quality and timeliness of care
 - Improved patient safety awareness
 - Accurate documentation of SOI/ROM
 - Early proactive DC planning
 - Improvement in observed to expected ratio for LOS
 - Improved communication/collaboration
 - Increased staff/MD satisfaction
 - Value-added benefit and best practice
 - Overall performance improvement
 - Proper use of resources
 - Increase in revenue and operating efficiencies

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Thank you. Questions?

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In order to receive your continuing education certificate(s) for this program, you must complete the online evaluation. The link can be found in the continuing education section at the front of the program guide.
