Capturing Accurate Documentation Through Participation in Interdisciplinary Rounds: A Healthcare System Initiative

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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

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.
Carolinas HealthCare System

Where We Are

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

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
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
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

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

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
Lean Principle: Value Stream Mapping

CHS Pineville 5 Tower in 2014

Lean Principle: Create Flow – Gap Analysis

CHS Pineville 5 Tower in 2014

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

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
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

CHS Pineville 5 Tower
Benefits of Interdisciplinary Rounds Initiative

<table>
<thead>
<tr>
<th>Desired Improvement</th>
<th>Metric</th>
<th>Performance</th>
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<tbody>
<tr>
<td>Defined cycle time of discussion per case</td>
<td>Minutes/patient</td>
<td>2 minutes</td>
</tr>
<tr>
<td>Better coordination of care</td>
<td>LOS reduction</td>
<td>Reduced LOS from 4.06 to 3.86 days</td>
</tr>
<tr>
<td>Unit bed capacity</td>
<td>Admissions/day</td>
<td>24.5% increase in daily admissions to 5T</td>
</tr>
</tbody>
</table>
| Improved communication                                   | MD pages           | Reduced pages to MD by 50%
   ST IDR physician + 2 pages
   Other MDs = 20 pages                                    |
| Physician engagement w/CDI                              | Clarification rate | Baseline 92%
   After 3 months 95%                                     |
| Revenue improvement                                       | CDI financial impact| 24% increase in gross revenue from clarifications |

CHS Pineville 5 Tower
IDR impact on ALOS

Source: Quality Advisor (Premier)
CHS Pineville 5 Tower
IDR Impact on Readmissions

Unplanned 30 Day Readmissions: O/E Ratio
Unit: STS

Source: Carolinas Healthcare System

CHS Pineville 5 Tower
IDR Impact on CDI Benchmark

CDI Benchmark Results

Source: Carolinas Healthcare System

Carolinanas Healthcare System
Expansion of Interdisciplinary Rounds (IDR)

<table>
<thead>
<tr>
<th>CHS</th>
<th>Status</th>
<th>Staffing</th>
<th>Medicare</th>
<th>Uninsured</th>
<th>Cleveland &amp; Urgs Rdy</th>
<th>Locals</th>
<th>NorthEast</th>
<th>Intensity</th>
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<tbody>
<tr>
<td>Total</td>
<td>2.17%</td>
<td>100</td>
<td>325</td>
<td>220</td>
<td>240</td>
<td>850</td>
<td>100</td>
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</tr>
<tr>
<td>IDR 2016</td>
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<td></td>
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<td>Total</td>
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</tbody>
</table>

*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

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

Carolina 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

Effective Query Technique
2013 Physician Query Benchmarking Survey

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
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

Impact of Interdisciplinary Rounds by Discipline

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

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
The NorthEast IDR Journey
A Performance Improvement Perspective

Facility Leadership

Physicians
Quality/PI
Ancillary Departments
Nursing

Interdisciplinary Rounds

• Challenges
  – Facility layout
  – Physician engagement
  – Nursing engagement
  – Culture change
  – Staffing
  – Clinical documentation resources

The NorthEast IDR Journey
A Performance Improvement Perspective

Facility Kick-Off Gathering

Clinical Documentation Specialist

Clinical Care Management

Respiratory Therapy
Pharmacy
Physical Therapy
Nursing
Physicians

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### The CHS NorthEast IDR Journey
**A Performance Improvement Perspective**

#### Process Flow for Interdisciplinary Rounds for CHS

1. **Interdisciplinary Rounds**
   - Identify key stakeholders and coordinating team
   - Establish round process and logistics

2. **Round Initiation**
   - Review clinical information
   - Determine patient needs
   - Discuss potential interventions

3. **Round Execution**
   - Prioritize actions and goals
   - Facilitate interdisciplinary discussion
   - Document decisions and actions

4. **Round CLOSURE**
   - Review progress and outcomes
   - Update patient care plan
   - Evaluate impact and sustainability

### Table: CHS NorthEast IDR Journey

<table>
<thead>
<tr>
<th>Week</th>
<th>Key Date</th>
<th>IDR Process</th>
<th>Comments</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>1 June</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>8 June</td>
<td></td>
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<tr>
<td>3</td>
<td>15 June</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>22 June</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*IDR began in July*
CHS NorthEast
ALOS Comparison ICU

CHS NorthEast: Length of Stay
CHS Performance (O/E Ratio)

CHS NorthEast: Readmissions
CHS Performance (O/E Ratio)
**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 MO 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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**CHS NorthEast**

*Impact of IDR on CDI Program*

![Graph showing primary impact affecting MS-DRG](image)
Polling Question #6

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

CHS NorthEast
CDI Benchmark Results for 2015; Medicare Only

Source: CHS NorthEast

CHS NorthEast
CDI Benchmark Results for 2016; All Payer

Source: CHS NorthEast
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

Carolina 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
- CDI apprehension regarding verbal queries
- Impact on productivity
- Resistance to change
- More IDRs than CDI staff
- CDI representation at IDR
- Provider relationships

Opportunities
- 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
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

Thank you. Questions?

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