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CDI IN BLOOM | **acdis 2023**  
**MAY 8–11, 2023**



## Transforming the CDI Audit

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## Presented By



**Sydni Johnson, BSN, RN, CCDS**, is the associate director of CDI quality and education at Banner Health in Tucson, Arizona. She has been in CDI for the past seven years and prior to that worked as a quality analyst. She serves as a co-chair for the Arizona ACDIS local chapter.

## Presented By



**Imelda Gerard, BSN, RN, CCDS**, has been a CDI auditor and data specialist at Banner Health in Phoenix since 2021. In 2017, she found her 30 years of clinical, research, case management, and utilization review experience were a good fit with Banner Health's CDI purpose and mission. She has organized a CCDS education workgroup and enjoys serving as a resource for the Banner CDI team.





## Agenda and Learning Outcomes

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# Agenda

- Introduction to Banner Health
- Banner Health's Historical CDI Audit Process
- Evaluation for Improvement and Modernization
- CDI Audit Summaries and Data Reports
- Utilizing CDI Audits for Education

# Learning Outcomes

- At the completion of this educational activity, the learner will be able to:
  - Describe Banner Health's historical CDI audit process, evaluation for improvement and modernization
  - Outline Banner Health's current audit process along with tools utilized for data analysis and presentation
  - Describe how the CDI audits can be utilized to identify workflow, quality, efficiency and educational opportunities
  - Identify how the CDI audits can be utilized for collaboration and facilitation of education and reinforcement of departmental/organizational goals

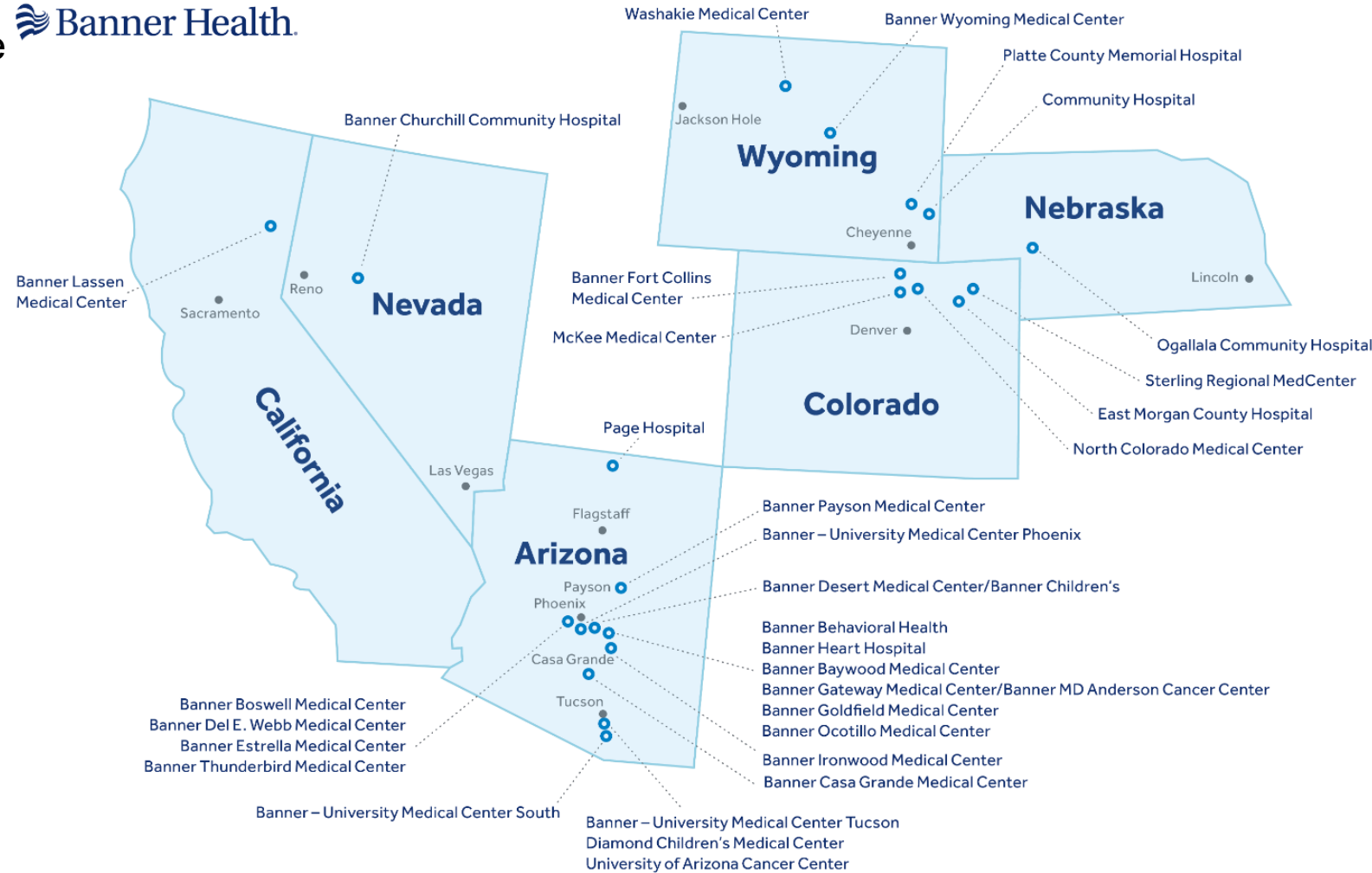


## Banner Health

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# Banner Health®

 Banner Health.



## Acute

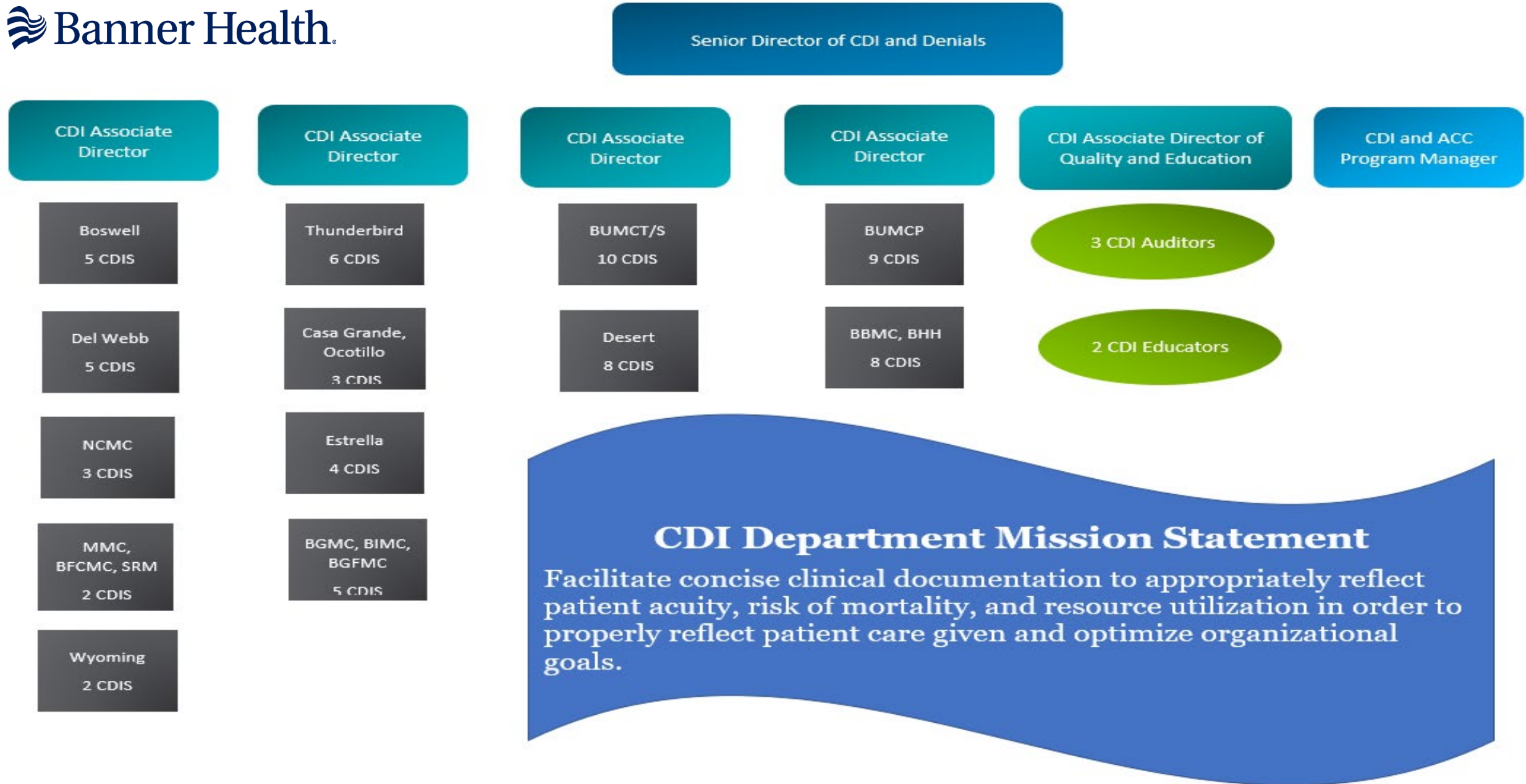
- Academic Medical Centers
- Urban Hospitals
- Rural Hospitals
- Children's Medical Center
- Behavior Health Hospital
- Heart Hospital



## Post-Acute

- Inpatient/Outpatient Rehabilitation
- Skilled Nursing Facilities
- Home Health
- Hospice and Palliative Care
- Home Infusion
- Home Medical Equipment





# Banner Health Values

The Banner values served as a framework and guidance for the CDI Audit Modernization and Improvement Process





## Historical Audit Process

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# Historical Audit Process

- Associate Directors performed concurrent audits on their direct reports
- Audit frequency was variable due to competing priorities
- Individual Excel Spreadsheets were utilized as the audit tool
- Case selection criteria included:
  - 2 concurrent cases with queries
  - 2 concurrent cases without queries
- Associate Directors discussed audit findings with staff member



# Historical Audit Tool

- Audit Questions:
  - Query compliant per policy?
  - Query compliant per workflow?
  - Query response date/time entered correctly?
  - Agree with CDI coding of the case?
  - Query escalated per policy?
  - Potential/possible query opportunities?
  - Impact type for query opportunity identified?
  - Query topic identified?
  - Potential impact to DRG/Quality?

Auditor Name: _____ Audit Date: _____		Case 1- with Query
Comments/Notes		
Query Review	Compliant Query Per Banner Query Policy Yes / No	
	Compliant Query Per Dept. Workflow Yes / No	
	Query Comments	
	Query Response Date/Time Entered Correct Yes / No	
Recommendations:		
Agree with CDI Coding of the Case		
Opportunities	Escalate Query per Policy Yes/No	
	Potential/Possible Query Opportunity Yes / No	
	Query Type (PDX, Proc, CC, MCC, Specificity, SOI/ROM, PSI,HAC)	
	Topic to Query	
Potential DRG Shift of: Example: 193 to 177		
Potential SOI/ROM Shift of : Example: 3/2 to 4/4		
Potential PSI/HAC removal: Example: PSI 11 could be avoided		



## Evaluation for Improvement and Modernization Process

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# Raise-Your-Hand Question #1

- Who conducts the CDI audits at your organization?
  - Designated Auditor Role
  - CDI Educators
  - CDI Managers
  - CDI Team members audit each other (peer audit)
  - There is no current audit process
  - Other

# Improvement Opportunities

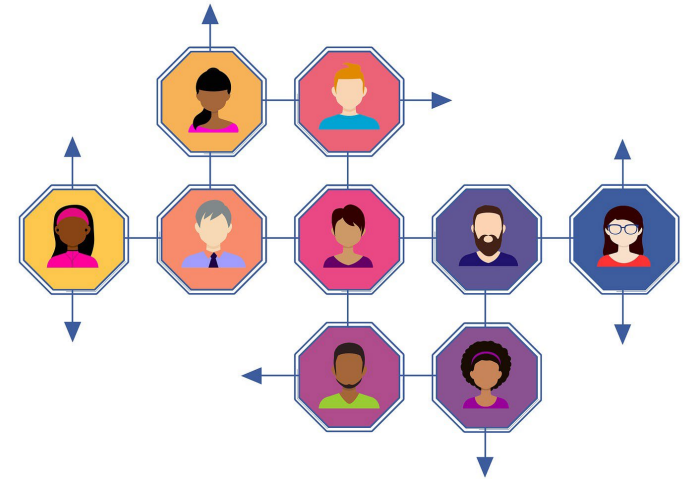
- Audits performed by Managers vs a designated Auditor
  - Audit frequency variable due to competing priorities
- Audit questions were broad
- Case selection had limited focus
- Concurrent audits challenging to complete and schedule
  - Unable to provide feedback on DRG match or query impact
- Excel spreadsheets vs auditing platform
  - Tracking data and reviewing individual documents was labor intensive
  - Overall compliance rate was not included
  - No means for data analysis/evaluation at department and CDI team levels





# Modernization Process – Leverage People

- **Three Designated Auditors**
  - Establish, implement, and maintain a formalized audit process
  - Conduct CDI audits
  - Provide performance feedback to staff
  - Abstract and compile CDI audit data
  - Deliver CDI data insights that help drive strategic and tactical business opportunity
  - Champion for a data-driven, decision-making culture
  
- **Associate Director of CDI Quality and Education**
  - Leads in providing effective quality and educational support to the clinical documentation program
  - Oversee team of CDI Educators and Auditors



# Modernization Process – Leverage Best Practice

- **Purpose, Focus, and Prioritization of Audit Questions**



- **Query Audit**

- Align with ACDIS/AHIMA “Guidelines for Achieving a Compliant Query Practice”
- Compliance with the Banner Health Provider Documentation Clarification Policy

- **Case Review Audit**

- Support Coding Accuracy
- Ensure Consistency with Workflow
- Assess for Missed Coding/Query Opportunities
- Provide Actionable Performance Feedback

# Audit Tool #1: Case Review Questions

1. Accurate principal diagnosis assigned per Coding Guidelines and Coding Clinics?
2. Secondary diagnoses (Financial and Quality: e.g., MCC, CC, APR, SOI, ROM, PSI, HAC) coded appropriately?
3. Impactful procedures coded correctly in Code Summary?
4. POA status for impactful secondary diagnoses coded appropriately (Financial and Quality: e.g., MCC, CC, APR, HCC, SOI, ROM, PSI, HAC)?
5. Coded diagnoses and procedures linked to user reference?
6. Markers addressed per CDI Workflow
7. No Additional Query/Marker Opportunities?

## Audit Tool #2: Query Review Questions

1. Query is indicated?
2. Query contains relevant risk factors from the health record?
3. Query contains relevant clinical indicators/support from the health record?
4. Query contains relevant treatment from the health record?
5. The question being asked of the Provider is appropriate and clearly written?
6. Clinically significant and reasonable response options as supported by clinical indicators in the query?
7. Query followed up and escalated as needed as per workflow?
8. Query finalized per workflow and marker resolved?
9. Codes updated based on query response?
10. Query Impact (QI) Tab and Query Impact Dropdown (Query History) updated correctly?



# Modernization Process – Leverage Best Practice (cont.)

## Audit Frequency and Case Selection

- **Current CDI Team Members – Conducted by CDI Auditors**
  - Retrospective audits to provide comprehensive feedback (e.g., Final DRG Outcome, Query response and impact, etc.)
  - Case Selection:
    - Retrospective cases within 45 days of discharge
    - LOS between 3-10 days; prioritizing newest cases
    - Combination of surgical and medical DRGs with low SOI/ROM
    - Target review of unoptimized DRGs (e.g., symptom DRGs, DRG without CC/MCC, high-risk DRGs, etc.)
  - Monthly Audits
    - Approximately 6 months following orientation
    - 4 case review audits and 4 query audits
  - Quarterly Audits 6 case review audits and 12 query audits

# Modernization Process – Leverage Best Practice (cont.)

## Audit Frequency and Case Selection

- **New CDI Team Members – Conducted by CDI Educators**
  - Concurrent audits to provide immediate feedback during the orientation
  - Case Selection:
    - Low SOI with LOS Overage
    - 10 cases per month
    - 20 queries per month
  - CDI Educators meet weekly with team member to:
    - Discuss progress and educational opportunities
    - Review post bill DRG mismatches with the new team member



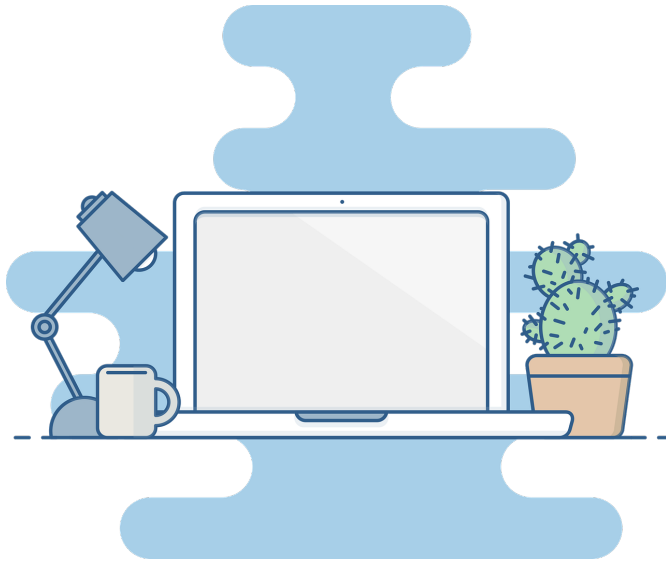
# Modernization Process – Leverage Best Practice (cont.)

## Focus Audits

- As requested by stakeholders or CDI leadership, examples include:
  - Query Writing, Composition and Compliance
  - Query Opportunities/Impacts
  - CDI Workflow
  - Service Lines
  - Focus DRGs



# Modernization Process – Leverage Technology



- **Leveraged available technology through Banner's Quality Platform:**
  - Collaborated with Banner Regulatory Consultant
  - Developed Audit Rounding Tools and CDI Data Dashboard
- **CDI Audit Dashboard utilized for:**
  - Summary of the individual team member's audit results
  - Monthly and quarterly audit data at the team and department level
  - Identifying educational opportunities and measuring results





## CDI Audit Summary

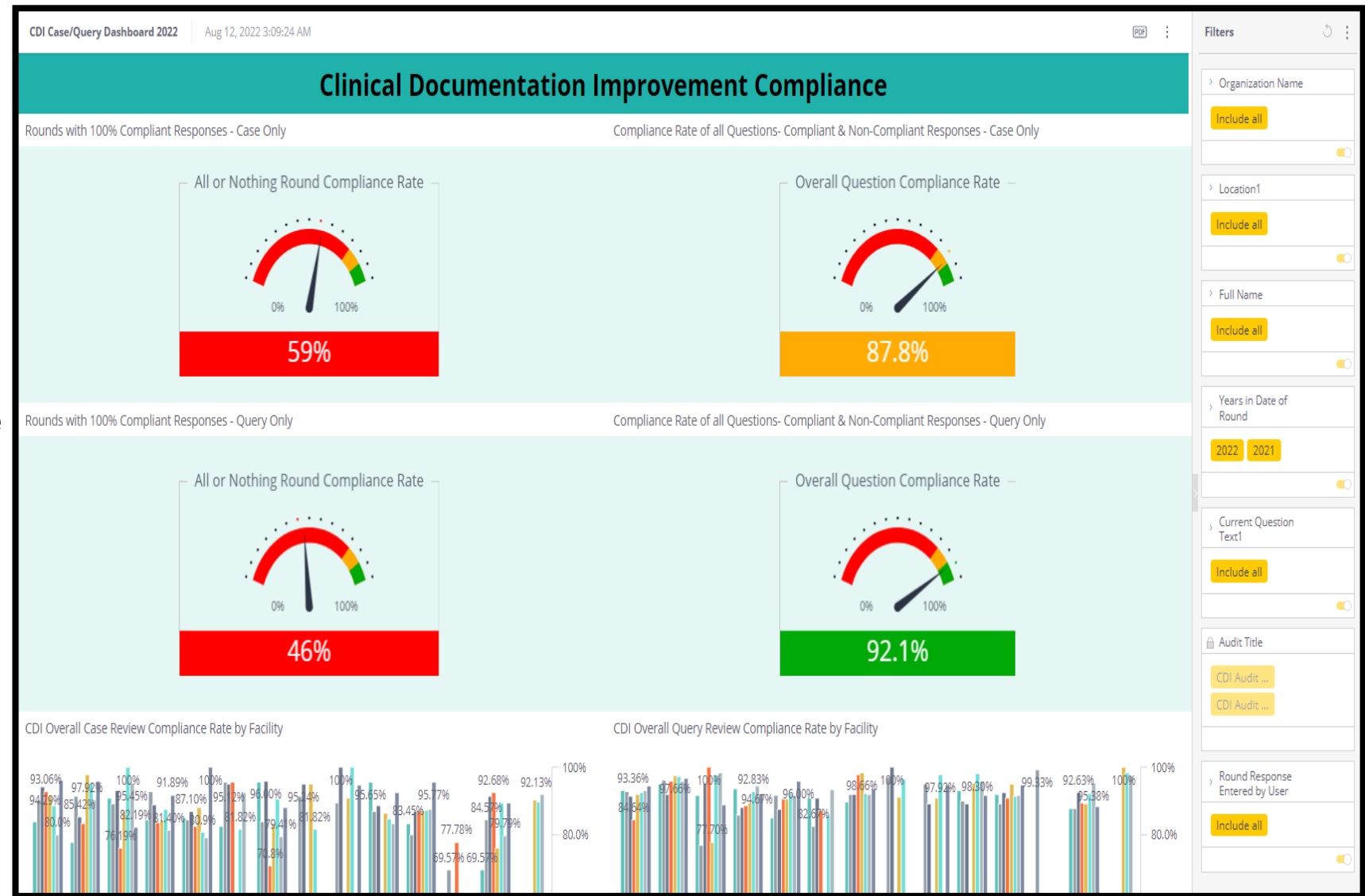
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## Raise-Your-Hand Question #2

- How is the CDI audit data reviewed at your organization?
  - Data is only reviewed at the individual team member level
  - Data is reviewed at the individual team member and department level
  - There are no formal data reports/summaries
  - Other

# CDI Audit Dashboard

- Interactive tool provides a snapshot of individual, team and departmental audit results with graphs and summaries
- Customizable and can be tailored to meet data analysis and reporting needs
- Allows filtering and drill down by date range, facility, team member, audit question(s), account number, auditor

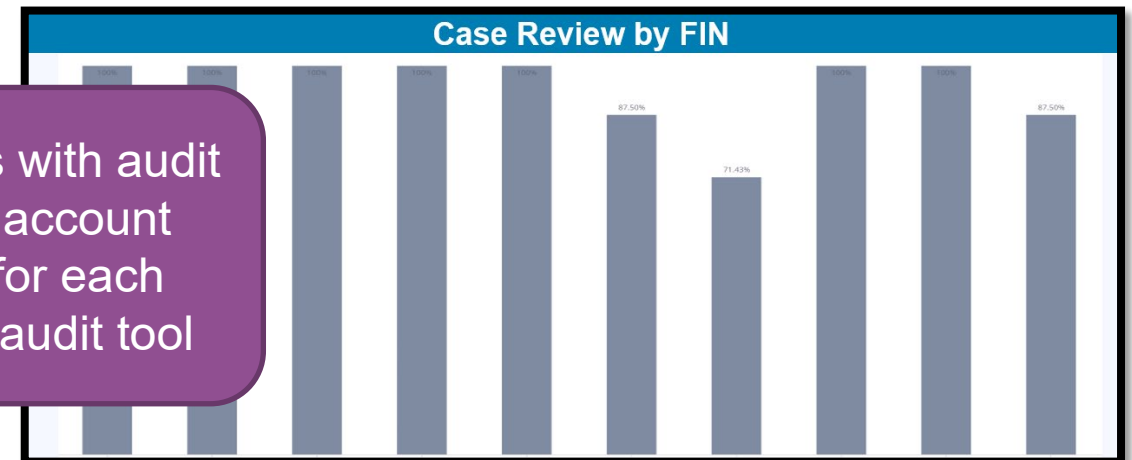
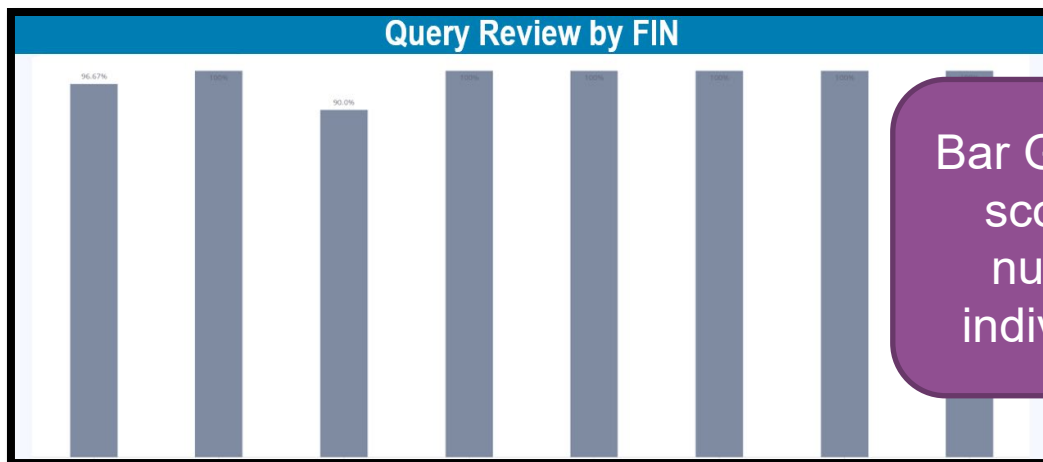
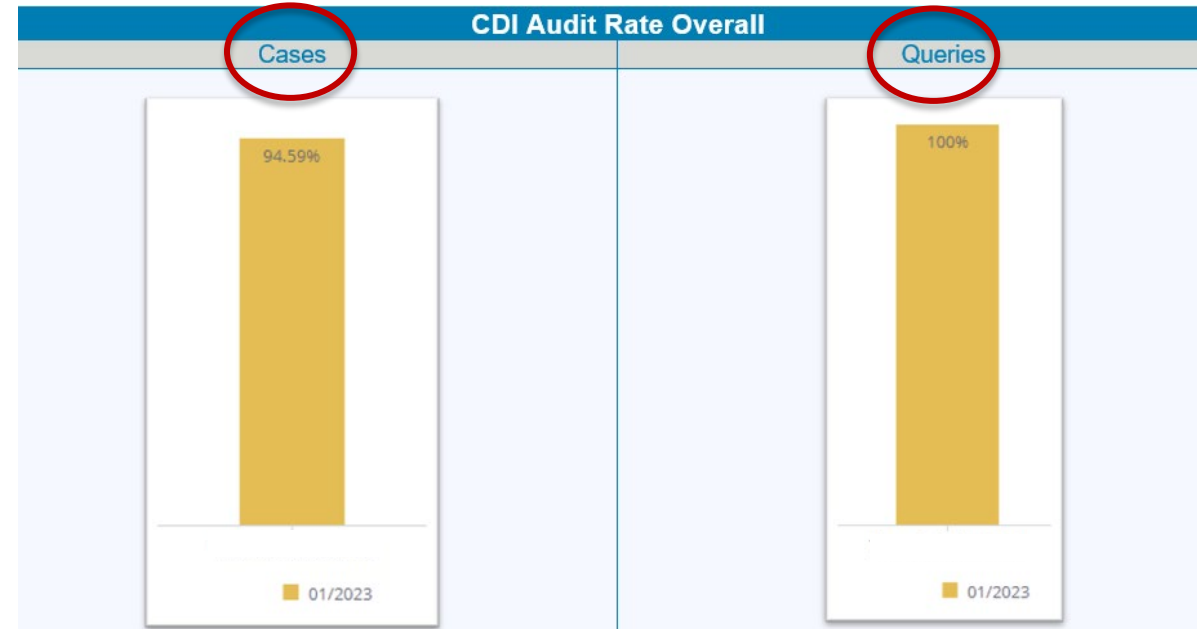


# Individual CDI Audit Summary

- CDI Audit Summary provides an overview of the audit findings and trends
- CDI Auditors meet with team member to discuss the audit findings
- CDI Audit Summary for each team member includes:
  - Graphs with overall case and query audit performance
  - Graphs with compliance rate per account number for the case audits and the query audits
  - Bar graphs with top five questions with findings (i.e., which questions were most frequently missed by the team member)
  - Table with finding details and notes for each opportunity identified

# Individual CDI Audit Summary Graphs

Overall Compliance Rate for current and previous audit



Bar Graphs with audit score by account number for each individual audit tool



# Individual CDI Audit Summary Graphs

Top 5 Audit Questions with Findings for the case review audits and for the query audits

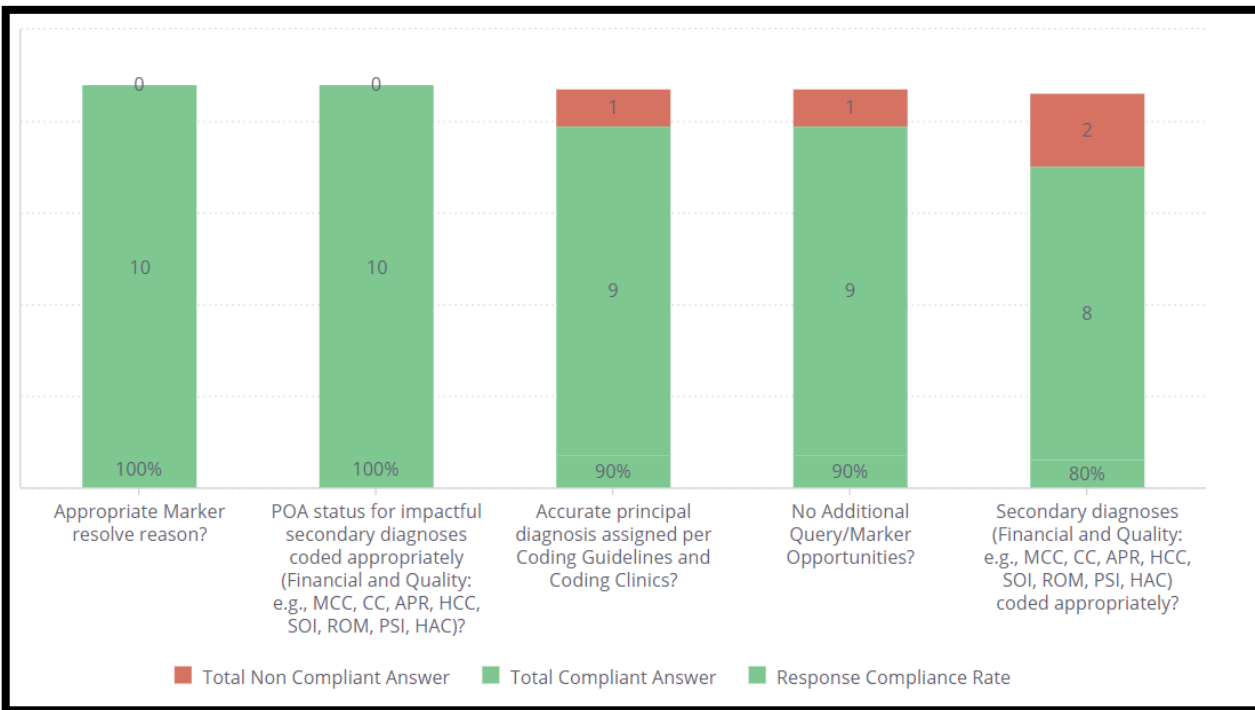
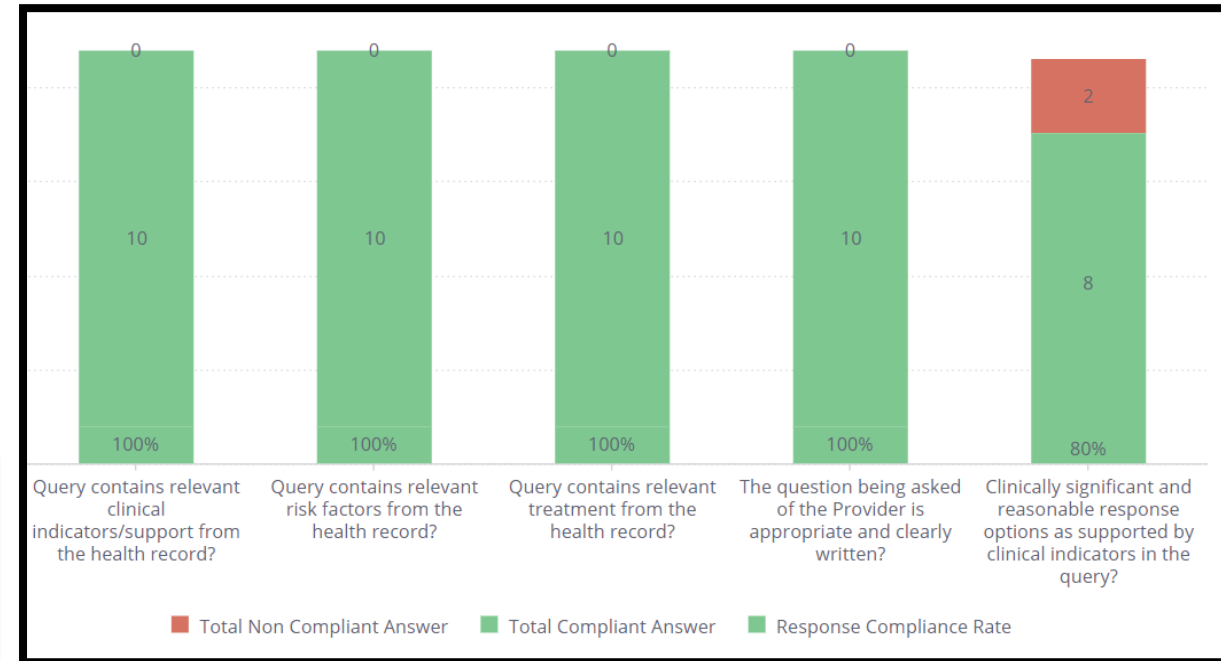


Image Reference: Banner Health



- Provide focus areas of opportunity for the individual team member.
- Intended to provide measurable and actionable feedback to the individual CDI team member based on audit findings.

# Individual CDI Audit Summary Findings

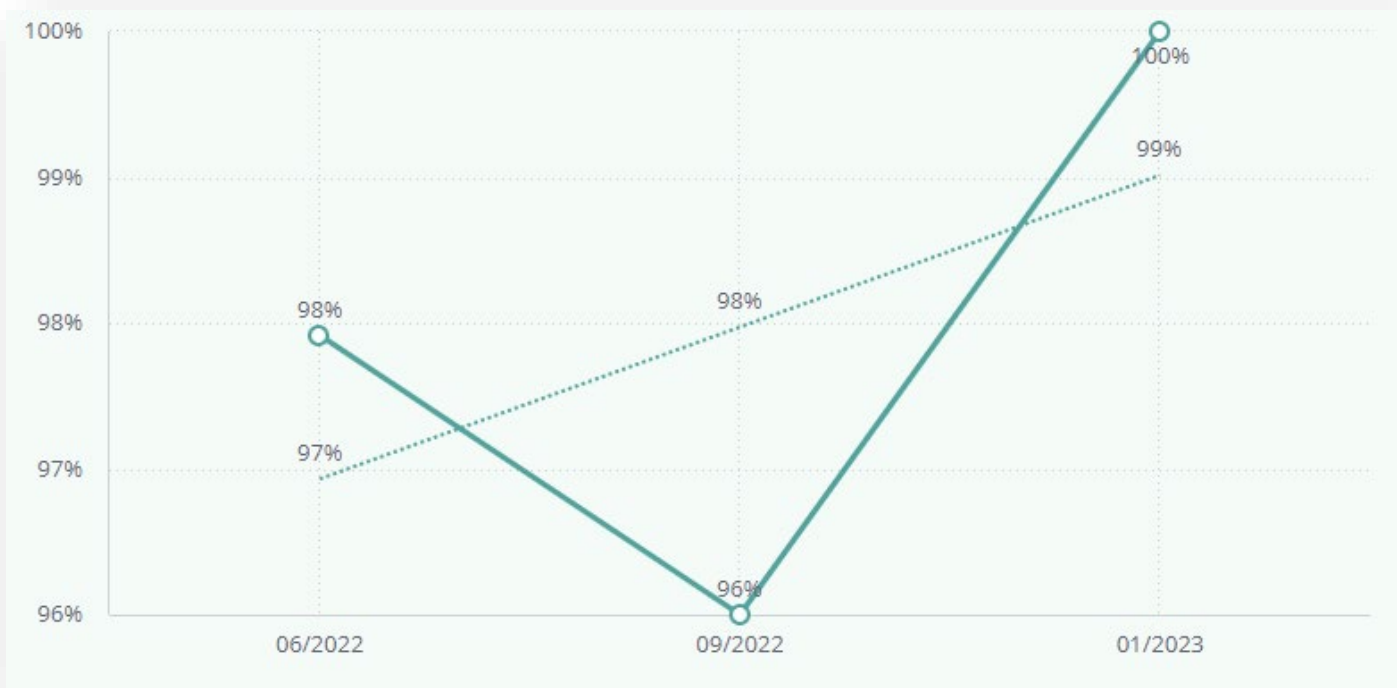
- Audit Findings
  - Provide a description of any question missed on each case/query audit
- Audit Notes
  - Educational opportunities to review

Finding Descriptions			
Patient FIN Number	Query Marker Title	Current Question Text	Finding Description

Audit Notes		
FIN	Audit Question	Note

# Individual CDI Audit Summary Graphs

Query Audit Overall Compliance Trends



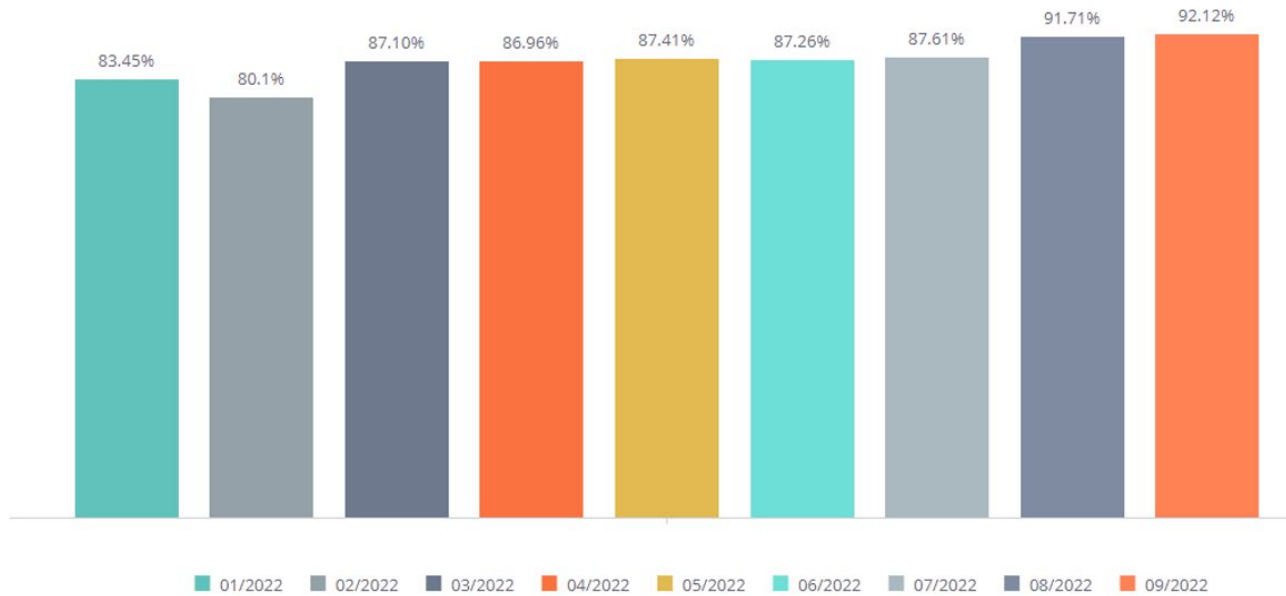
Intended to provide Query Compliance trend for last 3 Quarters for the individual team member.



## Department and Team-Level Audits Reports

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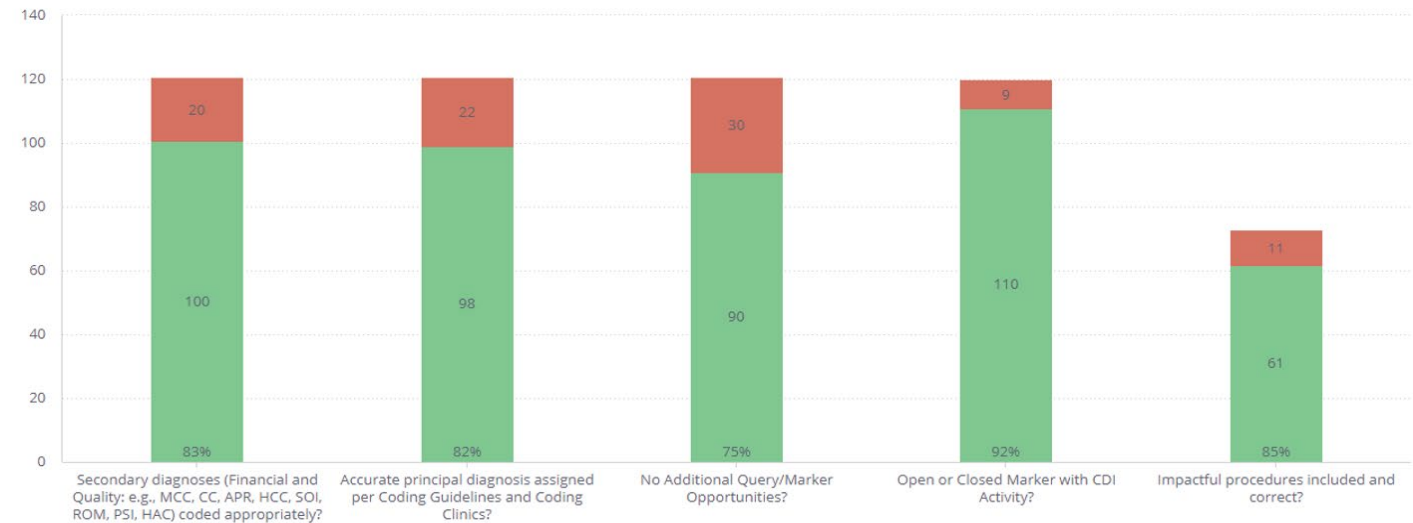
# Case Audit Rate



Case Audit data is reported at the Department and Team level

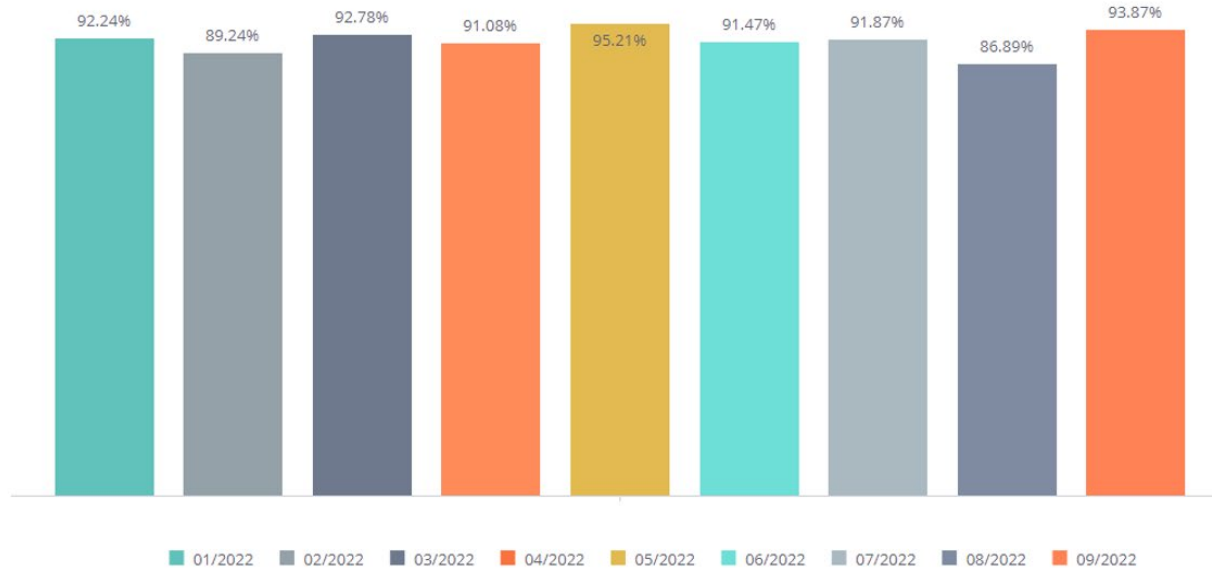
Department and Team level reports also include the Top 5 Questions with Findings

## Case Audit Top 5 Questions with Findings





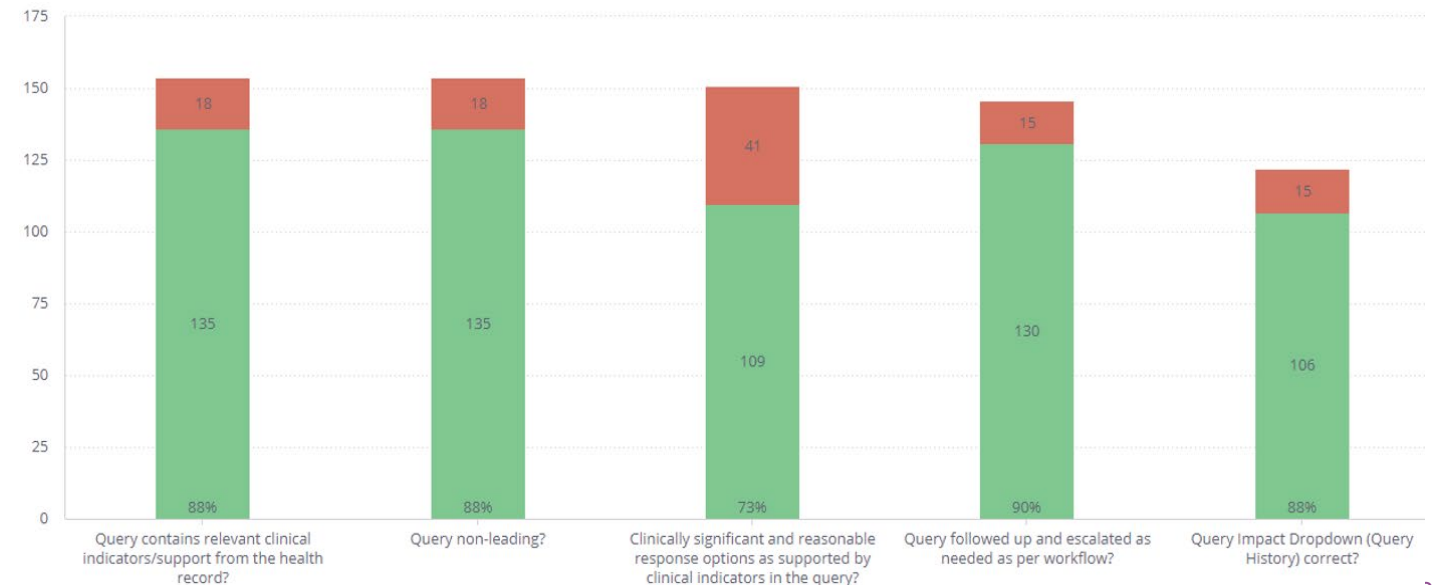
## Query Audit Rate



Query Audit data is reported at the Department and Team level

Department and Team level reports also include the top 5 questions with findings

## Query Audit Top 5 Questions with Findings





## CDI Audits for Education

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## Raise-Your-Hand Question #3

- How is the CDI audit data utilized for education?
  - Audit findings provide education for the individual team member only
  - Data is reviewed at the department level to identify trends/opportunities
  - Both the above
  - Other

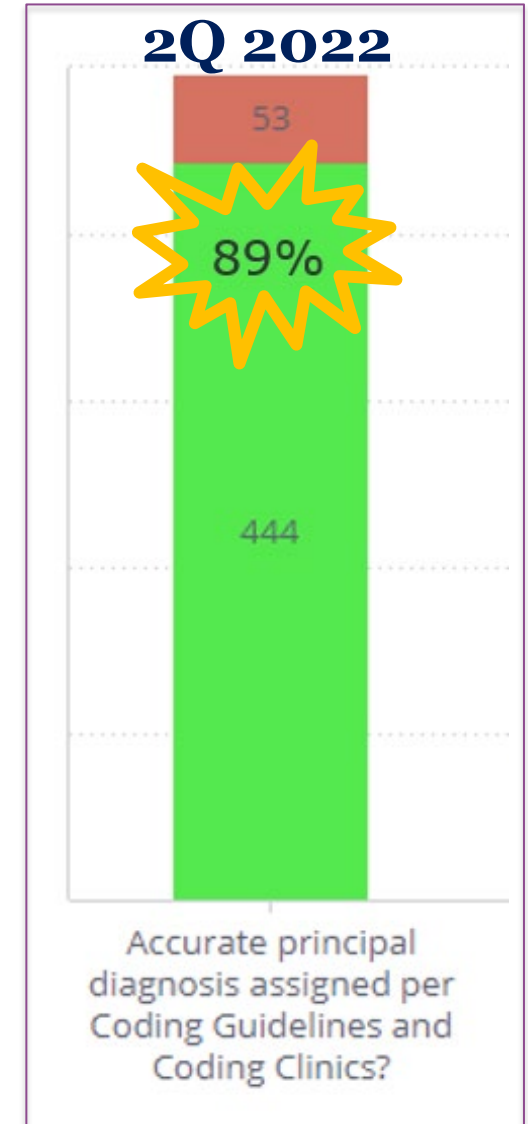
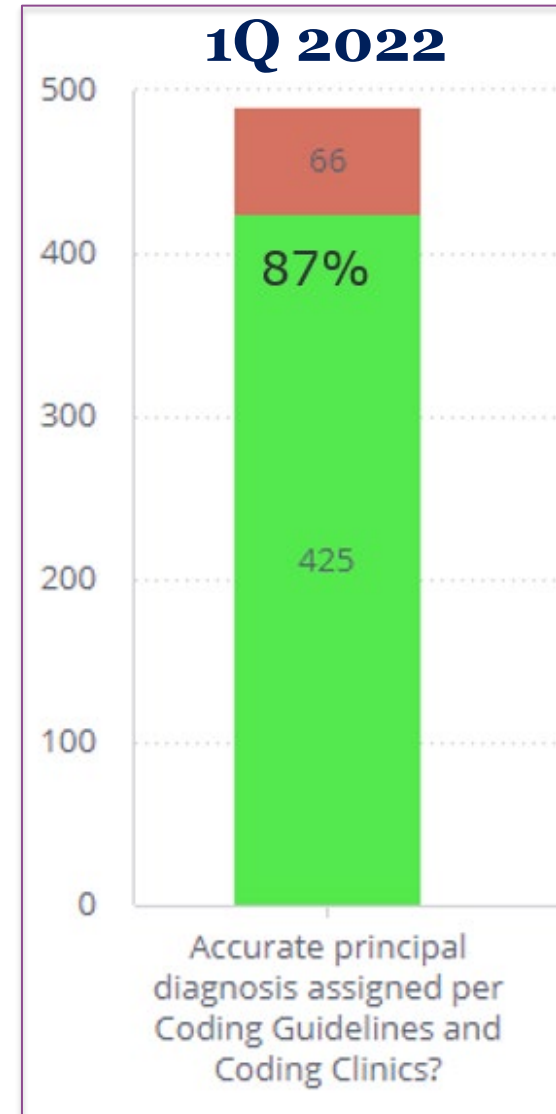
# Collaboration



- CDI Auditors and Educators regularly collaborate and review audit findings/opportunities
- Review most frequently missed questions at the CDI team and department levels
- Develop team education based on audit results
- Utilize subsequent audit findings to measure improvement
- CDI Quality and Education Team along with CDI leadership are also working on the development of a benchmark for the audit results

# Measuring Improvement Through Audit Data

- Principal diagnosis selection was identified as an educational opportunity from 1st Quarter audit data
- The CDI Educators developed education on principal diagnosis selection and delivered education to CDI team members in groups at March CDI Team meetings
- Audit question on principal diagnosis selection increased from 87% correct to 89% correct from 1st to 2nd Quarter





## Lessons Learned...

- Create an efficient user-friendly audit tool
  - Align with industry standards and Banner CDI Workflow
- Ensure auditors approach questions and findings consistently
  - Collaboration
  - Guidance
  - Mentoring
- The audit questions matter
  - Well defined
  - Objective
  - Measurable

## Lessons Learned...

- Collaboration and support from leadership is essential
  - Consistent interpretation of questions/findings
  - Respect leadership's interests
- Make expectations clear
  - Ensure team members understand the questions/requirements
- Set a supportive tone for the audit result delivery
  - Highlight positives along with improvement opportunities
- Embrace a culture of continuous improvement
  - Be approachable and encourage team member/leadership engagement with auditors



## Thank you. Questions?

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