acdis 2022 IMAGINE
May 2–5, 2022 | Kissimmee, FL

Bridging the Gap Between Quality and CDI

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Presented By

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Presented By

Tamra O'Bryan, MHA, RHIA, CPHQ, is the system director of quality at CommonSpirit Health in Chicago, Illinois. With 38 years in healthcare, including 25 years at Mercy Medical Center Redding, she has led numerous system-level improvement efforts in stroke, cardiac care, venous thromboembolism, and hospital-acquired pressure injuries. In addition, she is the system resource for core measures, CMS HACs, AHRQ PSIs, Leapfrog Hospital Survey/Safety Grades, and QualityNet.

Learning Objectives

- At the completion of the educational activity, the learner will be able to:
  - List three ways CDI teams can collaborate with quality staff
  - Define Patient Safety Indicator (PSI) exclusions and to capture necessary documentation
  - Implement a workflow for hospital-acquired events

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Success Through Collaboration

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Show of Hands Question 1

- **Quality and CDI routinely collaborate at my facility?**
  - Yes
  - No

Challenges

- **Coded wrong? Unless there is a true coding error do not use this term**
  - Charts are coded according to the documentation provided
    - **Not all the rules are the same**
    - Until October 1, 2019, DTI did not have separate codes
- **Conflicting priorities**
- **Terms do not always mean the same to provider, coding and quality**
    - Kennedy ulcers are not clinically pressure ulcers, but code to pressure ulcer and could end up being a hospital acquired condition (HAC)
    - Which criteria do we use for sepsis?
    - Post-op respiratory failure

Bridging the Gap

- **Get out of the SILO (We are one team!)**
  - Meet your colleagues
  - Collaborate and communicate
  - Learn each other's language
  - Respect each other's roles/priorities
  - Develop a concurrent communication process
  - Educate the providers
- **How we can help each other**
  - Quality can help with exclusions via query
  - CDI can ask for clarifications concurrently
  - Collaboration increases correct reporting of HACs/PSIs, reduces DNFB and increases provider engagement

Bridging the Gap

- **Who does CDI collaborate with?**
  - Quality Risk Trigger Monitor (RTM) process
  - Dietary (malnutrition alerts, tip sheet and query creation)
  - Nursing is part of the concurrent RTM process as well as at MDRs
  - Wound nurses (wound notes)
  - Physicians
  - Coding/HIM

Exclusions: Do You Know What to Query For?

- **Exclusions**
  - POA is the #1 exclusion
  - PSI 02 Death Rate in Low-Mortality Diagnostic Related Groups (DRGs)
    - Any code for cancer, or trauma
    - Any code for immunocompromised state: see list, includes pancytopenia, immunodeficiency unspec., severe protein calorie malnutrition, etc.
  - PS 03 Pressure Ulcer Rate
    - LOS <3 days (not a query)
    - Code for deep tissue injury present on admission
    - Exfoliative disorders of the skin (≥20% body surface area)
    - Hemi/paraplegia no longer on the exclusion list

Exclusions: Do You Know What to Query For?

- PSI 07 CLABSI
  - Any code for immunocompromised state: see list (Appendix I), includes pancytopenia, immunodeficiency unspec., severe protein calorie malnutrition, Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease etc.
  - Any code for cancer
- PSI 8 In Hospital Fall w/ Hip Fracture, HAC 5 Falls & Trauma
  - Hip fx POA
  - diagnosis code for joint prosthesis-associated fracture
  - Any diagnoses associated w/ fragile bone (metastatic CA, lymphoid or bone malignancy is no longer an exclusion)

Exclusions: Do You Know What to Query For?

- PSI 10 Postoperative AKI needing dialysis
  - Shock
  - CKD Stage V
  - Cardiac arrhythmia (ventricular)
- PSI 11 Postoperative respiratory failure
  - Malignant hyperthermia
  - Neuromuscular disorder or degenerative neurological disorder, see lists. Includes myopathy, dementia, delirium, etc.
- PSI 12 Perioperative pulmonary embolism or DVT
  - Acute brain/spinal injury includes some lesions of spinal cord, traumatic/non traumatic brain hemorrhage stroke
  - ICD-10-PCS procedure code for extracorporeal membrane oxygenation (ECMO)

Exclusions: Do You Know What to Query For?

- PSI 13 Postoperative Sepsis Rate
  - Was there any pre- existing infection? See list; includes some pressure ulcers, cellulitis, ear infection, sinusitis, diverticulitis, etc. (will be coded only according to secondary dx guidelines)
- PSI 15 Unrecognized Abdominopelvic Accidental Puncture or Laceration
  - If documentation is unclear, conflicting, or not clearly documented as a complication Query.
  - See coding clinic 2021: Serosal injury requiring bowel excision is coded as accidental puncture and laceration (K91.71)-even if provider states "Unavoidable during extensive lysis of adhesions, not interoperable complication"
  - *Official Guidelines* Section 1.B.16 states:

Code assignment is based on the provider's documentation of the relationship between the condition and the care or procedure, unless otherwise instructed by the classification. The guideline extends to any complications of care, regardless of the chapter the code is located in. It is important to note that not all conditions that occur during or following medical care or surgery are classified as complications. There must be a cause-and-effect relationship between the care provided and the condition, and an indication in the documentation that it is a complication. Query the provider for clarification, if the complication is not clearly documented.

https://qualityindicators.ahrq.gov/Modules/PSI_TechSpec_ICD10_v2021.aspx

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CDI Concurrent Hospital-Acquired Event Workflow

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High-Level Overview of Quality Initiatives

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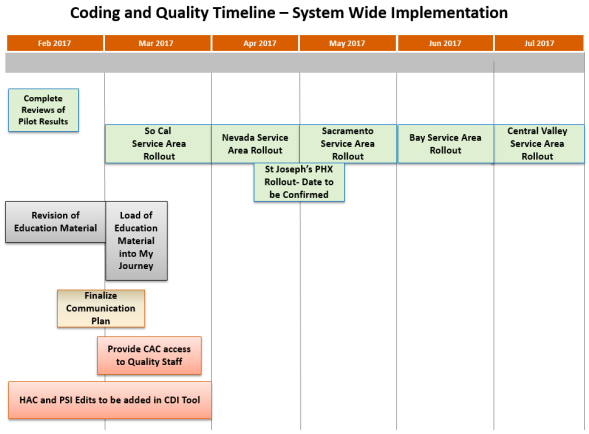
Show of Hands Question 2

- **Does your facility have a concurrent review process for hospital acquired events?**
  - Yes
  - No

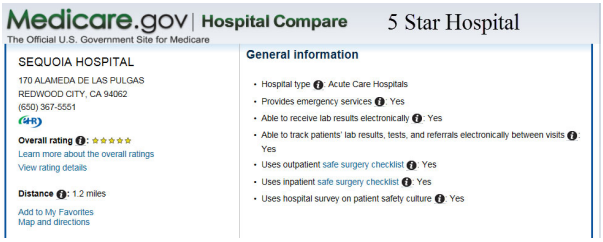
Coding, CDI, and Quality System-Wide Implementation

- **After starting a Coding, CDI and Quality dialog in October 2016 – the Quality Secondary Review of HAC and Patient Safety Indicators (PSI) Policy/Procedure was implemented in 2017:**
  - A mandatory secondary review in the Coding Department by a coding supervisor or senior coder.
  - If after the secondary review and the physician documentation supports, the HAC/PSI the chart is routed to Dignity Health quality staff for review prior to dropping the bill.



Coding, CDI, and Quality Governance Council (CCQC)

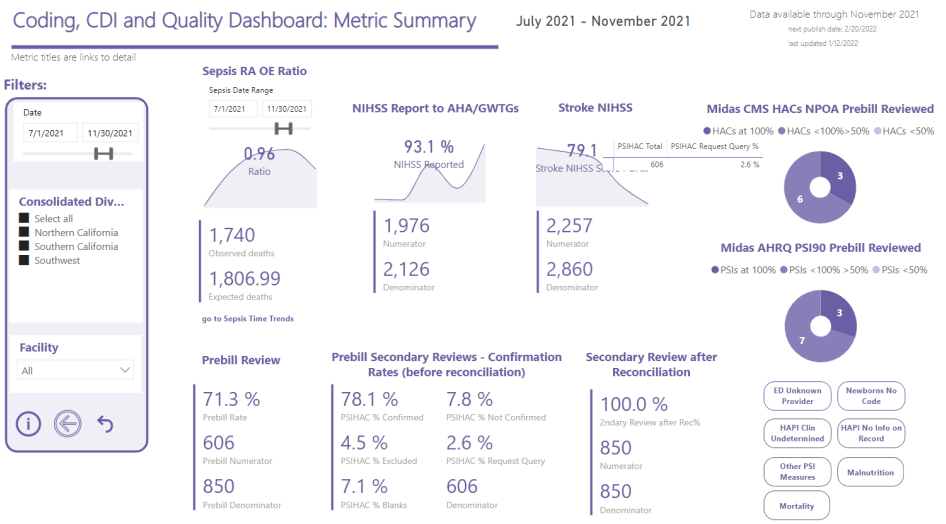
- **In the summer 2019 a Coding, CDI and Quality Governance Council was created to create a regular meeting cadence between divisions/hospital quality, CDI and coding teams:**
  - Ensure adoption of system policies and training requirements
  - Collaborate to resolve issues identified by facilities



Coding, CDI, and CCQC

- Escalation of issues to the CCQC that have a potential system wide impact and/or cannot be resolved locally
- Identify areas of opportunity for policy or training enhancements and escalate to CCQC Request advance approval from CCQC for any pilots related to coding and quality
- Review key performance indicators (KPIs) reports regularly. Discuss exceptions from CDI, coding and quality perspectives and determine next steps.
- Review HAC, PSI report and other high priority (e.g., included in the CMS HIQR, Value-based Purchasing or Star Rating Programs) that are based upon accuracy in claims data , discuss exceptions (with discrepancy in opinion between coding and quality) and determine next steps.
- Review CDI, coding, and quality perspectives on new metrics.

Coding, CDI, and Quality Dashboard With KPIs



HAC

- **What is a HAC?**
  - An undesirable condition or situation that affects the patient during a hospital stay.
- **What are some examples?**
  - Iatrogenic Pneumothorax with Venous Catheterization
  - DVT or PE with a Total Knee or Hip Replacement
  - Surgical Site Infection Mediastinitis After Coronary Bypass Graft (CABG)
- **Why is it important to review a HAC prior to billing?**
  - Hospital Acquired Conditions are publicly reported on Quality and Safety Scores, have financial penalties and affect Physician Scorecards. It is important to validate an adverse event has occurred and that the documentation and coding accurately reflects the event.

CMS Hospital-Acquired Conditions POA
Deficit Reduction Act (DRA) of 2005

- Surgical Site Infection, Mediastinitis, Following Coronary Artery Bypass Graft (CABG)
- Foreign Object Retained After Surgery
- Air Embolism
- Blood Incompatibility
- Stage III and IV Pressure Ulcers
- Falls and Trauma
- Manifestations of Poor Glycemic Control
- Catheter-Associated UTI
- Vascular Catheter-Associated Infection
- Surgical Site Infection Following
  - Bariatric Surgery for Obesity
  - Certain Orthopedic Procedures
  - Cardiac Implantable Electronic Device
- DVT/PE Following Certain Ortho Procedures
- Iatrogenic Pneumothorax with Venous Catheterization

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Hospital-Acquired_Conditions

PSIs

- **What is a Patient Safety Indicator?**
  - 18 quality indicators established by the Agency for Healthcare Research and Quality (AHRQ) that screen for adverse events that patients experience as a result of exposure to the inpatient health care system.
- **What are some examples of PSIs?**
  - 3rd or 4th degree laceration during childbirth
  - Postoperative Sepsis
  - Postoperative Respiratory Failure
  - Accidental Puncture or Laceration during a procedure
- **Why is it important to assure the accuracy of all PSIs?**
  - These indicators are now being used to rank hospitals

PSIs

- PSI 2 Death Rate in Low-Mortality Diagnostic Related Groups (DRGs)
- PSI 3 Pressure Ulcer Rate
- PSI 4 Death Rate, Surgical Inpatients with Serious Treatable Cond.
- PSI 5 Retained Surgical Item or Unretrieved Device Fragment Count
- PSI 6 Iatrogenic Pneumothorax Rate
- PSI 7 Central Venous Catheter-Related Bloodstream Infection Rate
- PSI 8 In-Hospital Fall with Hip Fracture Rate
- PSI 9 Perioperative Hemorrhage or Hematoma Rate

PSI 90 Measures in Purple

PSIs

- PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate
- PSI 11 Postoperative Respiratory Failure Rate
- PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate
- PSI 13 Postoperative Sepsis Rate
- PSI 14 Postoperative Wound Dehiscence Rate
- PSI 15 Unrecognized Abdominopelvic Accidental Puncture or Laceration Rate
- PSI 17 Birth Trauma Rate - Injury to Neonate
- PSI 18 Obstetric Trauma Rate - Vaginal Delivery with Instrument
- PSI 19 Obstetric Trauma Rate - Vaginal Delivery without Instrument

PSI 90 Measures in Purple

Valued Base Purchasing/HAC Payment Reduction

Value Based Purchasing

- "Centers for Medicare & Medicaid Services (CMS) initiative that rewards acute-care hospitals with incentive payments for the quality of care they provide to people with Medicare".
  - GOAL is to reward hospitals that provide high quality care and keep their patients safe
- Established in the Affordable Care Act of 2010
  - Payment reductions effective with discharges on or after October 1, 2012 (FY [Fiscal Year] 2013).
- AHRQ PSI-90 composite is one of the Hospital Based CMS performance measures

HAC Payment Reduction

- Required by the Deficit Reduction Act of 2005 (DRA)
- Requires a quality adjustment in Medicare Severity-Diagnosis Related Group (MS-DRG) payments for certain HACs
- IPPS hospitals must submit POA information on the principal and all secondary diagnoses for inpatient discharges on or after October 1, 2007.

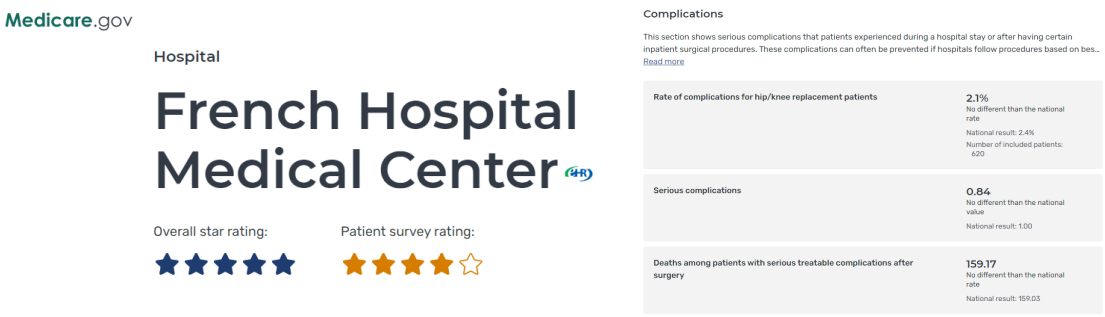
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Hospital_VBPurchasing_Fact_Sheet_ICN907664.pdf

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/wPOAFactSheet.pdf

Hospital-Acquired (HAC) Reduction Program

- Beginning with Federal Fiscal Year (FY) 2015 discharges, the HAC Reduction Program requires the Secretary of Health and Human Services to adjust payments to hospitals that rank in the worst-performing 25 percent of all subsection (d) hospitals with respect to HAC quality measures. As set forth in the Affordable Care Act, these hospitals may have their payments reduced to 99 percent of what would otherwise have been paid for such discharges.

CMS Care Compare and Star Ratings



Utilizing Tools and Technology

- Hospital Acquired Event Workbook
- Coded Alerts in Quality Data Base
- HAC/PSI alerts in encoder
- Notification System from Coding to CDI and Quality
- Risk Trigger Monitor System
- Senior Leader Communication
- Interdisciplinary Case Review
- Coding, CDI, Quality Division Committees

Best Practice:
Quality, Coding, CDI, and Revenue Integrity

- Meets Monthly
- Representatives from all areas and as needed Registration
  - Division Vice President and Senior Director
  - CFOs from each Hospital in Division
  - Leaders for HIM and Coding
  - Clinical Documentation Leaders
  - Quality Analytics Team
  - Quality Coding Team
- Standardized Agenda and Specialty Action Items
- Action Log

Thank you. Questions?

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