Work in Progress: Revitalizing a CDI Program

Robin Jones, BSN, MHA/Ed, CCDS  
Division Director, Clinical Documentation Integrity  
AdventHealth-West Florida Division  
Tampa, FL

Kim Higgins, BSN, CCDS  
Division Manager, Clinical Documentation Integrity  
AdventHealth-West Florida Division  
Tampa, FL
Learning Objectives

• At the completion of this educational activity, the learner will be able to:
  – Describe standardization processes and policies to unite facilities
  – Explain how to extract meaningful data, relevant metrics, and measure outcomes
  – Develop an effective leadership and communication plan
  – Understand CDI reports
  – Sustain success into the future
The Beginning

- Welcome to West Florida Division
- Facilities oversight
- Three questions:
  - What are we doing well?
  - What are we not doing well?
  - What can I change tomorrow?
Creating a Staff Model

- Standardized job description
- 1:1500
- Remote team
- Onboarding process
- Competencies
  - Pre-hire clinical assessment
  - Post-orientation
CDI Committee

• One representative from each site

• Accomplishments:
  – Standardized work process—implemented March 2018
  – CDI/coding work process—September 2018
    • Pilot from May–August
  – Hospitalist work process—implemented August 2018
    • Coordinating work process for the internal hospitalist group
  – Remote day policy
  – CDI Week—FIRST annual week of celebration
CDI Mission Statement

“By obtaining a thorough, complete, and accurate patient health record, we will achieve precise documentation for the highest quality measures and outcomes, respectful collaboration between the interdisciplinary teams, resource utilization, and ultimately optimizing patient care.”
Expanding Our Brand

- Information tables
- CDI steering meetings
- Revenue cycle meetings
- Nurse leader meetings
- Division meetings
- Multi-disciplinary rounds (MDR)
  - Attend daily as part of work process
- Collaborative relationship building
  - 5-star pilot—quality approach to CDI
Physician Engagement

- **Education**
  - Provided at hospitalist staff meeting

- **Medical executive council**
  - Implemented CDI/coding into bylaws
  - Suspension policy

- **MDR**
  - CDS attendance daily throughout WFD
  - Collaborative approach
    - CM—LOS
    - Quality—PSI/HAC
    - Nutrition—BMI
    - Wound care—decubitus ulcer, POA
    - Palliative care
    - Verbal clarifications—increased communication with physicians/midlevels
Employee Engagement

- Remote days
- CDI week
- Site visits
  - Division staff meetings
- Growth opportunities
  - Preceptor
  - Team lead
  - Managers
  - Educator
  - Quality liaison
2017/2018 Initial Review and Clarifications
Lessons Learned

• What is CDI?
  – Basic terminology
  – Productivity metrics
• Standing behind what you say
  – Do not make promises you cannot keep
• Administration limited understanding
• Physician engagement
Shifting Focus

• Revenue cycle to quality
• Quality reviews
  – Value-based purchasing (VBP)
  – Patient Safety Indicators (PSI)
  – Healthcare-acquired condition reviews (HAC)
• Concurrent mortality
• Risk adjustment
5-Star Pilot

• 60-day pilot

• Disposition 20 report
  – Identify expired patients

• Post-pilot implementation:
  – Divisionwide
  – Work process
  – CDI and coding quality liaison
The Team

• **Clinical documentation quality liaison**
  – Functions as the clinical expert on concurrent mortality/VBP/risk adjustment reviews
  – Utilizes clinical expertise to ensure physician is documenting an appropriate level of acuity and that all diagnoses being treated, evaluated, and/or monitored are captured
  – Educate providers, CDI nurses, quality department, and ancillary teams on importance of quality documentation
  – Utilize clinical expertise to bridge the gap between clinical documentation and coded data
    • Work in conjunction with the coding integrity/risk adjustment reviewer to identify appropriate clarification opportunities using clinical indicators to support the patient’s appropriate acuity level
Mortality/VBP Review Process

- Review all payer list of expirations within 24 hours of expiration
  - Identify clarification opportunities to ensure SOI/ROM accurately reflects patient’s level of acuity and risk of mortality
- Review all-payer VBP patients
  - Stroke, AMI, CHF, PNA, COPD, CABG
  - Utilize CMS spreadsheets to identify risk adjustment clarification opportunities
- Review all-payer PSI/HACs
  - Concurrent review for clarification opportunity
    - Notify quality teams of possible PSI/HAC
    - Collaboration with quality team on documentation/clarification opportunities
# Mortality Reviews

<table>
<thead>
<tr>
<th>Category</th>
<th>Encounter Type</th>
<th>FIN</th>
<th>Patient Name</th>
<th>Age</th>
<th>Financial Class</th>
<th>First Unit</th>
<th>Admit Date &amp; Time</th>
<th>Last Unit</th>
<th>Discharge Date &amp; Time</th>
<th>Discharge Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Mortality</td>
<td>Inpatient</td>
<td></td>
<td></td>
<td>79</td>
<td>Medicare</td>
<td>ORDL-TAM</td>
<td>2/26/19 6:30 AM</td>
<td>CSU1 PEP-TAM</td>
<td>3/3/19 4:00 AM</td>
<td>Expired - 20</td>
</tr>
<tr>
<td>Non Medicare Mortality</td>
<td>Inpatient</td>
<td></td>
<td></td>
<td>68</td>
<td>Medicare Managed Care</td>
<td>ED-TAM</td>
<td>2/19/19 6:52 AM</td>
<td>ICU2-TAM</td>
<td>3/3/19 10:30 AM</td>
<td>Expired - 20</td>
</tr>
<tr>
<td>Non Medicare Mortality</td>
<td>Inpatient</td>
<td></td>
<td></td>
<td>63</td>
<td>HMO</td>
<td></td>
<td>2/23/19 1:56 PM</td>
<td>CSU1 PEP-TAM</td>
<td>3/3/19 6:08 PM</td>
<td>Expired - 20</td>
</tr>
<tr>
<td>Non Medicare Mortality</td>
<td>Inpatient</td>
<td></td>
<td></td>
<td>80</td>
<td>HOSPICE</td>
<td></td>
<td>3/2/19 7:22 PM</td>
<td>ICU3-TAM</td>
<td>3/3/19 1:33 AM</td>
<td>Expired - 20</td>
</tr>
</tbody>
</table>

| Count                  |                |     |              | 4   |                       |            |                   |               |                       |                       |
Concurrent Mortality Workflow
## VBP Volumes

<table>
<thead>
<tr>
<th>Count of Patient Account Number</th>
<th>2017</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan</td>
<td>Feb</td>
</tr>
<tr>
<td>192</td>
<td>353</td>
<td>323</td>
</tr>
<tr>
<td>195</td>
<td>521</td>
<td>514</td>
</tr>
<tr>
<td>293</td>
<td>140</td>
<td>146</td>
</tr>
<tr>
<td>291</td>
<td>124</td>
<td>120</td>
</tr>
<tr>
<td>190</td>
<td>101</td>
<td>145</td>
</tr>
<tr>
<td>66</td>
<td>105</td>
<td>122</td>
</tr>
<tr>
<td>194</td>
<td>121</td>
<td>126</td>
</tr>
<tr>
<td>191</td>
<td>101</td>
<td>86</td>
</tr>
<tr>
<td>292</td>
<td>63</td>
<td>55</td>
</tr>
<tr>
<td>65</td>
<td>55</td>
<td>58</td>
</tr>
<tr>
<td>193</td>
<td>61</td>
<td>60</td>
</tr>
<tr>
<td>64</td>
<td>47</td>
<td>33</td>
</tr>
<tr>
<td>280</td>
<td>23</td>
<td>27</td>
</tr>
<tr>
<td>281</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>62</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>233</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Grand Total</td>
<td>1,849</td>
<td>1,844</td>
</tr>
</tbody>
</table>
Value-Based Purchasing Workflow
The Future

- ER CDI
- Hybrid model
- Outpatient
- Denials
Thank you. Questions?

Robin.Jones@Adventhealth.com
Kimberly.Higgins@adventhealth.com

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 of the program guide.