CDI & Quality: Sharing Knowledge and Working Together to Improve Patient Outcomes

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Introduction

Concurrent reviews and timely abstraction of data are critical to improving patient outcomes. This presentation will discuss the integration of CDI professionals into your quality department to track Patient Safety Indicators, regulatory compliance, and quality data measures. We will discuss appropriate conversations to have with your medical staff to ensure proper documentation for better quality outcomes as well as potential reimbursement and regulatory indicators.
Learning Objectives

• At the completion of this educational activity, the learner will be able to:
  – Evaluate CDI opportunities to work closely with quality for more timely reviews
  – Incorporate CDI/quality data into medical staff education and evaluation
  – Prioritize CDI/quality functions for improved data and patient outcomes
The Team
CDI Team

- RN or coding background
- Concurrent reviews
- Know and apply coding guidelines
- Understand clinical documentation
- Communicate with providers

Quality Team

- RN or clinical background
- Focus on clinical process improvements
- Retrospective reviews
- Measure trends to improve
- Understand clinical care
Measures and Metrics
Measures to Improve

- Patient Safety Indicators
- Value-Based Purchasing (VBP) measures
- Core measures
- ORYX measures
- Safety scores
- Standardized rates
- Trends
Improving Patient Safety

- Track and improve patient safety
- Indicate total incidence within hospital and region
- Pay for performance
- Detect safety problems
- Identify avoidable complications

PSI 90
Patient Safety Indicator PSI 90

- PSI 90 is a composite value of the following 10 PSIs that factor into the VBP score:
  - PSI 03 Pressure Ulcer Rate
  - PSI 06 Iatrogenic Pneumothorax Rate
  - PSI 08 In-Hospital Fall With Hip Fracture Rate
  - PSI 09 Perioperative Hemorrhage or Hematoma Rate
  - PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis Rate
  - PSI 11 Postoperative Respiratory Failure Rate
  - PSI 12 Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate
  - PSI 13 Postoperative Sepsis Rate
  - PSI 14 Postoperative Wound Dehiscence Rate
  - PSI 15 Unrecognized Accidental Puncture/Laceration Rate

Waiting for Coded Data

• PSIs:
  – Preventable conditions
  – Not present on admission
  – Triggered by final coding—too late to change/affect
  – Coding guidelines don’t always match inclusion criteria
Mortality Rates

• 30-day range
  – Acute myocardial infarction
  – Heart failure
  – Pneumonia
  – Stroke
  – COPD

• Severity of illness
Risk-Adjusted Mortality

- HCC codes
- Conditions/procedure inclusion
  - Are common in the Medicare population
  - May have significant impact on patients’ lives
  - Are associated with poor outcomes
  - Impose a high burden on the healthcare system
  - Show variation in outcome rates across hospitals, illuminating the opportunity for improvement
- CMS/HHS aims:
  - Promote effective communication and coordination of care
  - Promote effective prevention and treatment of chronic disease
  - Work with communities to promote best practices of healthy living
  - Make care affordable
  - Make care safer by reducing harm caused in the delivery of care
  - Strengthen person and family engagement as partners in their care

Mortality Rates

- Lookback 30 days
- Problem list CCs and MCCs
- Validation

Root Cause Analysis

- Review documentation
- Review complications
- Was everything done properly to prevent the outcome?
- Was the documentation specific/coded to show what really happened?
- Did the EMR create unnecessary barriers?
- ** Important** Was the physician made aware of the findings?
Targeted Education
Medical Staff Education

• Targeted education
  – Problem list
  – Comorbidities
  – Documentation
    • Specificity
    • Accuracy
  – Consults
  – Labs/radiology
Medical Staff Education

• Use dashboards to present information to providers
• Individual and group performance
• Credentialing and peer review
  – Ongoing professional practice evaluation (OPPE)
• Competition
Peer Review

- ACGME criteria for review
- Opportunity for input
- Trends
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<thead>
<tr>
<th>ACGME Core Competencies</th>
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<tr>
<td>Patient Care</td>
<td>Utilize the most efficient, effective, reliable, and expeditious communication modalities in patient transitions.</td>
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<tr>
<td>Knowledge</td>
<td>Describe information that should be retrieved and communicated during each care transition (e.g., key elements involved in signing out a patient moving to the intensive care unit or discharged to another setting).</td>
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<td>Practice-based learning and improvement</td>
<td>Inform receiving clinicians of pending tests and determine who is responsible for follow-up on results.</td>
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<td>Interpersonal and communication skills</td>
<td>Communicate with patients and families to explain their condition, ongoing medical regimen, follow-up care, and available support services</td>
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<td>Professionalism</td>
<td>Appreciate the value of real-time interactive dialogue between clinicians during care transitions.</td>
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<td>System-based practice</td>
<td>Lead, coordinate, or participate in initiatives to develop and implement new protocols to improve or optimize care transitions (e.g., medication reconciliation form development).</td>
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Focus
Focus

• Real-time, concurrent reviews
• It’s not just about revenue!
  – DRG vs. VBP
• Productivity and efficiency
Outpatient CDI

- Shift in level of care
- Program differences
- Data analysis for concurrent and retro reviews
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 of the program guide.