Rounding Your Way to Success: 
An Interactive Approach to CDI

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Agenda

• Our story
• The rounding model defined
• Steps to creating a rounding model
• Managing change toward improved outcomes
• Tips for success

Learning Objectives

• At the completion of this educational activity, the learner will be able to:
  – List a variety of ways to round with clinicians
  – Describe the successful implementation of a rounding model at an urban academic medical center
  – List potential barriers to implementation of a rounding model, and identify strategies that will increase chances of success
  – Develop skills to implement a pilot model for rounding to improve quality ratings and optimize organizational revenue
Audience Discussion Question

- How do you (as a CDS) interact with clinicians at your institution?
- What are ways of interacting with clinicians that you don’t use at your institution?

Part One: Our Story

NMH Clinical Documentation Program Evolution

- 2006: Initial implementation
  - 15 RN FTEs
  - Consulting company on board
  - Phone consultation
  - Informal coding integration

- 2008: Team downsized
  - 5 RN FTEs
  - Quality alignment
  - Focus on mortality & support of service lines
  - Pilot of rounding model 2011

- 2012: Program expansion
  - Redesigned model to enable real-time collaboration
  - Consultant assessment $25M revenue opportunity
  - Expanded to 9 FTEs
  - Hired medical directors
  - 40% commitment
  - Refined data analytics and workflow tools
  - Collaborative model with coding

- 2015: Comprehensive evaluation & program development
  - Enhanced model for expanded collaboration
  - $51M revenue opportunity
  - Expanded to 12 FTEs
  - Added medical directors to reach 70% commitment
  - Demonstrating results
Takeaways

- There is not a "one size fits all" way to do clinical documentation effectively
  - If you've met one physician ... you've met one physician
- For us, a remote model was not effective
- Small tests of change are what pave the way to breakthroughs
  
  There is one thing stronger than all the armies in the world, and that is an idea whose time has come. —Victor Hugo

What Do Cardiac Arrests Have to Do With CDI?

Key Levers of Change

- Coincidental meeting
- Small tests of change
  - One CDI RN modeled a new way
  - Not afraid to customize to accommodate physician workflows
- Having a shared mental model
- Mutual understanding of what it is not
**2015: Our Current Model**

- Organizational investment for program growth
  - Executive sponsorship
  - $5
  - Consultant for assessment, recommendations, and ongoing support
  - Space
- Seventeen RN FTEs – 33,000 admissions
- Rounding model
- 85% medical director coverage
  - Two medicine, one surgery with dedicated time
- Expanded service line coverage
- Developed close collaborative model with coders
  - On-call coder and CDS
  - Quarterly grand rounds and mutual publications

**Deconstructing the Rounding Model**
Expanded Thinking About Rounding

- Traditional team rounds
- Unit-based interdisciplinary team rounds
- 1:1 rounds
- Huddle rounds

Traditional Rounding

- **Pros**
  - Live discussion of patient
  - Eyes on patient
  - Shared learning
  - Dedicated CDI time
  - If time/culture allows, verbal queries

- **Cons**
  - Different rounding models
  - May be difficult to infiltrate
  - Time management

Unit-Based Rounding

- **Pros**
  - Required attendance
  - May be preferred in organizations without formal rounding teams
  - Increased visibility
  - Case managers and leaders may be interested in working DRG

- **Cons**
  - Important to get buy-in ahead of time
  - May expose CDI to questions about role
  - Awkward in front of larger group
  - Not as focused on "medical thinking" needed for clinical documentation
  - Not the best venue
One-to-One Rounding

• Pros
  – Daily rounding not necessary
  – Productive education and feedback
  – Fits with their busy schedule
  – Knowledge retention/long-term employees

• Cons
  – Busy schedule
  – Difficult to arrange meeting – may need to be last minute in nature

Huddle Rounding

• Pros
  – Possibly the most difficult to infiltrate
    • The circle of trust
  – Witness to team thoughts and plans as day begins
  – Builds credibility
  – Builds facial recognition

• Cons
  – Likely not time for CDI input

Part 2: Building Your Rounding Model
Assembling Your Initial Team

<table>
<thead>
<tr>
<th>Essential team members</th>
<th>Bonus team members</th>
</tr>
</thead>
<tbody>
<tr>
<td>• VP (leader)</td>
<td>• Finance</td>
</tr>
<tr>
<td>• Analytics (data)</td>
<td>• Business development (rankings)</td>
</tr>
<tr>
<td>• Revenue cycle</td>
<td>• CFO</td>
</tr>
<tr>
<td>• Quality</td>
<td>• CMO</td>
</tr>
<tr>
<td>• Physician</td>
<td></td>
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<tr>
<td>• Coding manager</td>
<td></td>
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<tr>
<td>• CDI manager/director</td>
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Characteristics of a Physician Partner

A combination of ...
• Thought leader
• Team leader
• Strong engagement skills
• Strong teamwork skills
• Approachable
• Systems view of healthcare
• Focused service line
• Demonstrated interest

Audience Discussion Question

• What barriers do you foresee at your institution to creating a rounding model?
Barriers to Rounding

• Lack of senior leadership support
• Lack of manager support
• Lack of staffing
• Too high workload
• Operational lack of opportunities
• Location – working off-site
• Others

Other Rounding Ideas

• Scheduled drop-ins
• Tumor boards
• M&Ms
• Mortality conferences
• CME dinners/events

Part 3: Managing Change
Managing Change

Kotter’s 8 steps to managing change
1. Create a sense of urgency
2. Build a coalition
3. Develop vision and strategy
4. Communicate with stakeholders
5. Empower others
6. Create and leverage short-term wins
7. Assure momentum, create more change
8. Institutionalize change

Awareness → Interest → Evaluation → Buy-In

Creating Change Is Difficult

Tips for Success

• Go for it! (Do you really need approval from someone?)
• Pre-arrange, set expectations
• Assess culture within your organization and individual teams
• In traditional rounds, minimize interruptions
  – Eventually will gain respect and they will seek your input
• Offer treats for staff during educational interactions
• If acceptable, provide buttons or posters or gimmicks
• Build an engaged CDI team
Part 4: Measuring Outcomes

Key CDI Outcome Metrics
9/13–8/14 vs. 6/15–2/16

- Below are key outcome metrics detailing progress from the pre-expansion time period (9/13–8/14) compared to post-expansion (6/15–2/16) after additional CDIists were hired, along with additional medical director support, process enhancement, extensive physician outreach, enhanced education for the team, and enhanced monitoring and measurement.

<table>
<thead>
<tr>
<th>Key Outcome Metrics</th>
<th>Pre-Expansion 9/13–8/14</th>
<th>Post-Expansion 6/15–2/16</th>
<th>% Change from BL</th>
</tr>
</thead>
<tbody>
<tr>
<td>O/E Ratio</td>
<td>0.93</td>
<td>0.85</td>
<td>-9% unfavorable shift</td>
</tr>
<tr>
<td>Expected Mortality</td>
<td>3.02%</td>
<td>3.00%</td>
<td>22.3%</td>
</tr>
<tr>
<td>Expected LOS</td>
<td>4.38</td>
<td>4.70</td>
<td>7.4%</td>
</tr>
<tr>
<td>Medical CMI</td>
<td>1.18</td>
<td>1.27</td>
<td>7.3%</td>
</tr>
<tr>
<td>Surgical CMI</td>
<td>3.50</td>
<td>3.66</td>
<td>4.6%</td>
</tr>
<tr>
<td>Overall CMI</td>
<td>2.01</td>
<td>2.18</td>
<td>8.3%</td>
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Key CDI Operational Metrics
6/15–2/16

- Below are key operational metrics with the most recent data from 6/15–2/16 after the CDI program expansion.
- As coverage has nearly doubled in the post-expansion time frame, NMH has been able to maintain a strong query rate even though a broader population is being covered, through partnerships with specialty teams and departments across the hospital.

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<tbody>
<tr>
<td>Coverage</td>
<td>48%</td>
<td>85%</td>
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<tr>
<td>Query Rate</td>
<td>27%</td>
<td>23%</td>
</tr>
<tr>
<td>Physician Response Rate</td>
<td>87%</td>
<td>98%</td>
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<tr>
<td>Physician Response Time</td>
<td>N/A</td>
<td>72%</td>
</tr>
<tr>
<td>% answered within 72 hour$^3$</td>
<td>N/A</td>
<td>54,001,204</td>
</tr>
</tbody>
</table>

$^1$ The percentage of queries answered within 72 hours only includes data for 6/15–3/16 time period.

$^2$ Revenue impact is measured by comparing incremental CMI changes from the baseline and current period. Volume and impact excluded if not driven by CDI processes or physician behavioral change.

$^3$ Revenue impact is measured by comparing incremental CMI changes from the baseline and current period. Volume and impact excluded if not driven by CDI processes or physician behavioral change.
Summary

- Crash carts and CDI: Our story
- Steps to building a rounding model
- Steps to change management
- Tips for success: Go for it!

Thank you. Questions?
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