

Get to Your Greatest CDI Opportunities First: 3 CDI Leaders Share Prioritization Journeys



2021 ACDIS Virtual Summit:
State of the CDI Profession

April 22nd, 2021

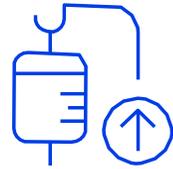


Worklist Prioritization Introduction

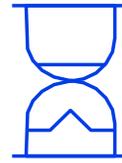
Need for worklist prioritization

CDI teams face multiple challenges to be effective

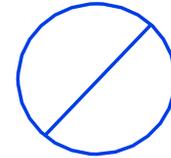
CDI teams' role has expanded greatly overtime



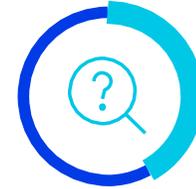
High patient volumes



Limited time



Limited resources



Only **35-45%** of reviewed cases have query opportunity



Increase accuracy, clarity, and specificity of documentation



Address quality impacts – CCs/MCCs, SOI/ROM, preventable events



Better represent the patient populations you serve



Hit financial targets w/ productivity, cash flow, streamlined reimbursement

Speakers Introduction



James Montgomery RN, BSN, CCDS, Director, CDI at JPS Health Network

James is the Director of Clinical Documentation Integrity at JPS Health Network. His scope of accountability includes HIM areas of Scanning, Systems, Data Integrity, Documentation Compliance, and Clinical Documentation Improvement. He has over 21 years of progressive experience in Critical Care bedside nursing and leadership including program development and growth.



Mark LeBlanc, RN, MBA, CCDS, CDI Manager at Stanford Health Care

Mark is the CDI Manager at Stanford Healthcare. As a registered nurse for over 40 years, he has worked in multiple healthcare arenas. He has an MBA in Healthcare Administration and began his career in CDI over 15 years ago.



Kim Conner, BSN, CCDS Inpatient/Outpatient CDI Director at South Shore Hospital

Kim brings twenty years of clinical experience as a Surgical ICU/Burn Trauma nurse at Johns Hopkins Hospital in Baltimore, MD, and at Brigham and Women's Hospital in Boston, MA. For the last seven years she has shifted her focus to clinical documentation integrity at South Shore Hospital in Weymouth, MA, where she leads education and support programs to maximize CDI success.

JPS Health Network Prioritization Journey

James Montgomery RN, BSN, CCDS, CDI Director



JPS Health Network

\$950 million tax-supported healthcare system serving residents of Fort Worth and surrounding communities in Tarrant County, Texas.

John Peter Smith Hospital

- 121,000+ emergency room visits
- 1 million+ patient encounters per year
- Nation's largest Family Medicine Residency



Patient Care Pavilion at John Peter Smith Hospital



Tarrant County's only **Level I Trauma Center**



Comprehensive Level I Stroke Center



Tarrant County's only Psychiatric Emergency Center



6,500 Team Members



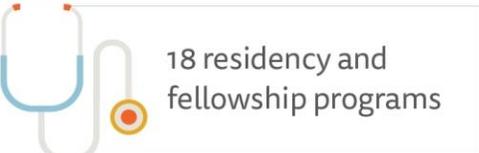
Licensed for 573 beds



40+ primary & specialty health centers (20 at public schools)



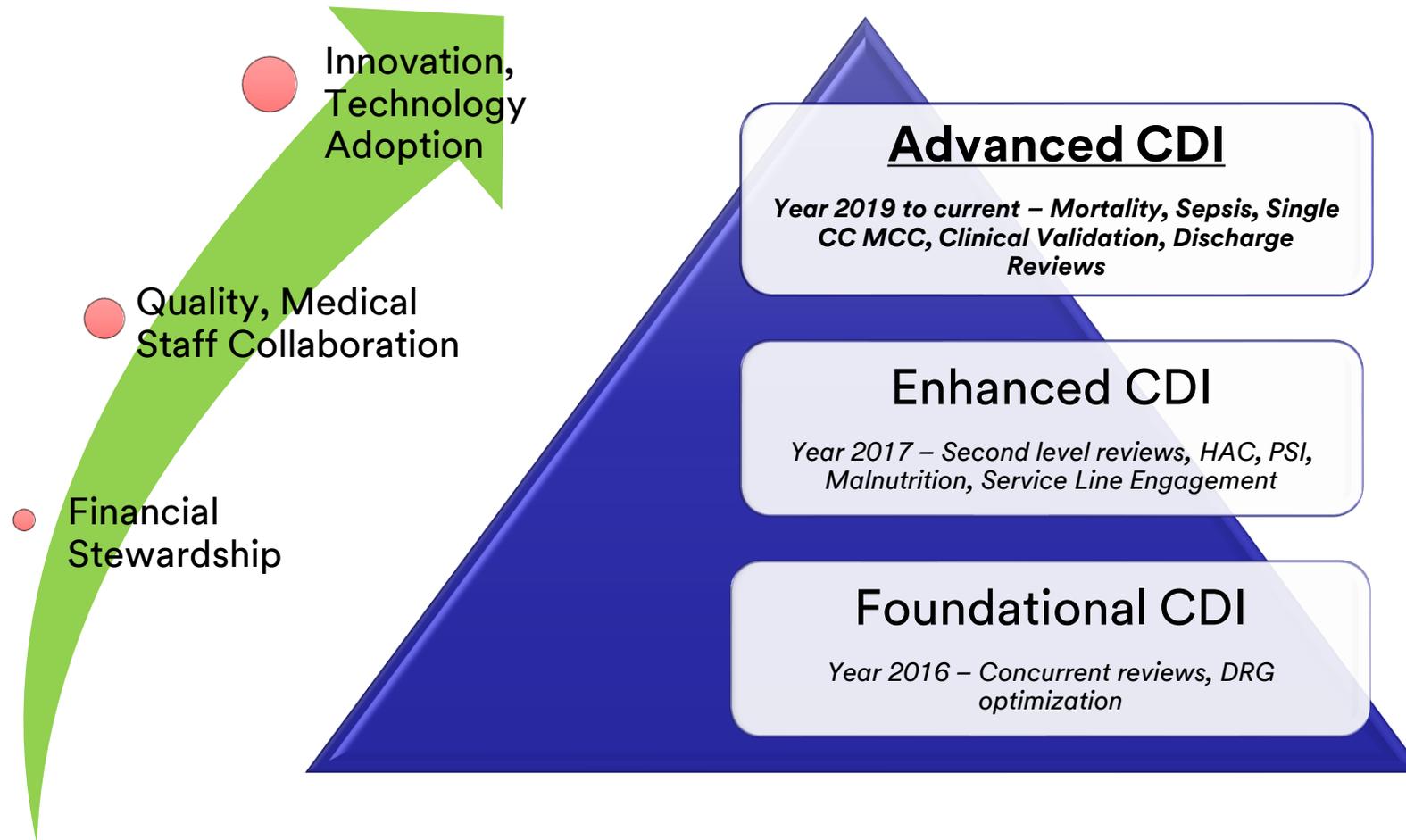
196,454 unique patients



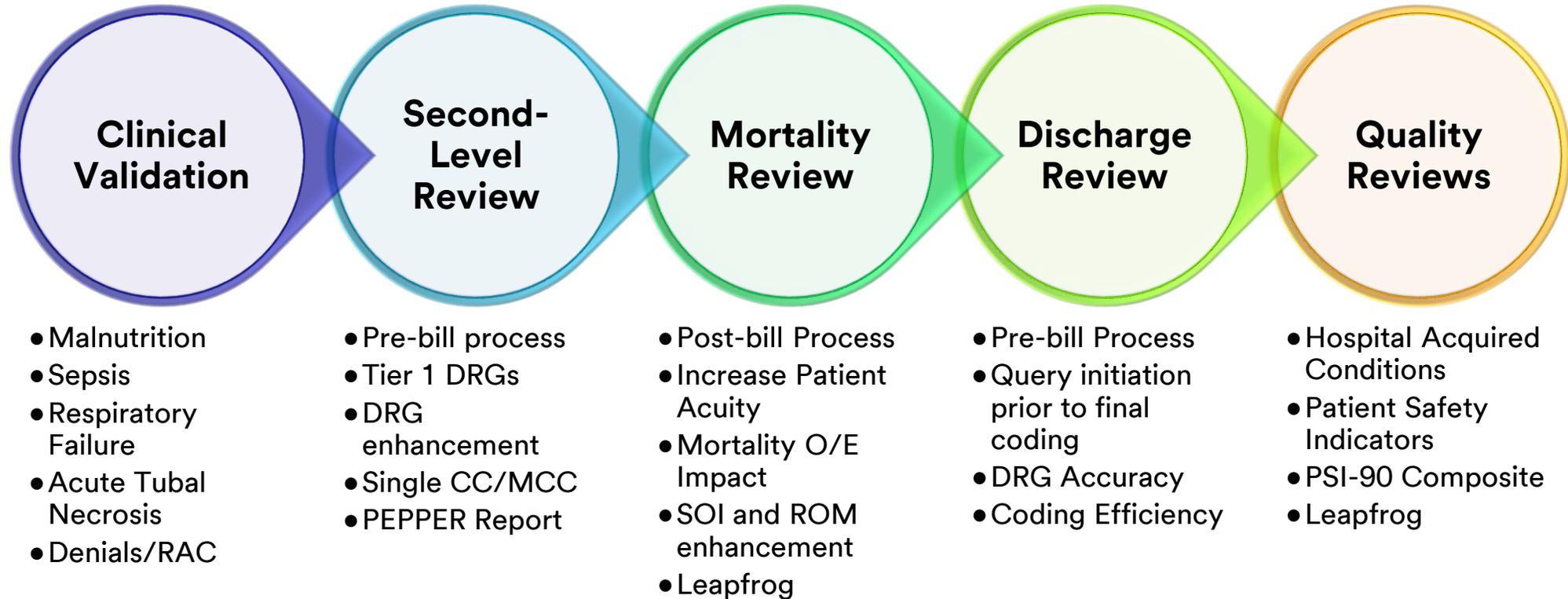
18 residency and fellowship programs



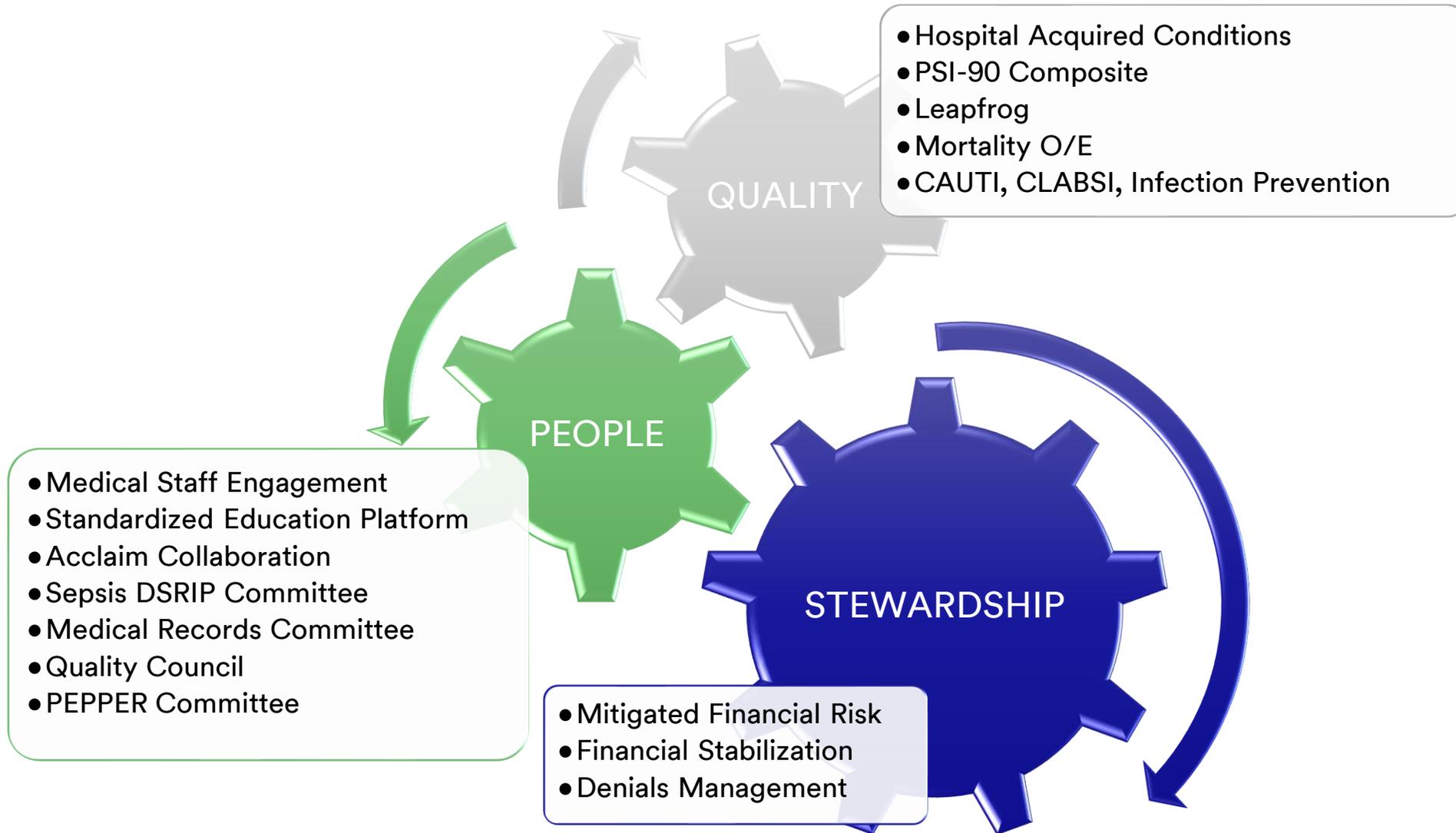
Background of JPS CDI program



Our Priorities for Advanced CDI.



Hardwiring our Priorities with Advanced CDI



Key Metrics 2019 and 2020

Query Response Rate

99.58%

98.16%

- ACDIS National Average expectation >90.00%
- Impacts DRG optimization
- Impacts overall case mix index

Query Response Turnaround Time

3.2 Days

2.2 Days

- Impacts Discharged Not Final Coded (DNFC), average days to code and month end financials
- Impacts timely filing deadline

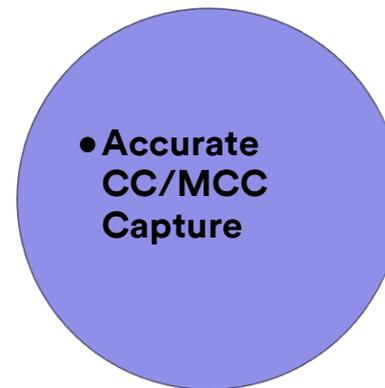
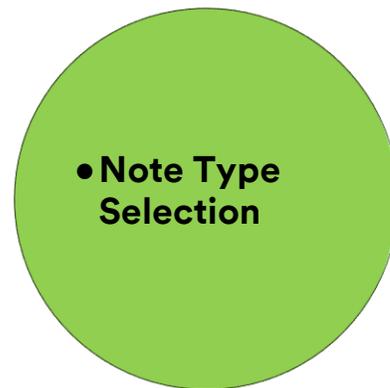
Average Relative Weight Impact

0.81

0.49

- Higher patient acuity
- Optimal DRG selection by CDI and Coding
- An important variable leading to higher Case Mix Index

Apply your Priorities with Technology



Keys to Successful Prioritization



Set your Goals

Monitor the Impact

PLANNING

- Establish your facility priorities
- Build your test work queue
- Evaluate the impact on your goals
- Evaluate the impact on your team
- Test, Test, Test

IMPLEMENTATION

- Utilize a Pilot CDS
- Monitor Quality Impact
- Monitor Impact on Efficiency
- Monitor Impact on Completion Rates
- Review and Adjust

Stanford Health Care Prioritization Journey

Mark LeBlanc, RN, MBA, CCDS, CDI Manager



Stanford Health Care Overview

- 20 members including leadership (Nurses & Physicians)
- Reverse Organizational Chart Culture
- Career Ladder Structure
- Cover 2 facilities
 - Academic Medical Center
 - Community Hospital
- Part of the Revenue Cycle Department
 - Revenue Integrity Department



Timeline



- 360e Go-Live November 2018
 - Passed on Prioritization
 - One Worklist
 - Shared Accountability
- Prioritization Project started September 2020
 - Prioritization based off 3M standard
 - Super Users Identified
 - Soft go-live November 2020
 - Full Team go-live December 2020

Timeline

- Super User Training October 2020
- Soft Go-Live November 2020
 - Daily check-in
 - Weekly 3M/IT meetings
- Team Training November 2020
 - Super User led
- Team Go-Live December 2020
 - Command Center
 - Daily check-in



Key Learnings



- Continuous Quality Improvement Culture
- Prioritization Factor Points
- Trust in the System
- Transparency
- Feedback
- Metrics
- Change Management

Next Steps

- New SSR Prioritization Reports
- New Query Reconciliation Process
- Continuous Analysis of Prioritization
- Using Organizational Outcomes
- Never Ending Journey



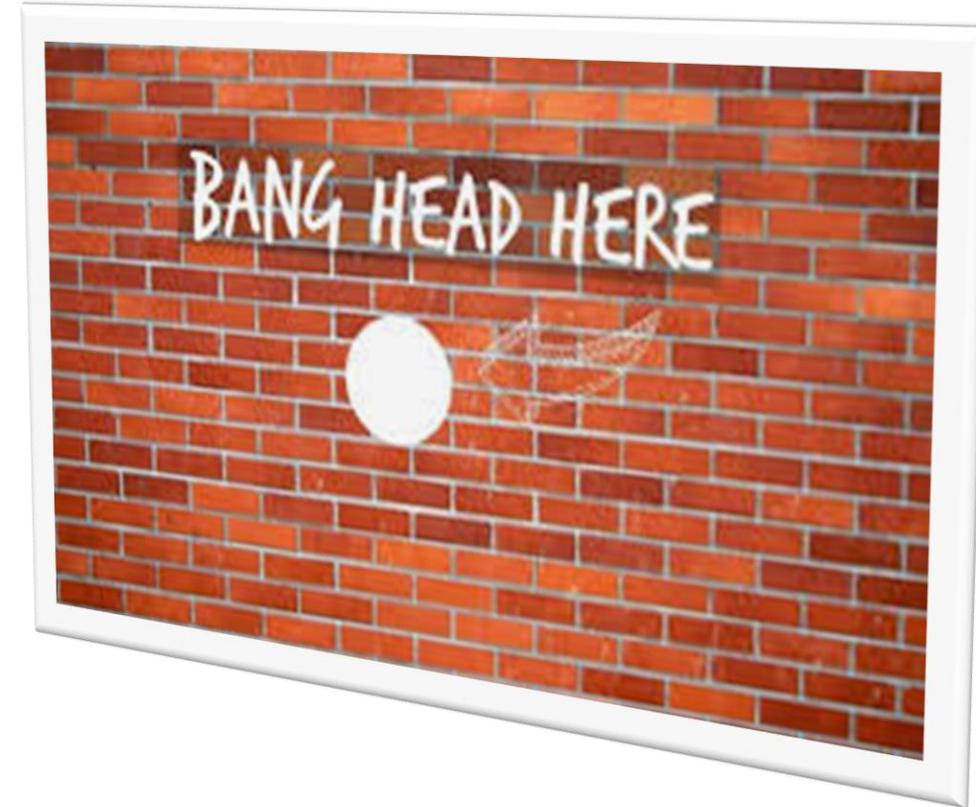
South Shore Hospital Prioritization Journey

Kim Conner, BSN, CCDS, CDI Director



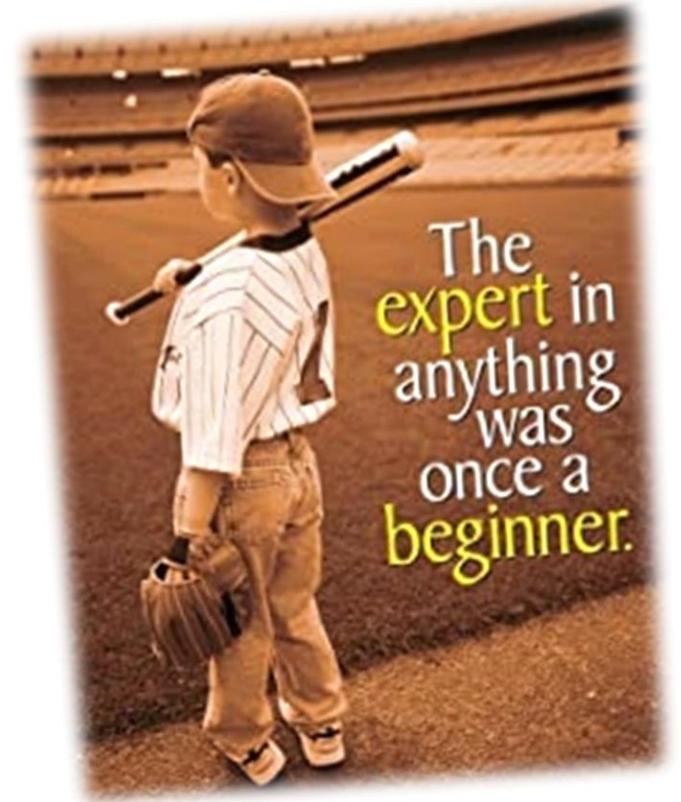
Background of SSH CDI program

- Arrived mid March 2019 to a 400 Bed Hospital
- 7 CDI's (5 nurses 2 coders) Experienced but misdirected.
- New physician advisor/champion (new to CDI/coding world).
- Low CMI/Low revenue impact.
- Medical/surgical staff not well educated on the how's and why's of CDI.
- Poor communication between CDI and providers.
- Poor communication between CDI and Coding.
- Using query templates only.
- Program goals not well established.
- No denials/denial prevention program
- No HAC/PSI reduction program.
- No clinical validation process for highly denied diagnoses.



Restructuring an existing CDI Program

- Implemented 3M prioritization.
- CDI assigned Medical and Surgical floors
- Rotated monthly
- Outlined program goals and metrics using 3M reports.
- Used 3M prioritization on assigned floors
- Initiated monthly “lunch and learn” sessions with providers.
- Worked with physician champion/advisor to help fill gaps.
- Began work with Quality department for Sepsis, HAC/PSI reduction.
- Created swim lanes specific to diagnosis to assist with bundle identification and targeted PSI/HAC’s
- Created swim lanes to target specific DRG’s (Sepsis and PNA).



Setting CDI program goals is essential to success

- What are the goals of your program?
- What metrics do you use to measure outcomes?
- Program goals will change with CDI program evolution.
- South Shore Hospital initial CDI goals
 - Increase CMI
 - Increase CC/MCC capture
 - Increase appropriate revenue capture
 - Improve clinical validity for audits
 - Reduce PSI/HAC's in real time
 - Target specific DRG for appropriate capture (Sepsis & PNA)



Metric Goals For South Shore Hospital

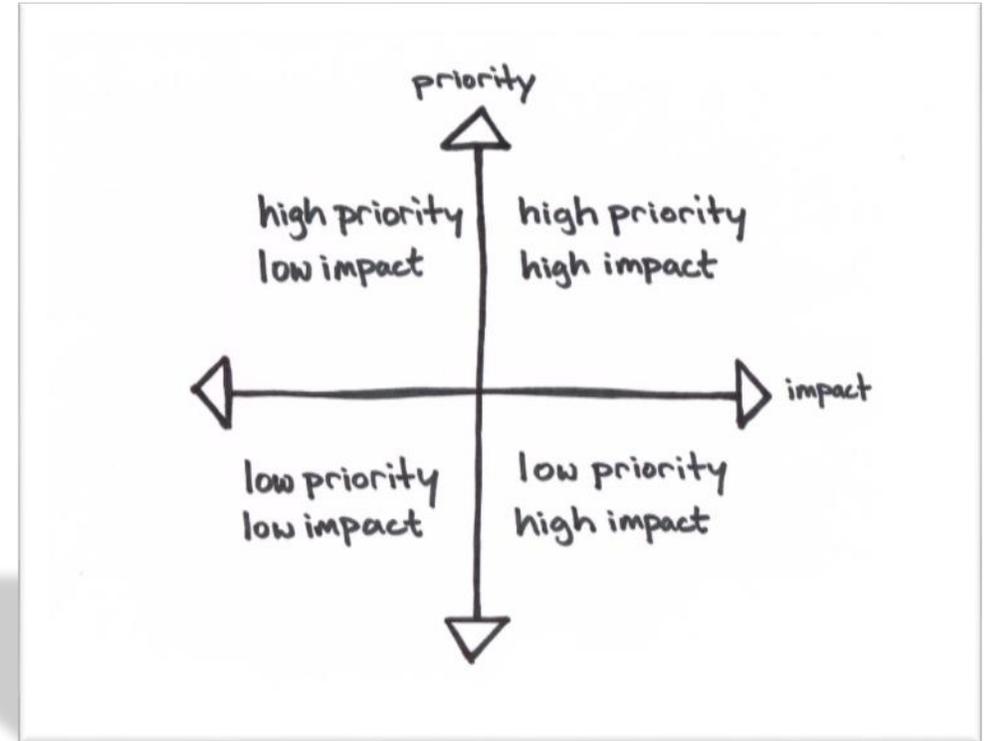
- Number of reviews- 15-20 reviews per day (10-13 initial & 5-8 continued stay) Averaged at the end of the week.
- Hybrid program (partially remote prior to COVID-19) remote days had the expectation of higher production.
- Query percentages 25-30%
- Appropriate financial capture minimum of \$150,000 per month.
- Increase CMI by 0.05 for FY 2020 (goal set by administration)
- Increase capture of complex PNA and MCC capture for simple PNA.
- Reduce Sepsis denials by 25%
- Overall team metrics shared with the CDI team monthly and individual metrics reviewed one on one with individual CDI.



Prioritization

What are your program's priorities?

- Prioritization is 2-fold
 - **Documents pulled in for CAC**
 - The more you refine, the more accurate CAC is
 - **Numbers assigned to outlined priorities**
- Program goals will dictate the number values you assign.



Results



March 2019

- Revenue CDI review \$283,357
- 98% of Medicare cases only (7 CDI's)
- No follow up to discharge
- Monthly query percentage average 17%
- Monthly CMI 1.3913
 - Med 1.1504
 - Surgery 2.5182
- Sepsis denials 30 per month
- Top 10 DRG's (392, 312, 690, 194)
- No HAC/PSI reduction

Feb 2020

- Revenue CDI review **\$900,000/month**
- **60% inpatient (DRG/APR) (5 ½ CDI's)**
- **Use Epic for discharge order to catch cases prior to discharge with 3M prioritization of D/C summary**
- **Monthly query percentage 35%**
- Monthly CMI **1.5564**
 - Med 1.3013
 - Surgery 2.9849
- Sepsis denials 5-7 per month
- Top 10 DRG's (all with MCC except 1)
- Initiated HAC/PSI reduction
- Identification bundle DRG's by code in real time.

Adjustments During COVID-19 Surge

- Elected to keep CDI program running.
- Maintained assigned floors with adjustments.
- No elective Surgeries (maximize emergent cases).
- COVID-19 cases (ARDS, HLH, Cytokine storm).
- No MCC for Medicare cases.
- APR cases with SOI <2.
- At times, prioritization changed weekly.
- Every change to COVID-19 capture changed priority
 - Capture positive tests when appropriate
 - Capture of associated diagnoses
 - Validating Sepsis



Communication, Education & feedback

- Continuing education for CDI and providers is essential to success.
- Keep CDI current and look at future trends
- Feedback on performance for CDI and providers is vital.
- Use examples of strong performance and positively use missteps as a teaching tool.
- Providers by nature are competitive, showing overall stats as well as individual stats are great motivators!



Monitoring for success



- Choose metrics that are in line with program goals.
- Managers to educate to the how and why.
- Make expectations clear.
- Listen to your CDI's feedback (what's working or not and why).
- Show reports that demonstrate positive team progress.
- Use examples where the prioritization or other indicators would have helped with review process.
- Changes needed during COVID-19 (focused on surgical cases to optimize) **Prioritization was essential!**

Brief Q&A with speakers

Please stop by the 3M virtual booth today, we'd love to "see" you 😊

At the booth, you can download resources, chat with our team, and attend a demo in between summit sessions

For "Game of Codes", this session's code is [3M2021](#)

