



We Went From a C to an A ... and During a Pandemic

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Learning Outcomes

- At the completion of this educational activity, the learner will be able to:
 - Describe how to educate CDI on a tight budget
 - Identify situations where pre-bill review can help facilitate real-time education
 - Identify creative ways to utilize available tools to achieve desired outcomes

Presented By



Andrea M. Smith, RN, BSN, MSN, CCDS, is an inpatient and outpatient CDI manager at Washington Regional Medical Center in Fayetteville, Arkansas. She has been in the CDI profession since 2014 and been a nurse since 2001. Her prior experience includes ICU, dialysis, med/surg, and cardiology.

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Presented By



Rebecca McDade, BS, RHIA, is the director of revenue integrity at Washington Regional Medical Center (WRMC). She started at WRMC as the inpatient coding manager before being promoted to director. In her role as director, she oversees the mid-revenue cycle functions, as well as providing education to physicians, NPPs, and clinical staff regarding proper documentation. She works closely with the quality department to review outcomes data and ensure proper documentation and coding for reporting. McDade has 13 years of experience in inpatient coding and eight years in coding and CDI leadership.

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Keys to Success

- Executive Team Buy In
- Steering Committee
- Partnership with Quality
- CDI and Coding Partnership
- Software Enhancement

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Washington Regional



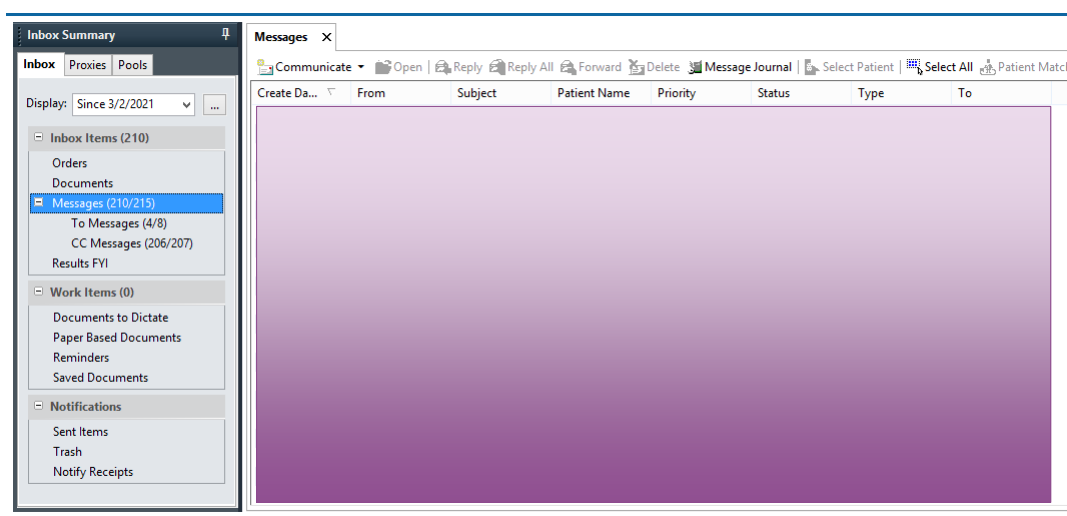
- Washington Regional is in Fayetteville, Arkansas
- 425 licensed beds
- 51 clinics and facilities
- Washington Regional is a locally owned and governed non-profit hospital that serves Northwest Arkansas
- Total population of Northwest Arkansas is 560,709 as of April 2022

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CDI Started with Bare Bone Basics

- Inpatient CDI started out with only 5 nurses with no CDI or coding experience
 - Each nurse brought varied levels of clinical experience to the team
 - Two of the five were internal candidates that were familiar with WRMC providers
- The CDI team was using a database to assist in data collection
- Queries were submitted to providers via Cerner Message Center
 - Following and tracing provider responses proved to be a challenge as the specialists were always chasing information
 - Locating, understanding and validating a query response proved to be challenging, even for seasoned specialists

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Baseline Assessment

- Queries needed to be placed in the medical record
 - Collaboration with IT for solutions
- Discovered that the CDI team needed education on everything
 - Principal diagnosis assignment
 - Secondary diagnosis assignment
 - Procedure coding
 - DRG methodology
 - SOI and ROM
 - Compliant queries

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CDI and Coding Education

- In the fall of 2018, organization partnered with a consulting company to begin CDI training
 - Vendor was on-site and this allowed for questions
 - Inpatient coders were also at the education
- Gained a great set of tools for data collection and analysis
 - Query templates
 - Query log for easier analysis
- CDI still struggled to write compliant queries
 - Biggest struggle was learning the templates

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Audits and Feedback the Continuous Loop

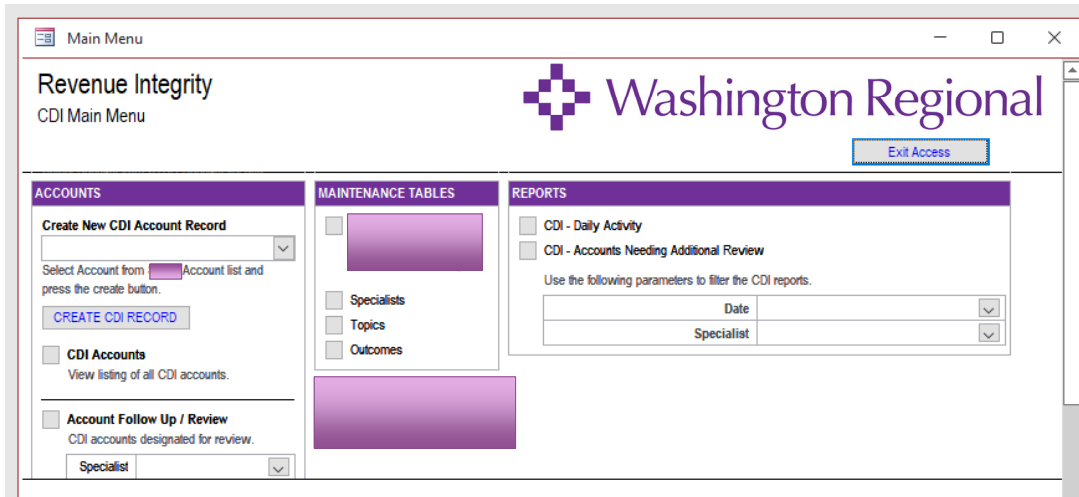
- CDI had monthly query audits. Upon reaching a target goal of 95% the audits were decreased to quarterly
- Constant feedback was given
 - Examples found in audit were shared with the team
 - Education on when to use CDI query templates were shown to the team
- A random query sample of the CDI department was evaluated quarterly for compliance

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Other Challenges

- CDI was working off an internally-developed database
 - Re-reviews were challenging
 - Difficult to tell who the review belonged to. There was a lot of double work
 - Codes were not saved, so all codes had to be re-entered to see a DRG shift
 - If a query was sent, it was manually logged into the database
 - The manual entry easily caused data collection errors
- CDI was working off a printed census
 - CDI would go through reviews and not always send a query
 - This caused CDI to be discouraged

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The screenshot shows a web application window titled "Main Menu" with a "Revenue Integrity" header and "Washington Regional" logo. The interface is divided into three main sections: ACCOUNTS, MAINTENANCE TABLES, and REPORTS.

ACCOUNTS Section:

- Create New CDI Account Record:** Includes a dropdown for "Select Account from" and a "CREATE CDI RECORD" button.
- CDI Accounts:** A checkbox option to "View listing of all CDI accounts."
- Account Follow Up / Review:** A checkbox option for "CDI accounts designated for review" with a "Specialist" dropdown.

MAINTENANCE TABLES Section:

- Includes checkboxes for "Specialists", "Topics", and "Outcomes".

REPORTS Section:

- Includes checkboxes for "CDI - Daily Activity" and "CDI - Accounts Needing Additional Review".
- Below these is a section titled "Use the following parameters to filter the CDI reports." with dropdowns for "Date" and "Specialist".

An "Exit Access" button is located in the top right corner of the main content area.

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Baseline Data for Fiscal Year 2018

- October 2018
- Query agree rate: 41%
- Query response rate: 47%
- No response rate: 74
- Query compliance rate: 87%

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Software Enhancements

- In February 2020, WR adopted a new software for both inpatient CDI and coding
- CDI software allowed for more streamlined chart review selections, querying processes, and more robust reporting capability
- Audit module for pre-bill auditing and real-time education
- Partnership with software vendor to review and monitor overall performance

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AI Assistance

- Vendor software has assisted the CDI to see potential query opportunities
 - Natural Language Processing (NLP)
 - Markers for potential queries
 - Worklists based off encounters with markers
- Assisted with communication between CDI and Coding
 - Mismatch Process
 - Query Tracking
 - Working DRG to Final DRG

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Leadership Collaboration

- Steering Committee Meetings
 - Members included CFO, CMO, VP Quality, VP Revenue Cycle, Director of Revenue Cycle, CDI management, Quality Management and Physician Champions
 - Began in 2020 to discuss CDI KPIs, physician query rates, opportunities, and education
 - Focus on facility clinical definitions of high-risk conditions
 - Sepsis
 - AKI
 - Respiratory Failure

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Even With Software Training, There are Challenges

- New technology is not always easy for everyone
- NLP technology can select a diagnosis that is taken out of context from the provider note
- CDI struggled to understand what the software is suggesting to query
 - Example: Acute blood loss anemia marker is a query suggestion for all forms of anemia
 - Not understanding the marker caused CDI to bypass the potential query, missing out on areas of documentation improvement

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Continuous Education

- CDI vendor did not have markers for clinical validation or risk adjustment
 - CDI had to remember to clinically validate a diagnosis
- Query marker training was done
- The top five closed markers were looked at for potential missed queries
 - Feedback was given to the CDI team
 - Discussion took place regarding why the query could have been sent
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CDI and Coding Partnership

- Simultaneous Education
 - Clinical Indicators
 - Coding Guidelines
 - Query Writing
- Open communication
 - Audit Findings
 - Denials Review
 - Mismatches

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March 2020: COVID 19 Hit

- CDI began to work remotely
 - CDI soon had to have reduced hours
 - This caused the burden of queries to fall on the coders after discharge
- Provider's attention was heavily re-directed due to the clinical needs of the community
- The sudden shift to remote caused CDI education to be challenging
 - CDI was struggling to understand CDI software, CDI query prompts, and missing out on in-person department collaboration
 - Provider education was limited due to CDI being remote and not feeling confident to teach providers

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The Beginning of Prebill Audits

- In 2020, CDI and coding partnered with our CDI software vendor for prebill audit review
- Prebill audit review focused on:
 - One MCC/CC cases
 - High-risk DRG's (e.g. Sepsis, respiratory failure, pneumonia, and COPD)
- This prebill process, on top of weekly staff education, helped CDI expand their focus past DRG assignment to overall quality improvement

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Additional Prebill Audits

- CDI and coding also partnered with our CDI education vendor for more assistance in prebill review
- 100 charts reviewed on a quarterly basis
- The charts were chosen based upon several factors:
 - Education for coder and CDI in neurosurgery coding
 - PSI and HAC
 - CHF with increased GMLOS
 - Mortalities
 - Post-op complications

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Real-Time Education

- Every prebill review was shared with staff
 - This allowed for a more real-time look at missed query opportunities
 - CDI staff gained a better understanding regarding exclusion criteria for PSI
- Quarter to quarter, new DRGs were, and others retired
- PEPPER data, as well as our CDI data collection, assisted in prebill review changes

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Continued COVID Impact

- COVID continued to surge into 2021
- CDI was pulled to bedside work for three months
 - CDI manager did as many reviews as possible
 - This left a large number of queries to be sent by coding staff post-discharge

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Prioritization

- As an organization we continued normal processes as resources allowed
 - Continued prebill process
 - Continued education and staff feedback for coding team
- Provider education was very limited
 - Provider meetings were often canceled or very limited
 - Education to providers often came through the queries

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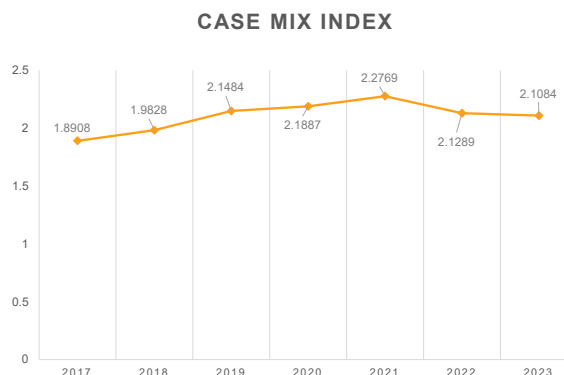
2022 to 2023: Returning to Normalcy Post-COVID

- The CDI team came back on-site in February 2022
 - A shift in feedback was evident, being more geared towards risk adjustment and HCCs
 - CDI had confidence to teach providers and to bring ideas to management
- CDI team members will be sitting for CCDS exam through 2023
 - February 2023 1st CDI team member passed the CCDS exam
- New focus for 2023 is to round with providers and assist in topics with which providers struggle

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CMI Trend

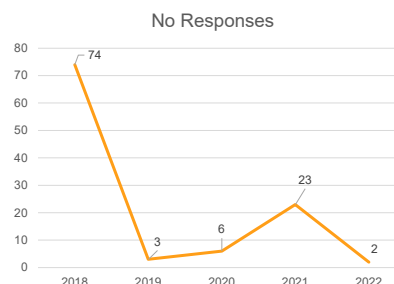
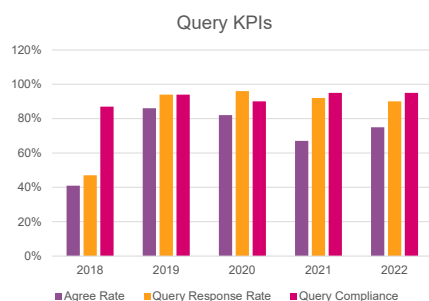
Fiscal Year	Case Mix Index
FY 2017	1.8908
FY 2018	1.9828
FY 2019	2.1484
FY 2020	2.1887
FY 2021	2.2769
FY 2022	2.1289
FY 2023	2.1084



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Progress in Numbers

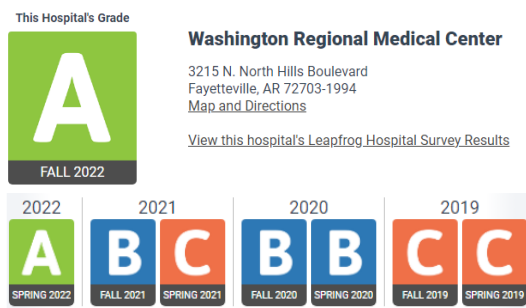
- October 2018
 - Query agree rate: 41%
 - Query response rate: 47%
 - No response: 74
 - Query compliance rate: 87%
- February 2023
 - Query agree rate: 75%
 - Query response rate: 90%
 - No response: 2
 - Query compliance rate: 95%



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Quality Achievements

- Washington Regional Earns an 'A' Hospital Safety Grade from Leapfrog Group
- Washington Regional Named #1 Hospital in Arkansas by U.S. News & World Report



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Thank you. Questions?

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