



## Finding Hidden Jewels in Priority and Impact Despite COVID-19 Waves

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hcpro

### Presented By



**Gail B. Higle, BS, BSN, RN, CCDS**, is clinical documentation manager at Piedmont Healthcare in Peachtree, Georgia. She has been with Piedmont Healthcare CDI for over 10 years and seen the CDI program grow from two facilities and four CDI specialists to 19 facilities and over 50 CDI specialists. She has been the CDI manager for seven years, specifically as regional team manager and department data analyst. She is a member of ACDIS and the Georgia ACDIS local chapter.

## Learning Outcomes

- At the completion of this educational activity, the learner will be able to:
  - Prioritize, CDI initial reviews, follow-ups, and worklists
  - List benefits from AI auto-suggested codes and queries
  - Choose accurate financial impact
  - Correctly identify inaccurate reconciliation and missed opportunities
  - Construct reports for administration and individual CDI

## Piedmont Atlanta 1905 to Present



## Piedmont. Real Change Lives Here

- Piedmont has more than 31,000 employees caring for 3.4 million patients across 1,400 locations and serving communities that comprise 80% of Georgia's population.
- This includes 22 hospitals, 55 Piedmont Urgent Care centers, 25 Quick Care locations, 1875 Piedmont Clinic physician practices and more than 2,800 Piedmont Clinic members.
- Piedmont has provided \$1.4 billion in uncompensated career & community benefit programming to the communities we serve over the past 5 years. In 2022, Forbes ranked Piedmont No. 166 on its list of the Best Large Employers in the US. In 2023, Newsweek named Piedmont as one of America's best workplaces for Diversity.

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## Piedmont. Real Change in the Last 15 Years



Atlanta 1905



Fayette 1997



Mountainside 2004



Newnan 2006



Henry 2012



Newton 2015



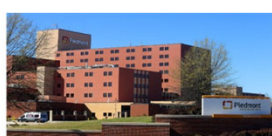
Athens Regional 2016



Rockdale 2017



Walton 2018



Columbus Midtown 2018



Columbus Northside 2018

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## Piedmont. Real Change in the Last 15 Years



**Macon Coliseum 2021**



**Macon North 2021**



**Cartersville 2021**



**Eastside 2021**



**Eastside Logansville 2021**



**Augusta 2022**



**Augusta Summerville 2022**

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## Piedmont CDI Celebrating 10+ years

- 2012 CDI began with 2 Facilities and 4 CDIs reviewing Medicare
- By July 2019, grew to 11 Facilities, Director, 4 Managers, Educator, and 35+ CDIs reviewing cases using LOS/AI Working DRG for All Payers, except Self Pay/Charity, no OB, Peds, NICU. In October 2019, All CDIS 100% Remote.
- April 2020, CDIS review using LOS/AI Priority Working DRG for All Admissions, no OB, Peds, NICU
- Celebrated 10 years 2012–2022
- By 2023, growing to 19 facilities, Director, 5 Managers, Educator, 40+ CDIS reviewing by AI Priority Working DRG

## Piedmont CDI Case Selection July 2019 – October 2020 CDIS Assigning Cases By LOS & AI Working DRG Priority

Filter by LOS choosing cases  $\geq 3$  days

Next Select cases by AI Working DRG in the following order:

1. Symptom Dx/DRG
2. Medical cases without CC/MCC
3. Surgical cases without CC/MCC
4. Surgical cases with CC wo MCC
5. Sepsis DRG Review
6. Review DRG – consider alternate DRG
7. Questionable Admits
8. Medical cases over GMLOS
9. Elective Surgery over GMLOS
10. Low Priority cases – minimal change impact
11. Optimal DRG – no need for review/re-review

Active Priority Factors					
Factors	Total Score =10	Date Created			
Review Status - Unreviewed	10	7/24/2018 8:25 PM			
Optimal DRG - No need for review/re-review	0	7/24/2018 8:25 PM			
Working DRG Information					
DRG Priority	Working DRG	Dx used as PDX	Wt	ALOS	GLOS
Optimal DRG - no need for review/re-review	280 PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC 'MS	I70201 Unspecified atherosclerosis of native arteries of extremities, right leg	2.5059	5.3	4
Review DRG - Consider alternate DRG	981 EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC 'MS	D649 Anemia, unspecified	4.3098	11.5	6.5

## Welcome to the Jungle – COVID-19 Pandemic

- March 19, 2020 First Piedmont COVID-19 Admission



- Piedmont COVID-19 Peaks: April 2020, July 2020, January 2021, August 2021, January 2022



## Taking Piedmont CDI to the Next Level Amidst COVID-19 Waves

October 2020 – Priority and Impact ROI launched together

## Priority Worklists

North Priority Worklist															2/27/2019
Alt	Priority Factor	Alt													
NAME	DOB	Gender	Age	Case Status	Alt Review Date	Assigned To	Alt Location	Available Documents	Pending Queries	Provider Queries	Follow-up	Notification	Priority	Waiting DTC	
28	28	Male	28	Not Started	Not Started									62 ONCACTED 10/26/2018 IN PERSONAL PROCEDURE	
29	29	Male	29	On Hold	On Hold		ONPATIENT							25 CONCERN SPINAL NO CORDIC CON W/IC: 6/18/2018	
31	31	Male	31	On Hold	On Hold		ONPATIENT							27 1/21/2018 W/IC: 1/20/2018 W/IC	
34	34	Male	34	On Hold	On Hold		ONPATIENT							40 PARANAL FIBROSCOPY CONDUCTED W/IC: 1/20/2018 W/IC	
35	35	Male	35	On Hold	On Hold		ONPATIENT							34 PARANAL CORDIC CONDUCTED W/IC: 1/20/2018 W/IC	
38	38	Male	38	On Hold	On Hold		ONPATIENT							47 W/IC: 1/20/2018 W/IC	
39	39	Male	39	On Hold	On Hold		ONPATIENT							54 ONCACTED 10/26/2018 IN PERSONAL PROCEDURE	
40	40	Male	40	On Hold	On Hold		ONPATIENT							48 W/IC: 1/20/2018 W/IC	
41	41	Male	41	On Hold	On Hold		ONPATIENT							48 W/IC: 1/20/2018 W/IC	
42	42	Male	42	On Hold	On Hold		ONPATIENT							48 W/IC: 1/20/2018 W/IC	
43	43	Male	43	On Hold	On Hold		ONPATIENT							26 ONCACTED 10/26/2018 IN PERSONAL PROCEDURE	
44	44	Male	44	On Hold	On Hold		ONPATIENT							26 ONCACTED 10/26/2018 IN PERSONAL PROCEDURE	
45	45	Male	45	On Hold	On Hold		ONPATIENT							26 ONCACTED 10/26/2018 IN PERSONAL PROCEDURE	
46	46	Male	46	On Hold	On Hold		ONPATIENT							26 ONCACTED 10/26/2018 IN PERSONAL PROCEDURE	
47	47	Male	47	On Hold	On Hold		ONPATIENT							26 ONCACTED 10/26/2018 IN PERSONAL PROCEDURE	
48	48	Male	48	On Hold	On Hold		ONPATIENT							26 ONCACTED 10/26/2018 IN PERSONAL PROCEDURE	
49	49	Male	49	On Hold	On Hold		ONPATIENT							26 ONCACTED 10/26/2018 IN PERSONAL PROCEDURE	
50	50	Male	50	On Hold	On Hold		ONPATIENT							26 ONCACTED 10/26/2018 IN PERSONAL PROCEDURE	
51	51	Male	51	On Hold	On Hold		ONPATIENT							26 ONCACTED 10/26/2018 IN PERSONAL PROCEDURE	
52	52	Male	52	On Hold	On Hold		ONPATIENT							26 ONCACTED 10/26/2018 IN PERSONAL PROCEDURE	
53	53	Male	53	On Hold	On Hold		ONPATIENT							26 ONCACTED 10/26/2018 IN PERSONAL PROCEDURE	
54	54	Male	54	On Hold	On Hold		ONPATIENT							26 ONCACTED 10/26/2018 IN PERSONAL PROCEDURE	
55	55	Male	55	On Hold	On Hold		ONPATIENT							26 ONCACTED 10/26/2018 IN PERSONAL PROCEDURE	
56	56	Male	56	On Hold	On Hold		ONPATIENT							26 ONCACTED 10/26/2018 IN PERSONAL PROCEDURE	
57	57	Male	57	On Hold	On Hold		ONPATIENT							26 ONCACTED 10/26/2018 IN PERSONAL PROCEDURE	
58	58	Male	58	On Hold	On Hold		ONPATIENT							26 ONCACTED 10/26/2018 IN PERSONAL PROCEDURE	
59	59	Male	59	On Hold	On Hold		ONPATIENT							26 ONCACTED 10/26/2018 IN PERSONAL PROCEDURE	
60	60	Male	60	On Hold	On Hold		ONPATIENT							26 ONCACTED 10/26/2018 IN PERSONAL PROCEDURE	
61	61	Male	61	On Hold	On Hold		ONPATIENT							26 ONCACTED 10/26/2018 IN PERSONAL PROCEDURE	
62	62	Male	62	On Hold	On Hold		ONPATIENT							26 ONCACTED 10/26/2018 IN PERSONAL PROCEDURE	

## Impact ROI

[illegible]

1.

## Priority Worklist Launch



## Searching for the Jewels

- Priority Worklist Manager led a team of 4 CDIS, 1 from each Region, to trial and develop the System Priority Worklist using Default Priority Settings September 2020
  - Team chose the layout of the Worklist Columns
  - Director, Priority Worklist Manager, and Team added additional Priority Scoring Categories: Focus Review of Sepsis, Payers, OP Note and DC Summary
  - At October 2020 Department Meeting, Priority Worklist Manager educated staff and Region Priority Worklists were implemented following meeting
  - Priority Worklist Manager continues to validate Worklist and educate staff

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## Piedmont CDI Regional Priority Swim Lanes

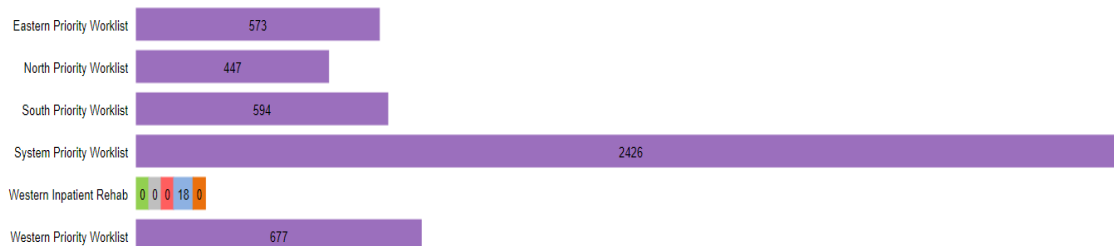
CDI Dashboard Indicators Dashboard Focus Dashboard System Tools Reports

Refresh Last Updated 06/15/2022 03:20:30 PM

[Show/Hide Worklists](#)

Prioritized Ready Scheduled For Today Queries Pending Scheduled For Later Discharged & Pending

### Visits



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## Piedmont Priority Worklists

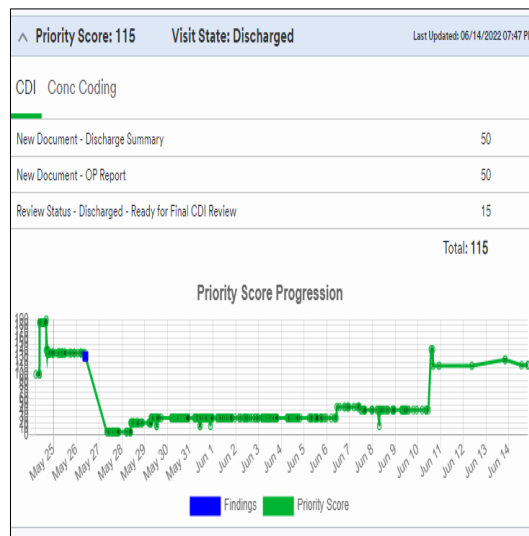
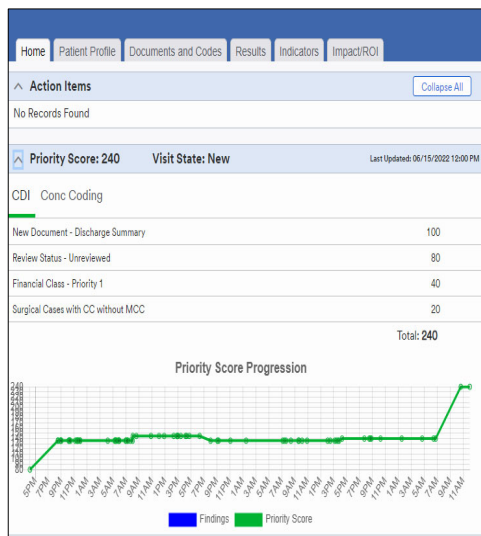
### North Priority Worklist [Start Reviewing](#)

AU Priority Factor: Review Status - Unreviewed

Visit ID	Patient Name	Score	Case Status	Last Review Date	Assigned To	Last Access	Available Documents	Pending Queries	Provider Queries	Follow-up	Notification	Priority	Working DRG - ICD10/ICD9
▶		280	New		Holly Markward	Holly Markward	OP NOTE(2); D/C(1)						025 CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W
▶		275	New				OP NOTE(1)						235 CORONARY BYPASS W/O CARDIAC CATH W MCC - I61.014/18.503/3
▶		255	New				D/C(1)						377 G.I. HEMORRHAGE W MCC - I1.8012/4.403/3 *MS
▶		245	New				OP NOTE(2)						460 SPINAL FUSION EXCEPT CERVICAL W/O MCC - I3.930/2.701/11 *MS
▶		235	New				D/C(1)						245 PERC CARDIOVASC PROC W DRUG-ELUTING STENT W MCC OR 4+
▶		230	New										470 MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXT
▶		230	New				D/C(1)						064 INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC
▶		230	New										469 MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXT
▶		230	New				OP NOTE(1)						469 MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXT
▶		220	New				D/C(1)						260 CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT
▶		215	New				OP NOTE(2)						552 MEDICAL BACK PROBLEMS W/O MCC - I0.757/1.901/11 *MS
▶		205	New				OP NOTE(3)						853 INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC
▶		205	New										310 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O COMCC
▶		205	New				OP NOTE(2)						220 CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD C
▶		205	New										282 ACUTE MYOCARDIAL INFARCTION DISCHARGED ALIVE W/O COMCC
▶		205	New										310 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O COMCC
▶		202	New										896 ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION T
▶		200	New				OP NOTE(2)						660 KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC - I1.
▶		196	New										315 OTHER CIRCULATORY SYSTEM DIAGNOSES W CC - I0.97342.802/2
▶		196	New										315 OTHER CIRCULATORY SYSTEM DIAGNOSES W CC - I0.97342.802/2

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## Priority Scoring



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## Priority Ongoing Improvement

### Obstacles

- Biggest Obstacle: CDIS working different hours caused differing case loads. CDIS work from 4 am – 10 pm, live across the US in different time Zones
- Trust of worklist to push needed follow-ups to the top
- Setting and doing needed follow-ups If query opportunity is suspected

Of note: Priority Worklist Manager has never found a case with incorrect score

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## Impact ROI Launch

After Feature Updates released, Impact ROI Manager presented at October 2020 Department Meeting Impact ROI education highlighting:

- Query scenarios for Missing Diagnosis, New Principal Diagnosis, Clinical Validation, and POA
- Impact ROI reconciliation steps, including Open Action Item for un-coded query responses
- CDI Scorecards to display individual CDIS' PDx, MCC, CC, Procedure, SOI and ROM Impacts and accurate financial impact
- Impact ROI Tab implemented after Department Meeting

### Additional Benefits and Support

- Regional Manager Validation Worklists save Managers time validating impactful cases concurrently
- CDIS case reconciliation is concurrent before the bill drops not at the end of the month
- Impact ROI Manager provides ongoing education at Department Meetings and after Feature Updates
- Ability to submit enhancements to improve reporting of impacts to Administration and CDI Scorecards
- Managers continue to trouble shoot cases with errors, including missing and incorrect impacts and escalate unresolved issues

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## Impact Tab Reconciliation

**Final Cumulative Impact**

Est. Financial Impact: \$0.00 | Weight: 0.0000 | SOI: 4 | ROM: 4 | PDx: 0 | MCC: 2 | CC: 0 | ClnVal: 0 | GLOS: 0.00 | HCC: 1

**Coder's Final Codes**

Code	Description	POA	Affect	MCC	CC	SOI	ROM	Elix Score
U071	COVID-19	Y	✓					
J1282	Pneumonia due to coronavirus disease 2019	Y	✓					
J9601	Acute respiratory failure with hypoxia	Y	✓					
J440	Chronic obstructive pulmonary disease with (acute) lower respiratory infection	Y	✓	1	1			
E9340	Encephalopathy, unspecified	Y	✓	3	3			
E870	Hypersomnolence and hypersomnia	Y	✓	2	2			
E440	Moderate protein-calorie malnutrition	Y	✓	3	1			
Z681	Body mass index [BMI] 19.9 or less, adult	E	✓	1	1			
Z7449	Anemia, unspecified	Y			1			

**CDIS Codes**

**Major respiratory infections and inflammations with MCC**

**DISEASES AND DISORDERS OF THE RESPIRATORY SYSTEM**

**Admit Diagnosis**

1. **U071** COVID-19

**Diagnosis Code Detail**

Code	Description	Affect	MCC	CC	SOI	ROM
U071	Principal COVID-19 Affects secondary DRG Positive Test	✓				
J1282	Pneumonia due to coronavirus disease 2019	✓				
J9601	Acute respiratory failure with hypoxia	✓				
Z681	Body mass index [BMI] 19.9 or less, adult			✓	1	1

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## Successful Reconciliation

▲ \$4,555.53 Est. Financial Impact ⓘ		▲ 0.6461 Weight		3 ▶ 4   2 ▶ 3 SOI   ROM		✓ 1   0   0 PDx   MCC   CC   Px   ClinVal					▲ 1.20   2 GLOS   HCC		
Avoided Confirmed HAC 0   0 PPC 0   0 PSI 0   0		Measures Score 1 : 0 Elixhauser											
DRG Type	Est. Reimb.	MS DRG v39.0	WT	APR DRG v39.0	WT	SOI	ROM	GLOS	Elix Score				
Final	\$14,328.08	871 Septicemia or severe sepsis without MV >96 hours with MCC	1.8722	720 Septicemia and disseminated infections	2.086	4	3	4.8	2				
Baseline	\$9,772.55	189 Pulmonary edema and respiratory failure	1.2261	133 Respiratory failure	1.0166	3	2	3.6	2				
▼ Final Diagnosis Codes (Codes 13, Queries 2)													
Code	Description	POA	Affect	MCC	CC	SOI	ROM	HCC	HAC	PPC	Elix	Baseline	Query / Nudge
A419	Sepsis, unspecified organism	Y	✓			P	P	✓				J9621	Sepsis with Criteria PHC
J9621	Acute and chronic respiratory failure with hypoxia	Y	✓	✓		4	4	✓					
I5033	Acute on chronic diastolic (congestive) heart failure	Y		✓		3	3	✓		✓		I5032	CHF PHC
J441	Chronic obstructive pulmonary disease with	Y				2	1	✓		✓			

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## Impact ROI Ongoing Improvement

### Obstacles



- Accurate Financial Impact – Collaboration with technology teams
- CDIS continuing to use Final DRG Comparison tab and not Impact Tab for Reconciliation
- CDIS missing Final Cumulative Header for Agreed Queries
- CDIS logic for Clinical Validity “Was the diagnosis documented and truly supported?” Cases should have \$zero impact.
- Incorrect negative and positive financial impact mostly due to incorrect Baseline Diagnosis codes

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## Key Secrets to “Flourishing”

### #1 – Successful Remote Team Support

By the time COVID-19 High Admissions and Continuous Coding changes hit, Piedmont Remote CDI had established:

- Fairly reliable remote technology with Webex (now Teams)
- CDI scorecards with productivity expectations
- Weekly leadership meetings
- Monthly department meetings and regional manager-led team meetings
- Monthly manager/CDI scorecard meetings and Annual performance evaluations
- Addition of CDI educator
- Facility Physician Advisors with bi-weekly query reports
- Remote nationwide hiring and Orientation
- Administrative support
- CDI – Coding collaboration and buddy system
- Supportive Piedmont technology team
- CDI Leadership approach of education, guidance, and trust

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## Key Secrets to “Flourishing”

### #2 – Team Building: Goal-Driven Leadership

- **Director** with vision for change, willing to take risk in new technology and provides direction to managers. Bi-monthly leadership meetings. Weekly one-on-one calls with managers and educators for development, support, projects and goals.
- **Managers and Educator** meet weekly to update processes thru job aids, analyze tough reconciliation, escalate potential technology errors, submit needed technology enhancements, daily ongoing support of CDI team members through priority and reconciliation education, monthly scorecard calls to build relationships, review progress and goals, and inspire growth. Key factor: To trust CDIs with education provided to work autonomously
- **CDIs** daily work to follow job aid process and to meet and exceed CDI scorecard goals, promptly escalate priority or impact reconciliation problems, consistently collaborate with coders through notifications to complete reconciliation for timely billing
- **Department** meets monthly led by director, supported by managers, educator, and CDI, coding, priority and impact education, updates and team building

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## CDI Scorecard



CDI Query Impacts FY22									
Month	# of Queries	PDX Impact	MCCs Impact	CC Impact	Procedures Impact	SOI Impact	ROM Impact	# of Clinical Validation Queries	Financial Impact
July	79	13	24	29	3	21	11	10	\$152,483.00
August	67	15	17	15	3	10	5	4	\$120,704.00
September	62	8	20	22	0	10	3	5	\$39,550.00
October	54	11	14	17	3	14	9	8	\$64,454.00
November	42	2	20	14	1	7	2	7	\$50,435.00
December	65	7	23	11	3	9	12	7	\$109,437.00
January	78	11	29	35	3	16	9	18	\$166,713.00
February	56	8	14	32	4	8	4	18	\$55,750.00
March	55	7	25	18	1	11	7	24	\$108,043.00
April	49	6	17	27	2	7	3	27	\$67,913.00
May	44	6	13	17	1	7	4	9	\$78,750.00
June									
Totals	651	94	216	237	24	120	69	137	\$1,014,232.00

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## CDI KPI Dashboard

PHC CDI KPI	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	FY 22
All Admissions (No OB,Peds,NICU)													
Total Admissions	9,684	9,643	9,246	9,018	9,073	9,782	9,773	8,867	10,047	9,624	9,769		104,526
Total Admissions Reviewed	7,663	7,863	7,790	7,809	7,250	7,365	6,715	6,395	7,536	7,082	7,370		80,838
Percent Admissions Reviewed	79%	82%	84%	87%	80%	75%	69%	72%	75%	74%	75%		77%
Total Reviews - Initial, Continued Stays, Retrospective	19,226	20,175	20,489	21,235	19,019	18,823	16,728	16,313	19,132	18,183	19,456		208,779
CDI Avg Chart Reviews/Day	30	31	30	31	31	31	29	31	30	30	31		30
Query Rate	26%	24%	25%	24%	27%	26%	25%	26%	24%	23%	25%		25%
Query Agreement Rate	97%	97%	98%	97%	97%	97%	97%	98%	97%	98%	96%		97%
Provider Query Response Time/Days	1.5	1.5	1.5	1.3	1.3	1.6	1.5	1.5	1.5	1.5	1.6		1.5
Financial Impact													
Increased GMLOS days by Queries	545.7	403.6	336.0	480.2	423.2	523.3	370.6	416.3	480.3	409.9	506.5		4895.6
CMI Balance Scorecard	1.79	1.83	1.86	1.83	1.77	1.77	1.85	1.83	1.76	1.72	1.73		1.79

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## Jewels That Make an Impact

### CDI Impacts by Working DRG Priority FY20 (July 2019 – May 2020)

Admissions reviewed 71,406  
Query Rate 26%  
Agreement Rate 97%  
Physician Response 1.4 days



### CDI Impacts by Priority and Impact ROI Reports FY22 (July 2021 – May 2022)

Admissions reviewed 73,468  
Query Rate 25%  
Agreement Rate 97%  
Physician Response 1.5 days  
Principal Diagnosis Impacts – 3,134  
MCC's Added – 6,637  
CC's Added – 4,505  
Procedures Added – 193  
GMLOS Days Increased ~ 4,900

**Estimated Financial Impact**  **15%**

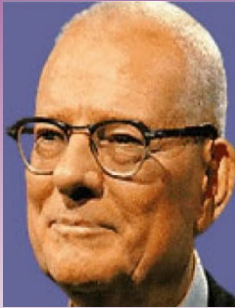
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## Flourishing Post COVID

### CDI Leadership, Individual CDI and Physician Education Improvements

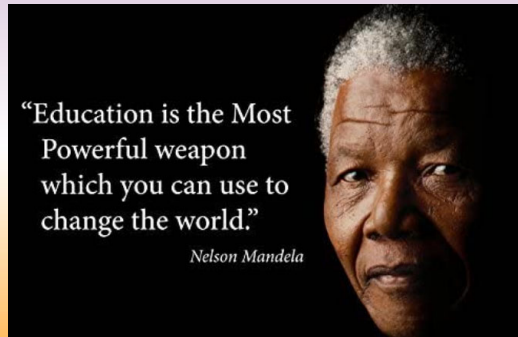
- Understaffing Obstacles – Collaborating with CFOs to review payers that will make greatest impact.
- With additional integrations, share CDI staff across regions for equal distribution of impactful case reviews
- Piedmont HR Leadership classes
- CDI Leadership Book Club
- Annual revision, review, and staff education of CDI Job Aids
- Yearly update 84+ Piedmont CDI Query Templates with coding guidelines
- Increased Focus DRGs on impactful MS-DRGs
- Increased Quality collaboration for HAC and PSI prevention
- Increased Nutrition and Wound Care department collaborations
- Increased CDI Education – monthly department presentations, coding updates, and additional focused education.
- Increased Physician Education, including bi-weekly Piedmont CDI and Coding educational newsletters
- For FY23, Impacts continue to increase from pre-COVID, including financial impact up 17%.

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Eighty-five percent of the reasons for failure are deficiencies in the systems and process rather than the employee. The role of management is to change the process rather than badgering individuals to do better.

— W. Edwards Deming —



“Education is the Most Powerful weapon which you can use to change the world.”

Nelson Mandela

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## Thank you. Questions?

[gail.higle@piedmont.org](mailto:gail.higle@piedmont.org)

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.

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