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CDI IN BLOOM | **acdis 2023**

MAY 8–11, 2023



Establishing a Retrospective Review Process

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hcpro

acdis

Presented By



Suma Chacko, MBA, RHIA, CCS, is the system inpatient CDI director at Baylor Scott & White Health (BSWH) where she oversees 60 CDI specialists and supports 20 acute care facilities with approximately 3,700 licensed beds. Four years ago, in her current role, she assisted with merging staff to a corporate physician-led department. Chacko has 25 years of healthcare experience, including 13 years leading and directing an HIM department and 12 years overseeing a CDI program. She has also facilitated the implementation of the CDI program at three facilities. Chacko has been actively involved and presented at several ACDIS Leadership Council sessions.

Presented By



Amanda Hughes, BSN, RN, CCDS, CIC, is the CDI supervisor over the retrospective review process at Baylor Scott & White Health in Temple, Texas. She has 14 years of healthcare experience with eight years in CDI.

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Learning Outcomes

- At the completion of this educational activity, the learner will be able to:
 - Define retrospective review
 - Identify opportunities for a retrospect program
 - Examine the pilot/implementation phase
 - Evaluate pre & post implementation data
 - Recognize the benefits of implementing a retrospective review process

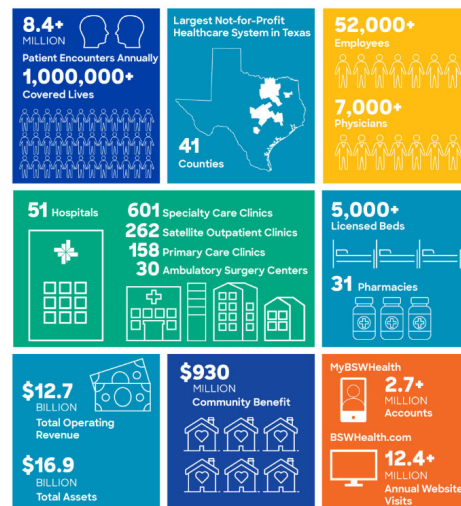
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Baylor Scott & White: Who We Are

- Our team of over 52,000 employees serving in 41 Texas counties is committed to the well-being of every individual, family and community we serve.
- Through innovation, education and care delivery, we strive to provide an exceptional customer experience, while working to make healthcare more convenient and more affordable.

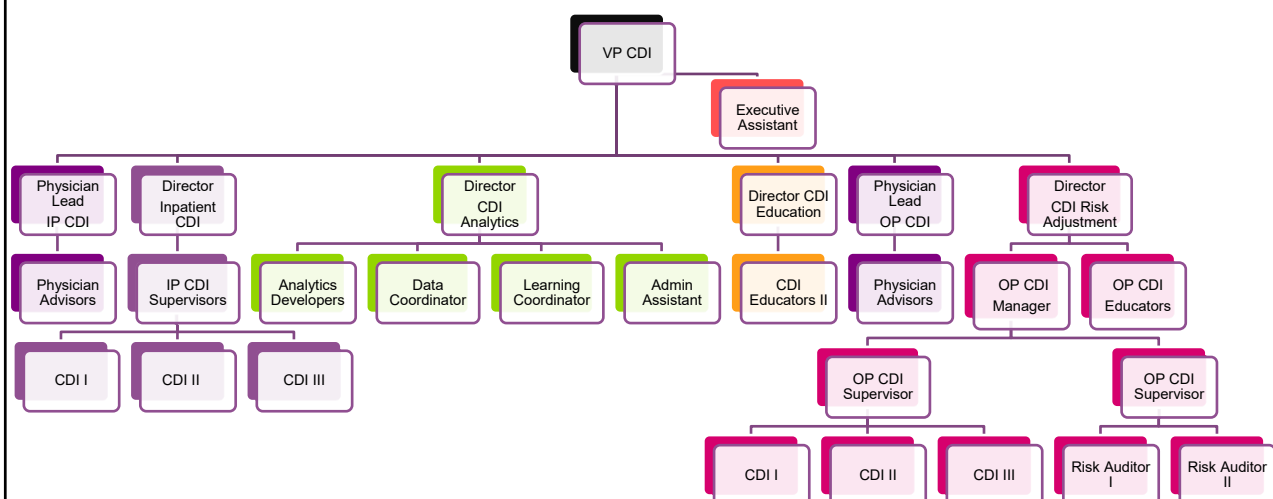


By the numbers



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CDI Organizational Chart

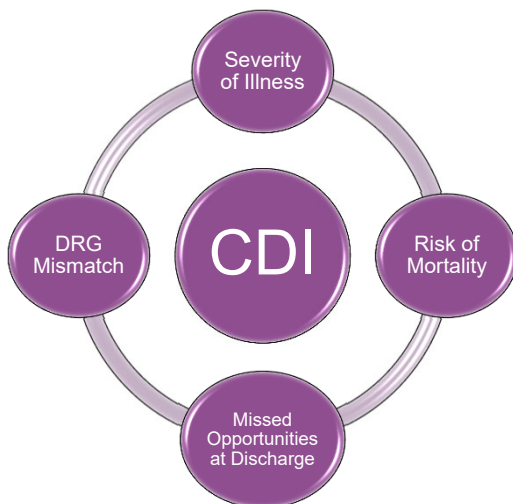


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Defining Retrospective Review

Defining Retrospective Review



- Retrospective review – the process of reviewing a record to identify documentation opportunities post-discharge.
 - Final coded/post-discharge
 - Review of clinical documentation, lab results, diagnostic findings
 - Evaluates record for missing, unclear, conflicting documentation and/or clinical validity

The Retrospective Review Process

Retrospective reviews are the last opportunity to resolve documentation and coding issues for billing and quality reporting purposes.



Quality & Reimbursement:

- Reviews of reimbursement for care provided
- Avoiding potentially imperfect quality reporting
- Medicare and Medicaid underpayments reached \$75.8 billion in 2019



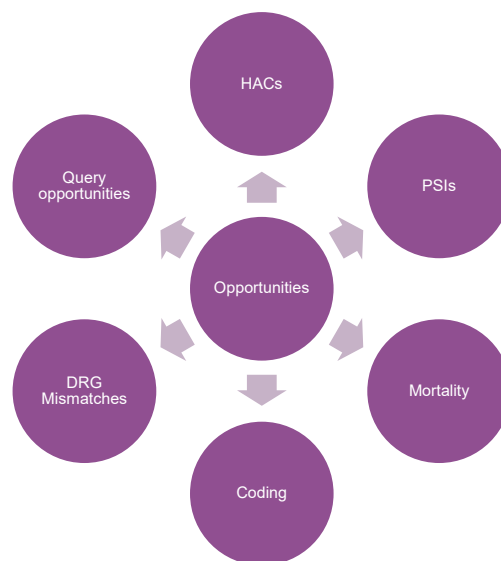
Opportunities:

- Opportunities identified for inaccurate and vague documentation
- Opportunities identified for inaccurate coding of conditions being monitored and treated during the patient's encounter

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Sources of Opportunities

- Key focus areas for potential impact
 - Quality measures
 - Mortality scores
 - Coding Accuracy
 - Clarification of documentation
 - Clinical Validity



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Query Process: HIM Retrospective Queries

Retrospect Query Request: HIM vs. CDI

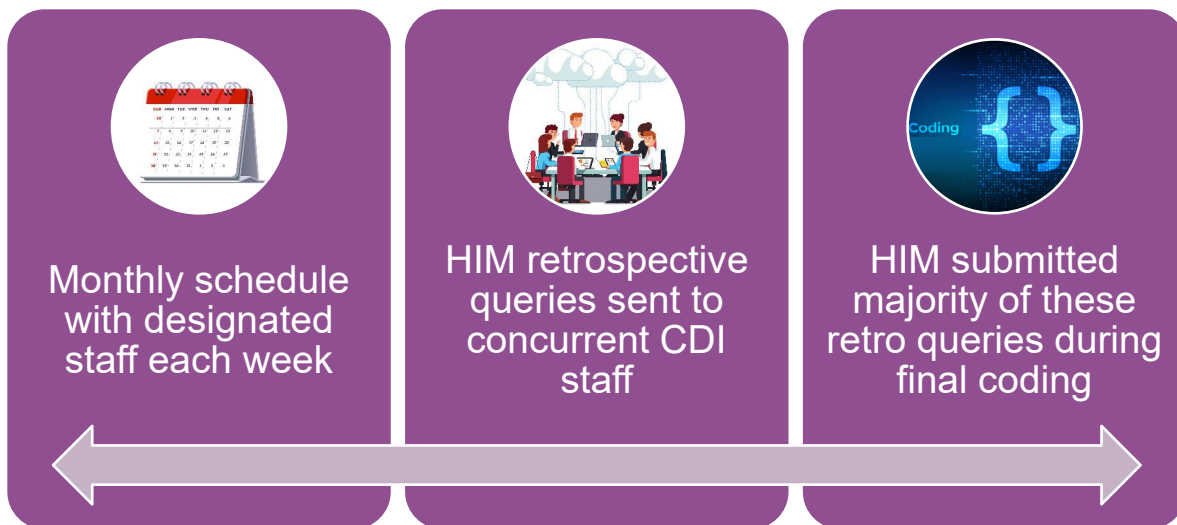
Query Type	HIM	CDI
New Diagnosis		✓
Clinical Validation		✓
HAC/PSI/PPC	✓	
Diagnosis specificity	✓	
Linkage of condition	✓	
Etiology	✓	
Surgical instruments utilized	✓	
Depth of Surgery	✓	
Pathology	✓	
Diagnosis not in discharge summary	✓	
POA status	✓	
Conflicting documentation	✓	
Query sent but new info may change the dx: change in acuity	✓	
Query sent but new info may change the dx: new diagnosis	✓	

HIM Retro
Query
Request



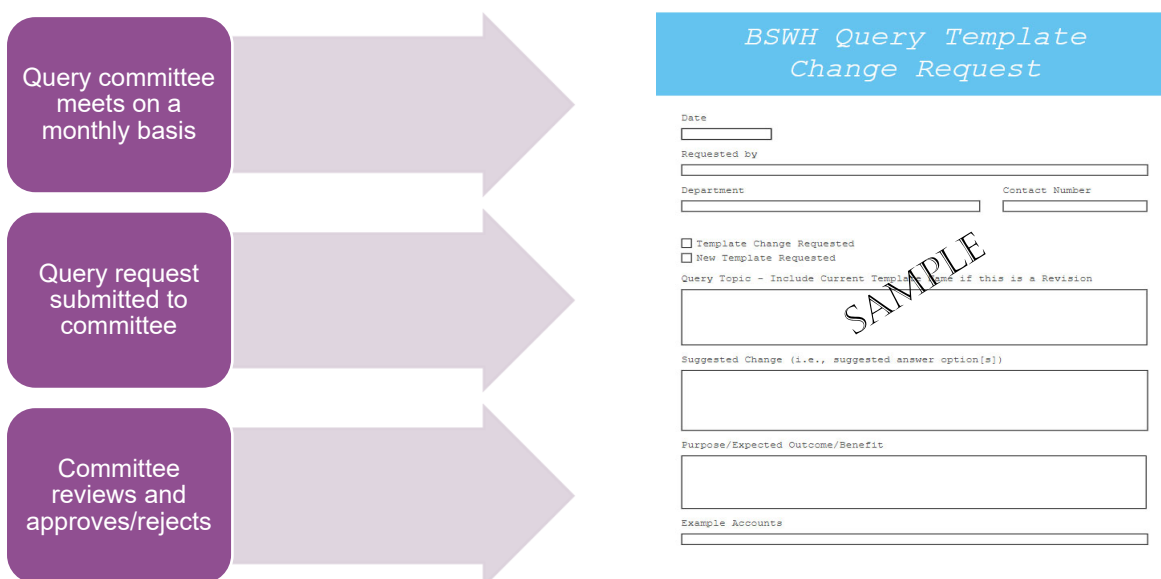
CDI Team

Retro Query Requests



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Query Alignment Committee



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Query Committee

Query submitted to compliance

Query approved and added for staff to utilize

Query added to reference guide

INPATIENT QUERY – Admit Date: ***

Dr. ***

The following clinical indicators are present:

Documentation:

Exam:

Lab:

Studies:

Monitoring:

Treatment:

Please specify the acuity.

- Acute *** [[Acute *** :: The patient has Acute ***]]
- Chronic *** [[Chronic *** :: The patient has Chronic ***]]
- Acute on chronic *** [[Acute on chronic *** :: The patient has Acute on chronic ***]]
- Subacute *** [[Subacute *** :: The patient has Subacute ***]]
- Other (Respond - Create new note now and type your alternate diagnosis)
- Clinically unable to determine [[Clinically unable to determine :: Clinically unable to determine]]
- Not applicable/Not valid

Thank you,

BSW ALIGNED QUERY TEMPLATE REFERENCE GUIDE			
Template Name	Definition/Uses	Possible Clinical Indicators	Possible Additional Query Responses
BSW, Clarification of Lab Findings – Abnormal CBC	Patients with clinical indicators present without a diagnosis of Pancytopenia. OR Patients with a diagnosis of Pancytopenia where specificity is needed. OR Patients with clinical indicators present without a diagnosis of Anemia.	<ul style="list-style-type: none"> Decreased/Reduction in WBCs Decreased/Reduction in RBCs Decreased/Reduction in platelet count Significant drop in Hgb/Hct 	Pancytopenia due to/with: <ul style="list-style-type: none"> - aplastic anemia - bone marrow infiltration - congenital red cell aplasia - hairy cell leukemia - human immunodeficiency virus disease (AIDS/HIV) - leukoerythroblastic anemia - myelodysplastic syndrome - myeloproliferative disease Anemia diagnoses as listed under the Anemia template The query author should insert the possible underlying cause(s) in the wildcard place (****) as applicable.

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Pilot Phase

Pilot Phase: Key Factors

Technology Selection

- Collaborate with vendor for optimization of product
- Efficient workflow
- Comparison of data

Staff

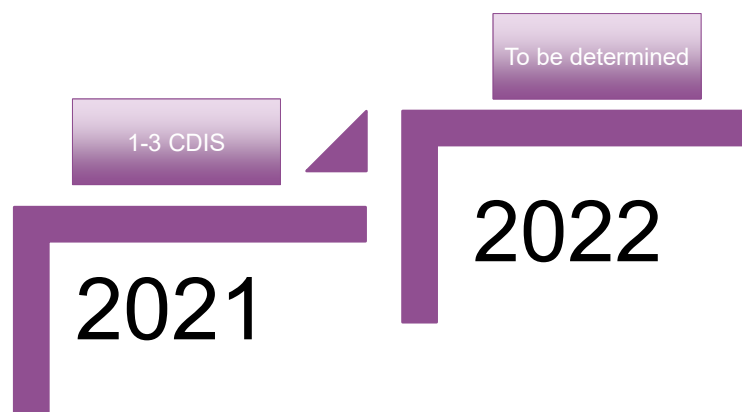
- Expectations for workflow
- Chart production expectation
- Experience with post-discharge reviews and reconciliation

Workflow

- Create a workflow for staff to pilot
- Modify workflow for efficiency
- Capture opportunities for impact

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Pilot Phase: Staffing



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Pilot Phase: Retrospect Opportunities Identified



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Implementation Phase

Implementation

Chart Selection

Review Process

Reporting and Education

Retrospective Audits

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Chart Selection

Chart Selection

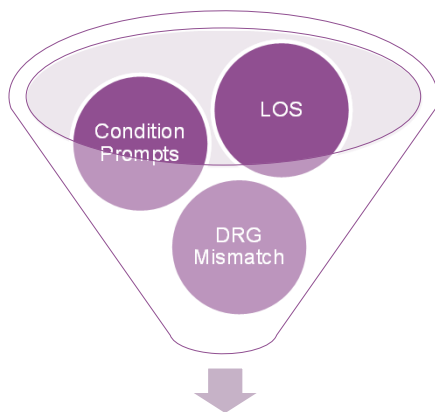


Chart Selection

Length of Stay:
Greater than 1 day
LOS and less than 10
days

LOS

DRG Mismatch: The
CDI has obtained a
different DRG than the
coder has at final
coding

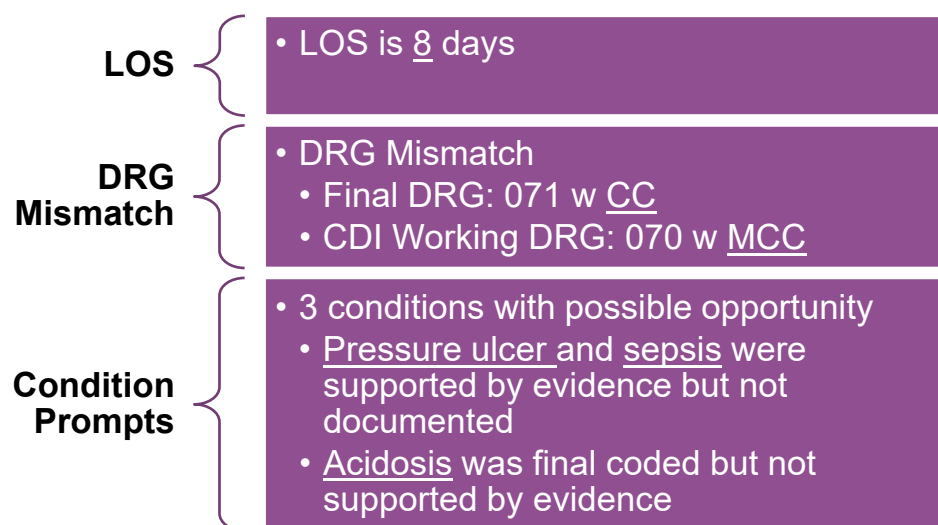
DRG
Mismatch

Condition Prompts:
Diagnoses with possible
opportunity prompted by
prioritization software

Condition
Prompts

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Chart Selection



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Chart Selection – Condition Prompts

- Diagnosis was supported by evidence but not documented
 - Query opportunity
- Diagnosis was supported by evidence and documentation but not final coded
 - Coding opportunity
- Diagnosis was final coded but not supported by evidence
 - Clinical validation opportunity

Malnutrition, stroke were supported by evidence but not documented

Chronic renal failure was supported by evidence and documentation but was not final coded

UTI was final coded but not supported by evidence

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Chart Selection Filters

Possible PSI

Concurrently Reviewed

Not Concurrently Reviewed

Single CC or MCC

Expired

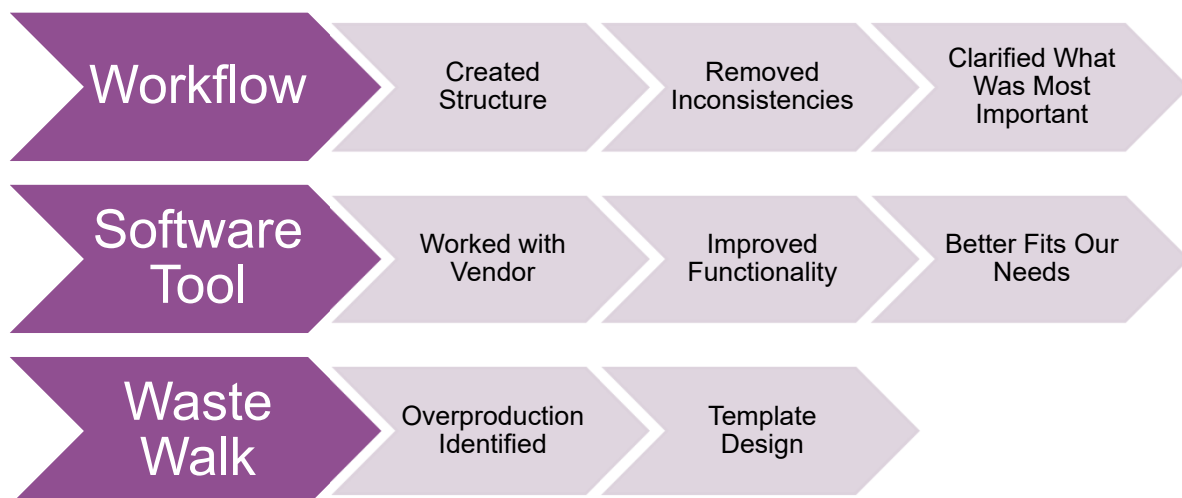
Possible HAC

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Review Process

Initial Review Process



Workflow Template

DRG mismatch

Condition prompts

Notes/Findings by Date

Action Items

Retro DRG Review, Suggestions:

CDI DRG [list CDI DRG]

Coding DRG [list coder DRG]

DRGmm: [Explain the reason for mismatch and address if needed]

[List condition prompts and why you agree/disagree, provide evidence]

Resp failure- patient on 4L, + e/o distress. Retro Q

AKI- Cr 2.1-2.2, baseline line unknown; does not meet criteria for AKI

BMI- BMI 32, does not meet criteria for morbid obesity

Notes/Findings: [Date, "Findings"]

6/18, "patient on 4L NC, respiratory distress"

6/19, "placed on BIPAP"

Labs: WBC 18, Lactate 2.1, Cr 2.1

Questions:

- **Retro Q resp. failure** [send retro Q, add a f/u, place retro Q in pending in software tool]

- **Ask coder to change PDX to COPD** [notification message to coder, place coding notification in pending in software]

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Established Review Process

Condition Prompts

DRG Mismatch

Coding Opportunities

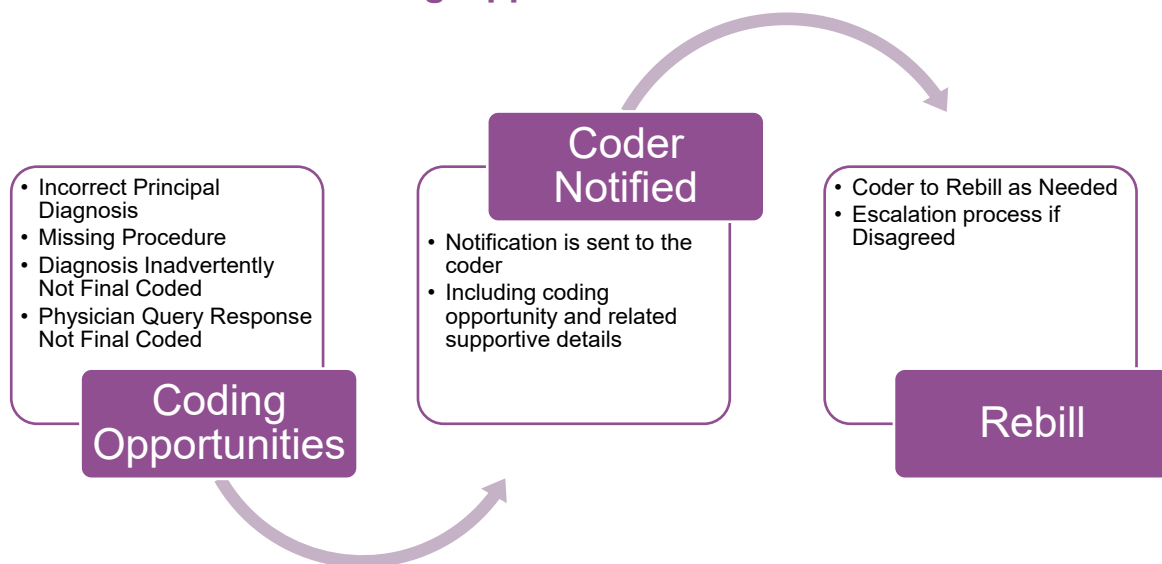
Query Opportunities

CDI Education

Focused Retrospective Review

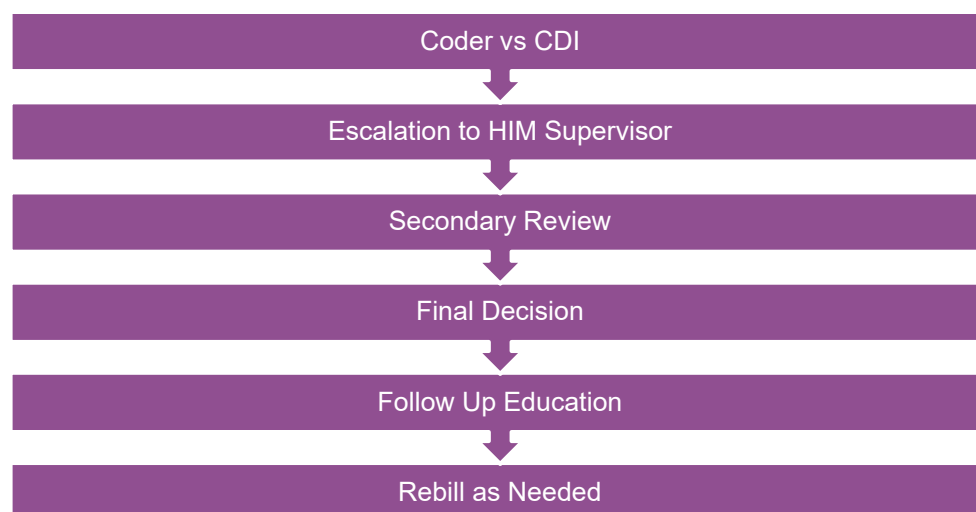
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Review Process: Coding Opportunities Identified



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Escalation Policy



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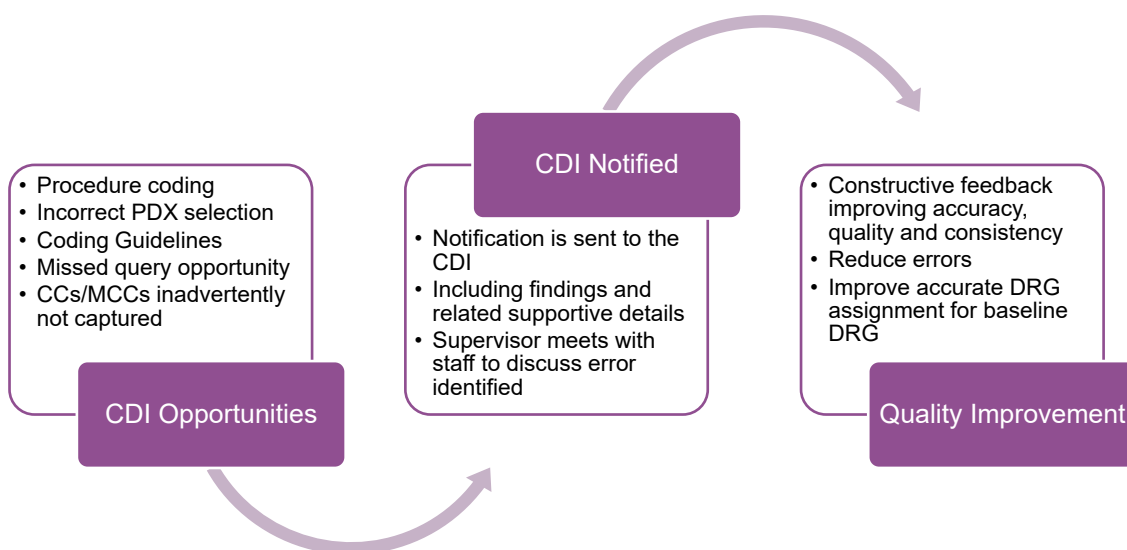
Escalation: Coding

Unanswered Coding Notifications Escalation Process

- 3 days - Email coder a reminder message
- 4 days - Escalate notification to HIM manager
- 6 days - Escalate to retro CDI supervisor

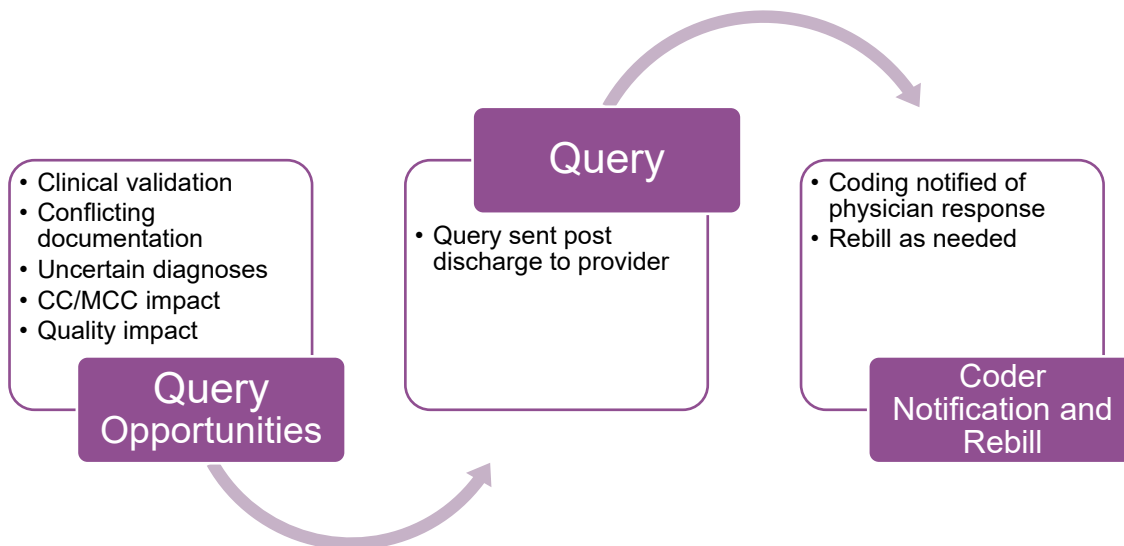
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Review Process: Concurrent CDI Opportunities Identified



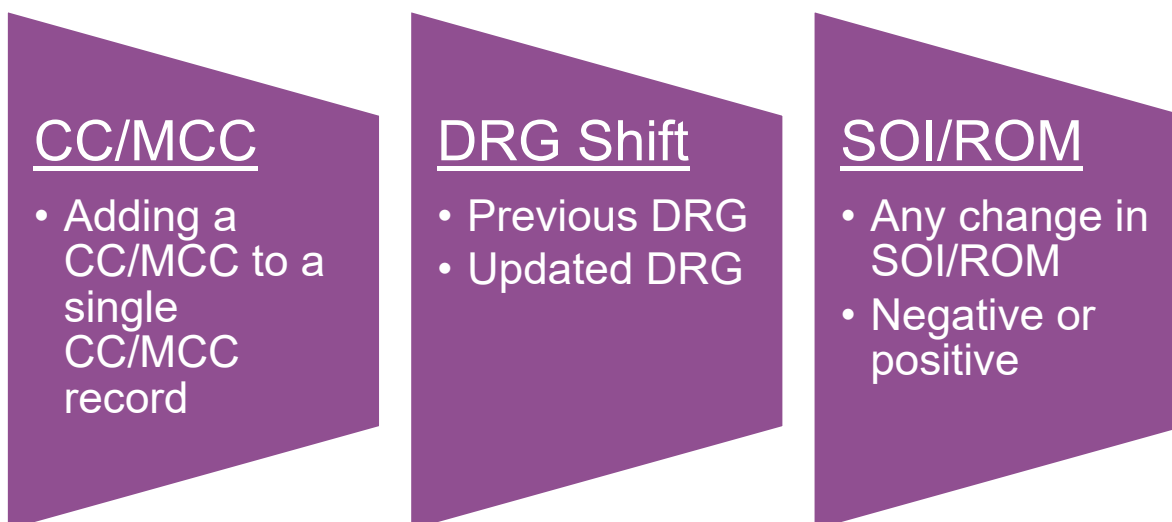
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Review Process: Query Opportunities Identified



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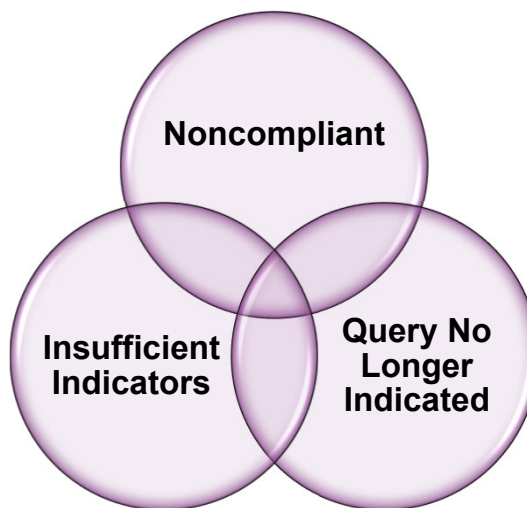
Query Impacts



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Query Compliance

Withdrawal of
a pending CDI
query?



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Reconciliation

Retro

- Coder interactions
- Pending queries
- Physician responses
- CDI education
- Impacts

Concurrent

- Baseline DRG can not be changed
- Query impact can not be changed

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Case Example

Final Coded DRG 571(Surg) Skin Debridement w/CC

- Concurrently reviewed by CDI
- Prioritized for DRG mismatch and possible sepsis opportunity
- Weight 1.8846
- PDX: DM with foot ulcer

Case reviewed and patient was found to have had a necrotizing soft tissue infection of LLE with surrounding skin necrosis and was treated with excisional debridement and IV antibiotics.

Recommendation for coding to change PDX to DM with gangrene

- Weight 3.3097

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Reporting & Education

Education– Concurrent and Retrospect CDI

Concurrent Education

- MQO Report
- Weekly report reviewed by supervisors
- Supervisors review with their staff weekly
- Coding Education
- Education collected for future huddles presentations

Retro Education

- Rebuttals
- Reviewed by supervisors
- Retrospect reviewer is provided with education by supervisor as needed

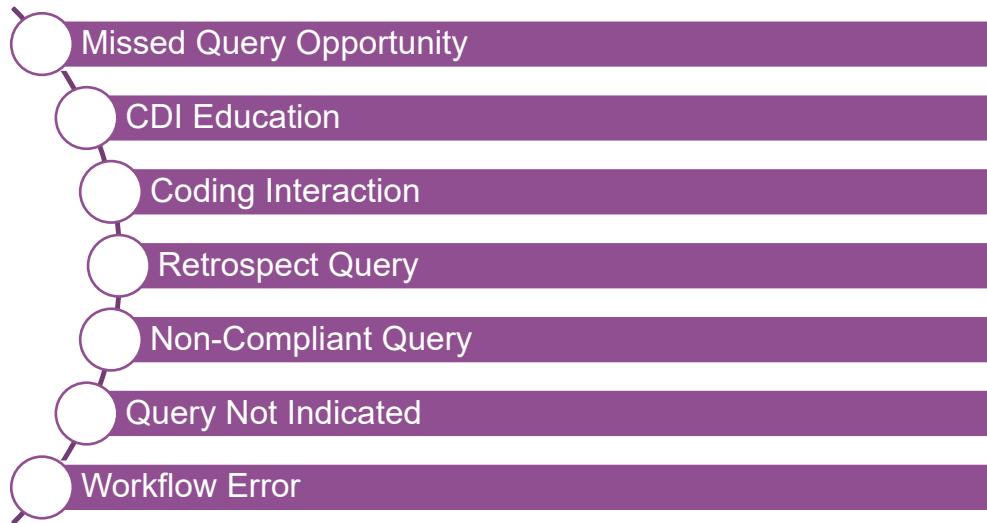
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Quality Audit: Staff

Quality Audit: Retrospective Team



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Retro Audit Form

Retrospect CDI Audit Form- Mini Audit

CDI Name:	Date Reviewed:
Total Charts Reviewed	5
Supervisor Name	
Missed Query Opportunity Rate	Target:
Workflow Error Rate	Target:
Non-compliant Queries	
Queries Not Indicated	
Chart Dates Covered by Audit	
Summary of Audit Findings	
Recommendations	
Account: **	Date: **

Account: ** Date: **

Missed Q Opportunity	
CDI Education	
Coding Interaction	
Retrospect Query	
Non-Compliant Query	
Query Not Indicated	
Workflow Error	
Additional Education/Suggestions	

Comments: Please let me know if you have any rebuttals or questions.

5-10 charts reviewed

Overall recommendations are provided

Each chart is reviewed for key focus areas

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Retro Chart Review Expectations

0-3 months- 1
chart/hr

3-6 months- 1.5
chart/hr

>6 months- 1.8
chart/hr

2 charts/hr

CDI with <1 Year of Retro Experience

CDI with > 1 Year
of Retro
Experience

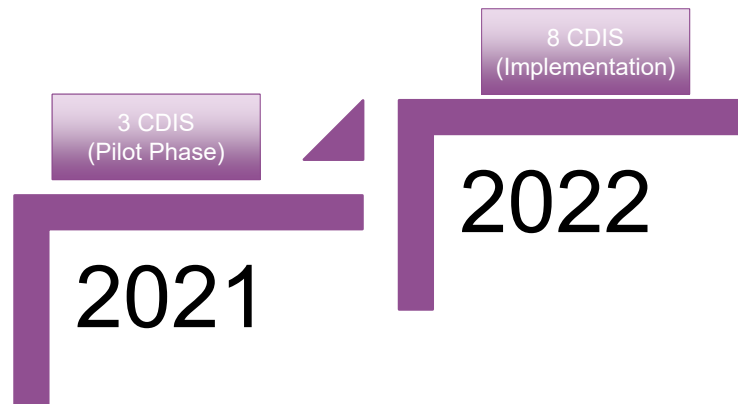
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Pre & Post Implementation

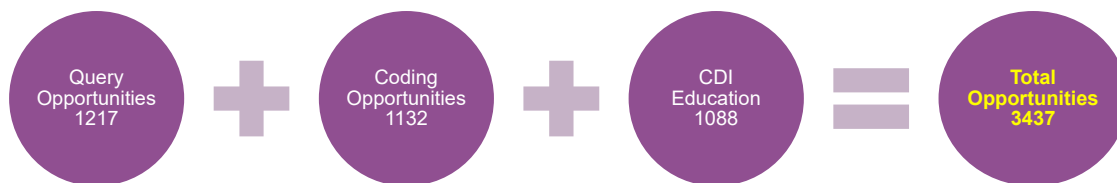
Staffing Model for Retrospect Team



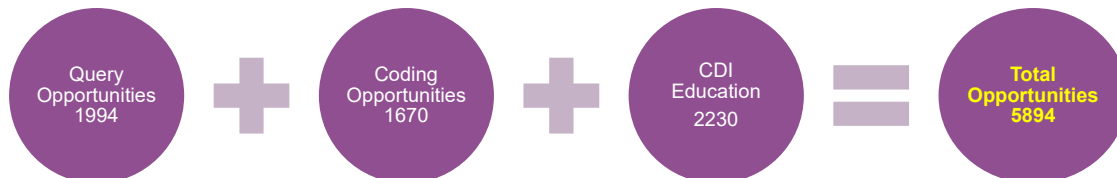
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Retrospect Opportunities Identified: Pre & Post Implementation

Pilot 2021

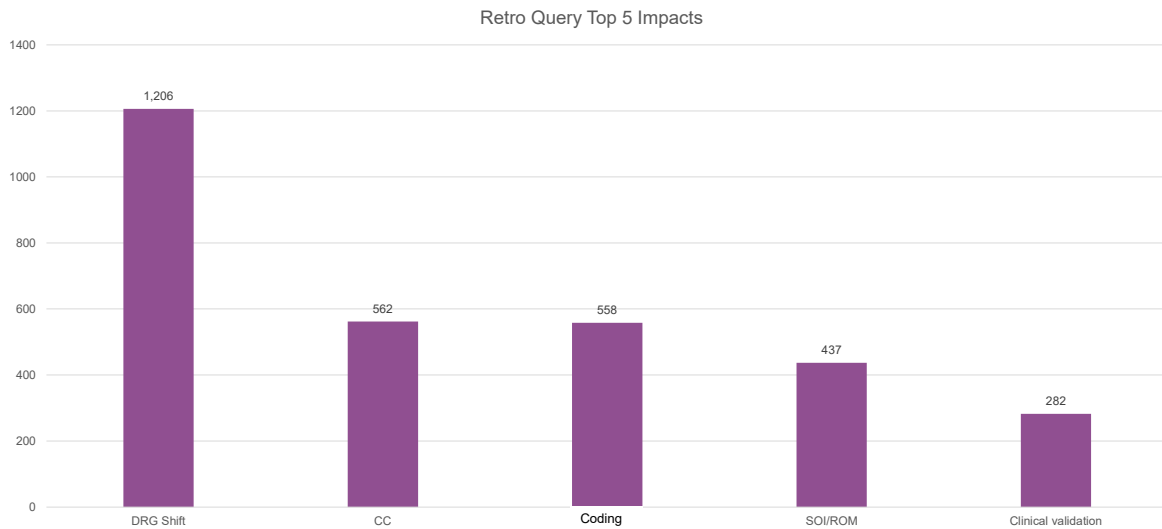


GO-LIVE 2022



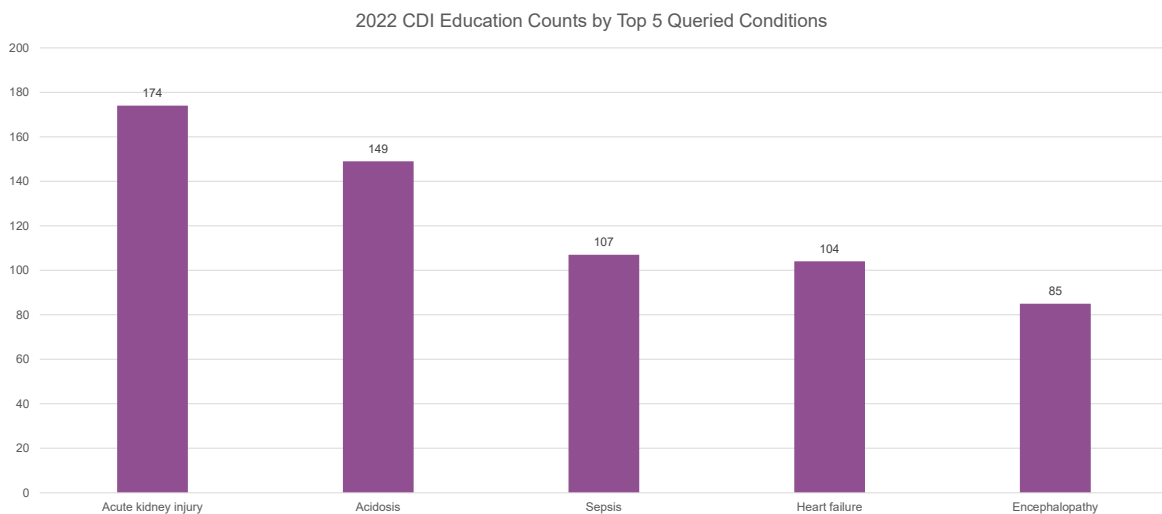
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CDI Retro Query Impact



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CDI Education Opportunities



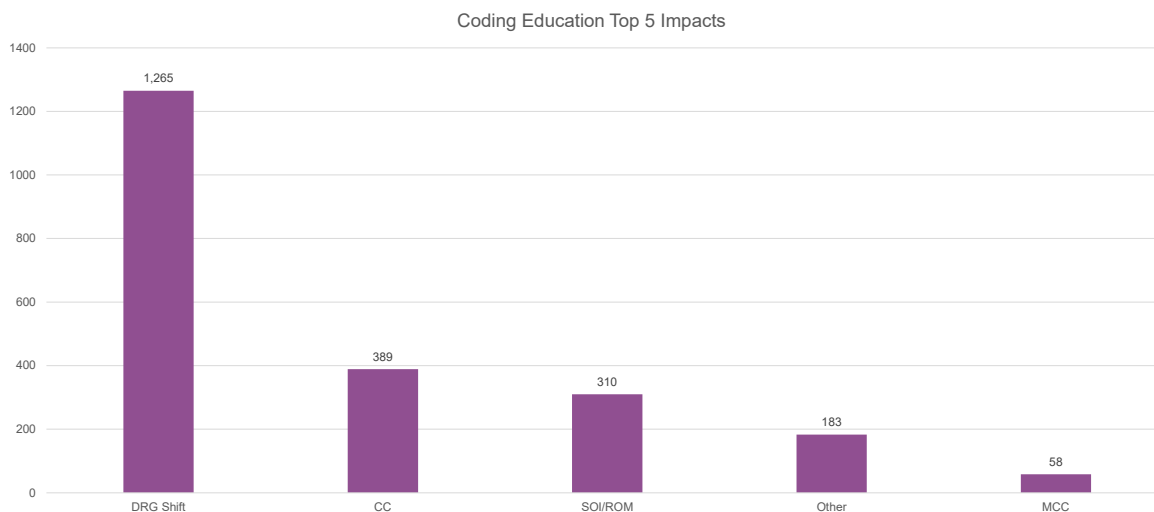
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Education

Learning Modules	CDI Council	Huddles	Physician Modules	Physician Advisor
<ul style="list-style-type: none"> • Self-pace • Hot topics 	<ul style="list-style-type: none"> • Provided by physician lead 	<ul style="list-style-type: none"> • Management education to staff 	<ul style="list-style-type: none"> • Provider modules created by physician lead 	<ul style="list-style-type: none"> • Facility physician advisors presents education

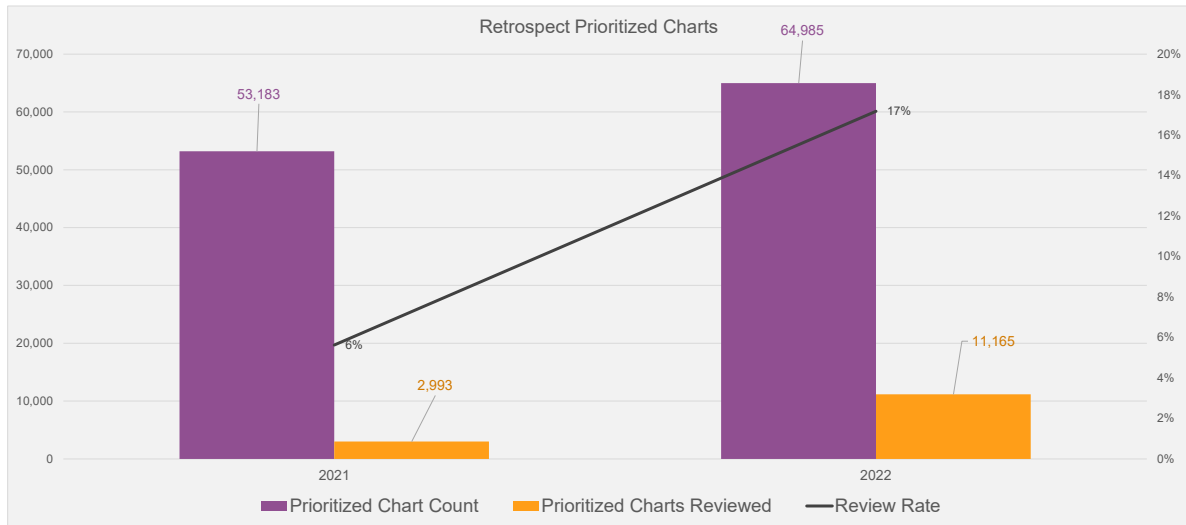
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Coding Opportunities



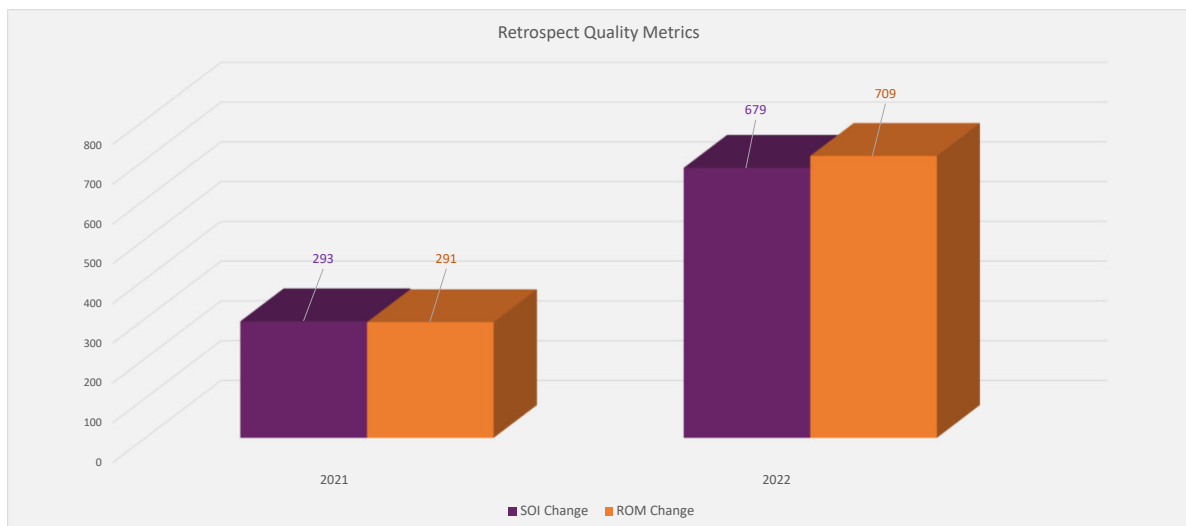
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Retrospect Chart Coverage



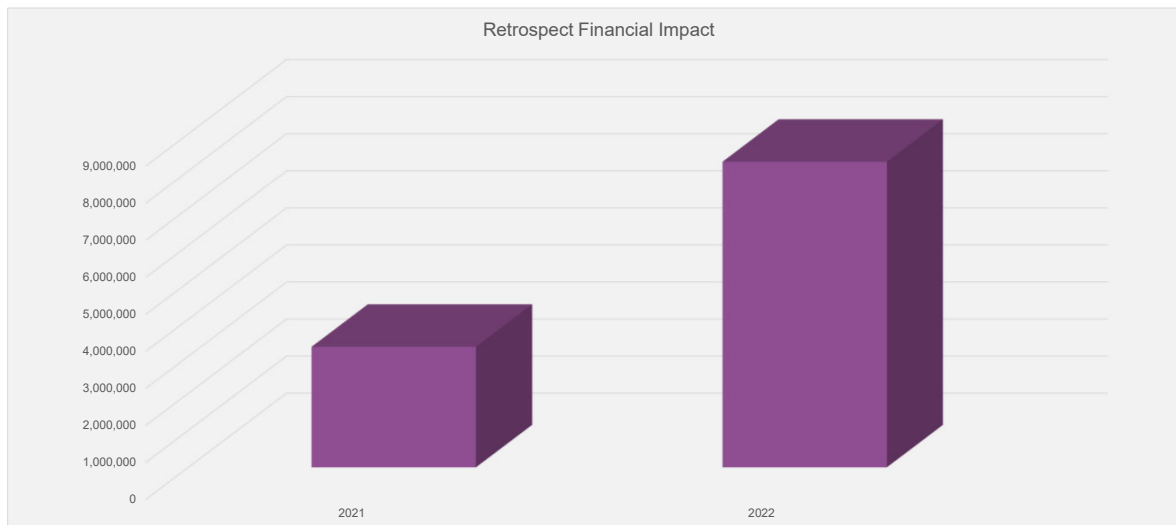
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Quality



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Financial Impact



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Query Impact: Financial Discrepancies

Weekly discrepancy report

Quality Check

- Validate there is no under reporting of impact
- Validate there is no over reporting of impact.

Review impact data

CDI Review

- If report states impact but software indicates \$0 Baseline to Working DRG
- Negative Baseline to Working DRG
- Baseline to Working DRG is greater than \$10K

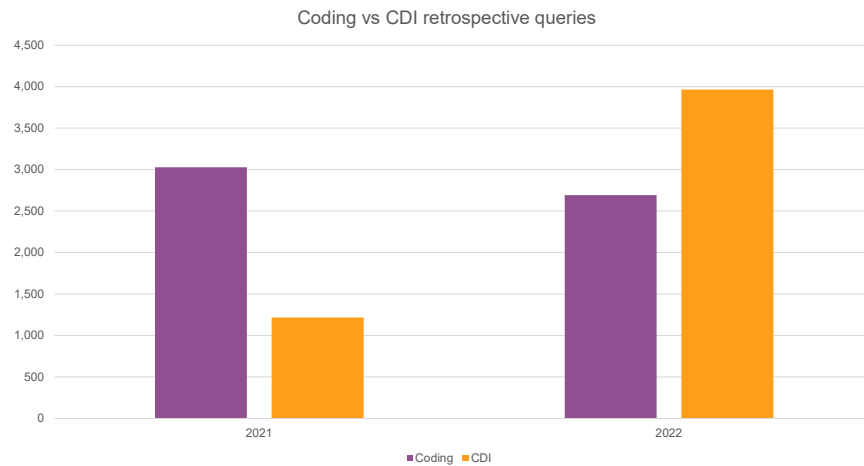
Correction process

Accurate capture

- Error counts are collected and trended by error type
- Supervisor provided education to staff

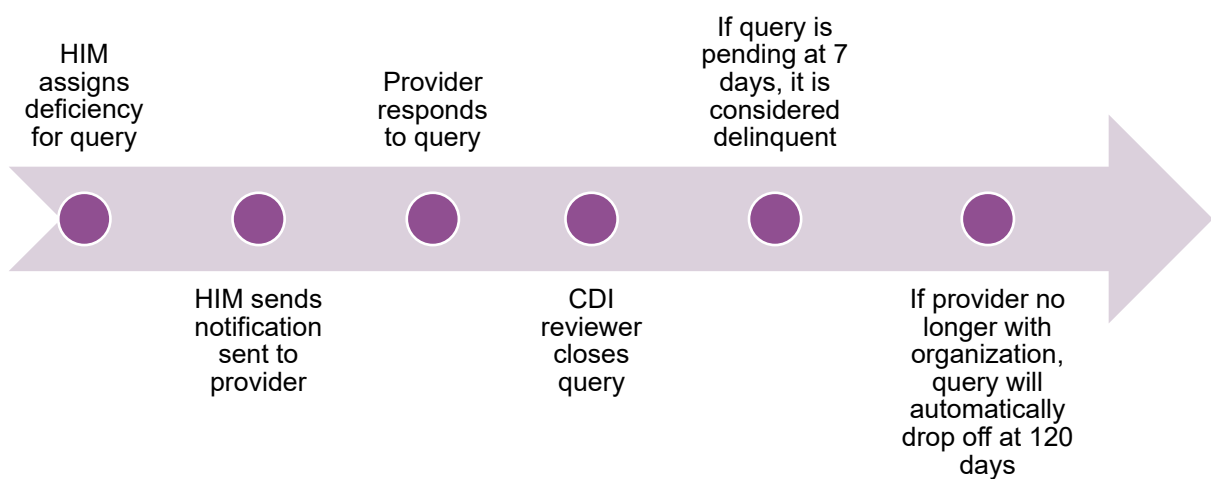
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Retrospect Query



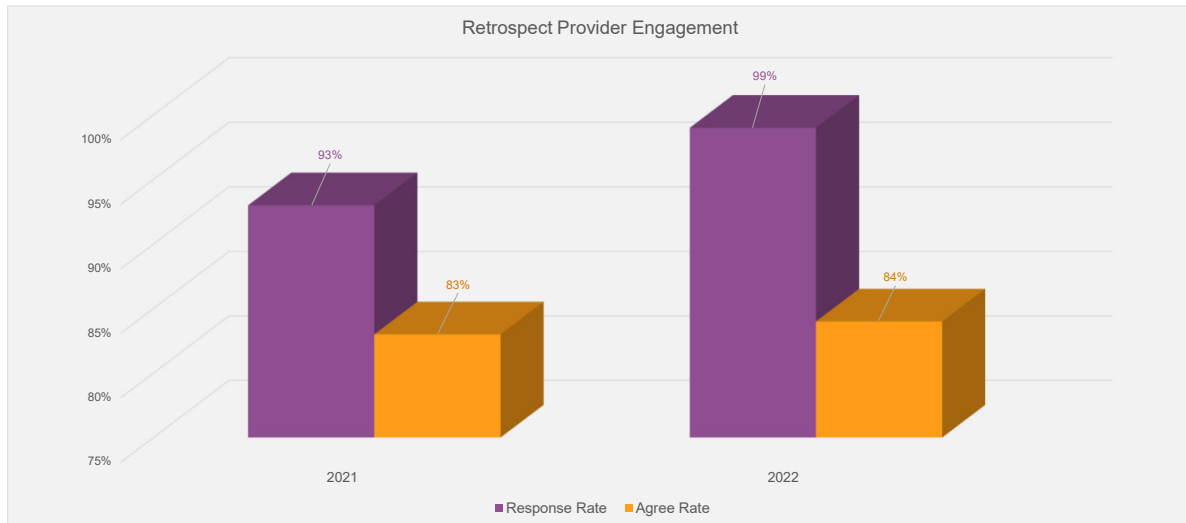
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Query Deficiency



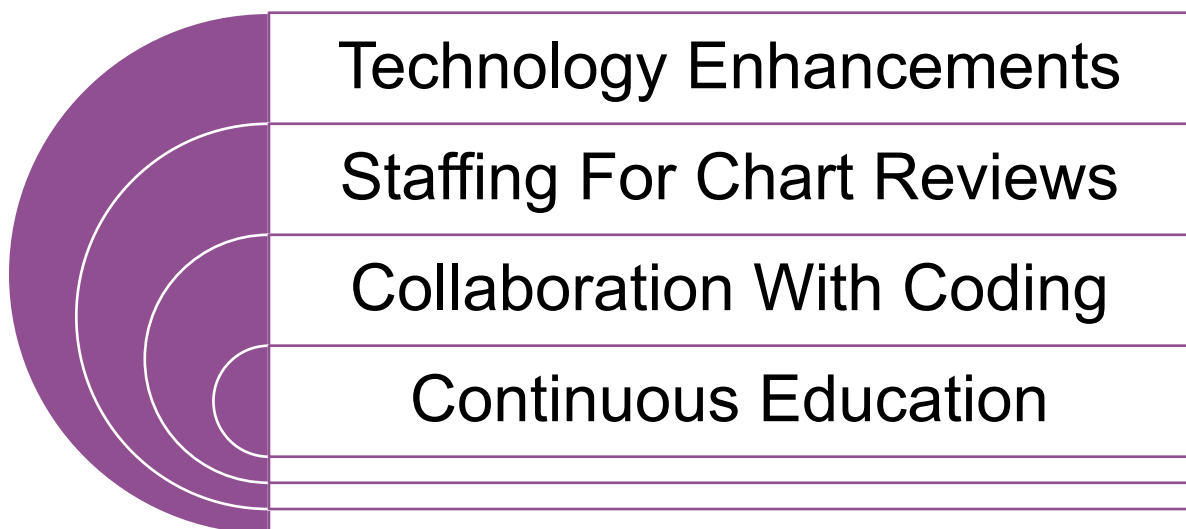
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Provider Engagement



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Future State



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Summary

Significant opportunities exist with retrospect reviews

Data identified a strong need to expand staffing model

Collaboration with concurrent CDI reviewers and coding demonstrated a need for additional education

Overall results provided positive outcomes: quality and financial impact



Resources

- Retrospective Reviews: The last line of defense? Iodine informs Fran Jurcak, Dee Banet February 17, 2021



Thank you. Questions?

*Suma.Chacko@BSWHealth.org
Amanda.Hughes@BSWHealth.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.