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CDI IN BLOOM | acdis 2023
MAY 8–11, 2023

Evolve Your CDI Program With the Changing Quality Landscape

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Presented By

Vicki Galyean, BSN, RN, CCDS, is a team leader in the clinical documentation excellence department at Atrium Health Wake Forest Baptist in Winston-Salem, North Carolina. Her nursing career of 35 years includes critical care, serving as house supervisor, and 11 years in clinical documentation. She primarily reviews hospital-acquired conditions and Patient Safety Indicators and is chair of the multidisciplinary team that reviews these events.

Tamara A. Hicks, MHA, BSN, RN, CCS, CCDS, CCDS-O, is director of clinical documentation excellence at Atrium Health Wake Forest Baptist in Winston-Salem, North Carolina. She has over 39 years of experience, including over 24 years in CDI. A founding member of Wake Forest's CDI team in 1999, she also served as a founding member of the ACDIS Advisory Board and was reelected to the board in 2016. Hicks co-wrote the original CCDS exam, serves on the ACDIS CCDS-O Certification Board, is the social media coordinator of the North Carolina ACDIS board, and was 2019 ACDIS Professional of the Year.

Erik Christian Summers, MD, FACP, is chief medical officer (CMO) at Atrium Health Wake Forest Baptist Medical Center in Winston-Salem, North Carolina. He joined Wake Forest Baptist Health in 2010 as a hospitalist and was named the first chief in the section on hospital medicine in 2012. He was appointed associate CMO in 2014, named vice chair for quality and safety in 2015, and promoted to CMO in 2018. His responsibilities include leadership over the medical staff, advanced practice providers, care coordination, and the CDE team.

Learning Outcomes

- At the completion of this educational activity, the learner will be able to:
  - Identify ways to focus on quality scores through transparency and a multidisciplinary team approach
  - Verbalize common exclusions to consider when reviewing patient safety indicators in the PSI 90 composite
  - List various tools used to educate providers and increase their awareness of quality metrics/scores
  - Define the importance of physician engagement and involvement in quality processes and the importance of documentation clarification

Atrium Health Wake Forest Baptist

In October 2020, Wake Forest Baptist Health formalized a strategic partnership with Charlotte-based Atrium Health to become one of the largest academic health systems in the U.S.

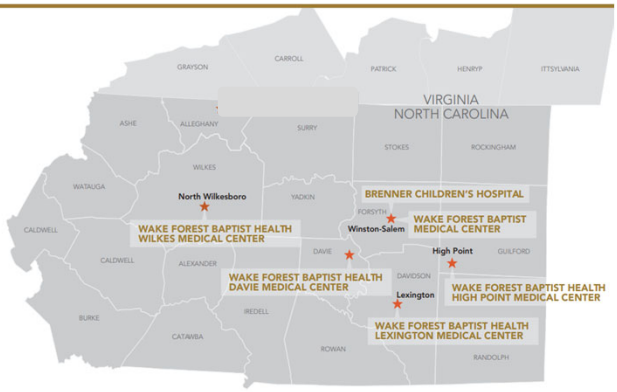
PATIENT ENCOUNTERS

- **5** Community Hospitals
- **1** Children's Hospital
- **300+** Primary Care/ Specialty Clinics

- 1 NCI-Designated Cancer Center
- 1 Comprehensive Stroke Center
- 1 Level1 Adult Trauma Center
- 1 Level1 Pediatric Trauma Center
- 1 Burn Center
- 3 Urgent Care Centers
- 1 Outpatient Surgery Center
- 7 Emergency Departments
- 19 Dialysis Centers

- **79,368** Inpatient Admissions
- **218,453** Emergency Department Visits
- **2.2M** Clinic Visits
- **9,647** Winston East Pediatrics
- **55,925** Downtown Health Plaza

LOCATIONS



History of Clinical Documentation Excellence at AHWFB

CDMP began

7 team members
Financial focus
Medicare only reviews

1999

Y1

Purchase of APR grouper

Review of SOI/ROM
Started review of all payers
MS-DRGs introduced

2007

Y8

3M Education & software implementation

Program refresh with training of staff and providers. Training on new software.

2010

Y11

Second level reviewers

Additional FTEs to allow for second level review of cases for quality, mortality, etc. These are now team leaders.

2012

Y13

Creation of OP CDI team

As part of ICD-10 implementation, OP team started.

2015

Y16

CDE Department formed

Separated from Care Coordination; director appointed and reports to CMO

2016

Y17

WFBH joins with Atrium Health

Beginning discussions to integrate CDI teams.

2020

Y21

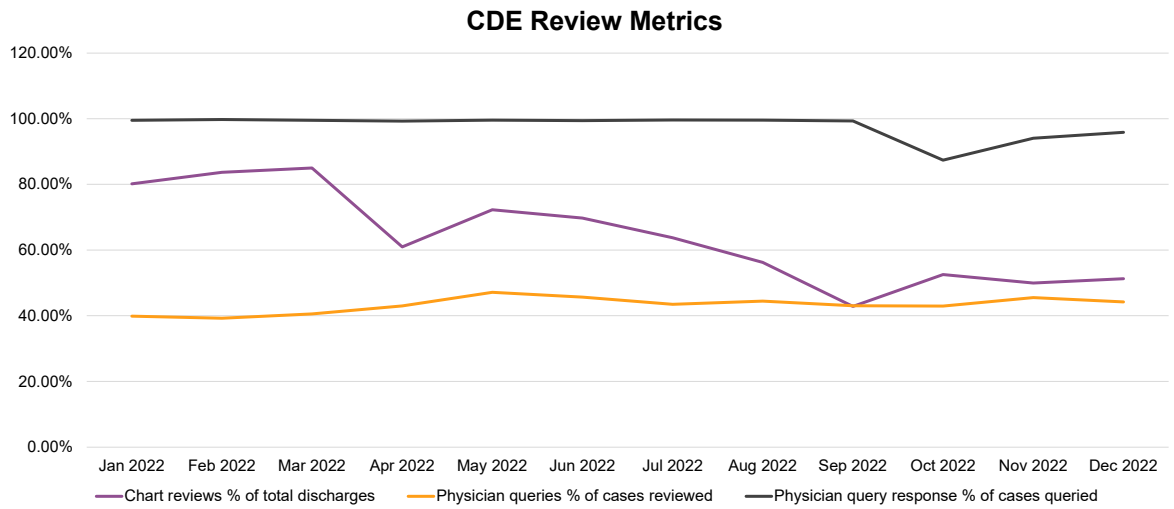
AHWFB joins with Advocate Aurora

Continued growth & change!

2022

Y23

Program Metrics

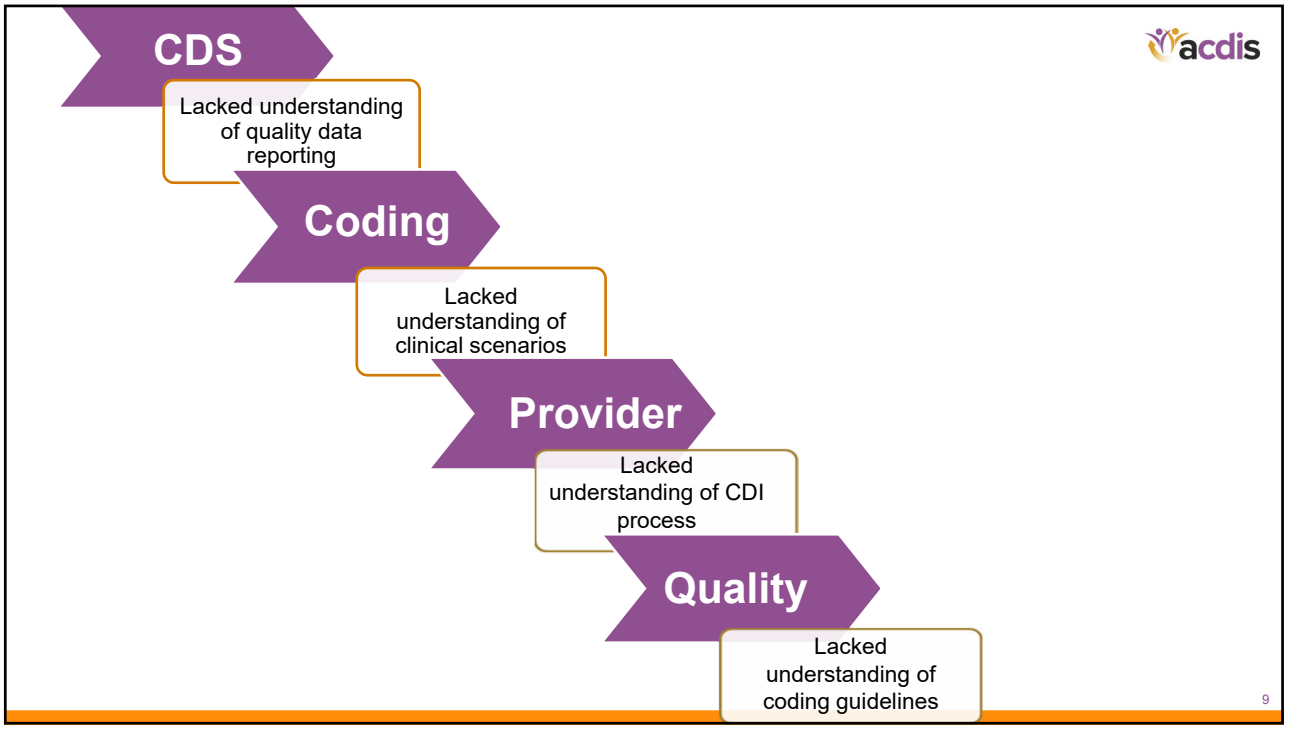


Adverse Events Reviewed

Hospital Acquired Conditions	Patient Safety Indicators	Pediatric Quality Indicators
• A hospital-acquired condition is an undesirable situation or condition that affects a patient and that arose during a stay in a hospital or medical facility.	• The Patient Safety Indicators (PSIs) provide information on potentially avoidable safety events that represent opportunities for improvement in the delivery of care. They focus on potential in-hospital complications and adverse events following surgeries, procedures and childbirth.	• The Pediatric Quality Indicators (PDIs) focus on potentially preventable complications and iatrogenic events for pediatric patients treated in hospitals and on preventable hospitalizations among pediatric patients, taking into account the special characteristics of the pediatric population.

In the Beginning…

- Kick-off of PSI reviews– 2/28/14
  - Defined “Accidental Laceration/Tear” (ICD-9-CM code- 998.2 – PSI 15) with assistance of trauma/EGS faculty
  - Developed a standardized query template for “Accidental Laceration or Tear”
  - Developed an action plan for reviews. CDI nurse sent screen shot to CDCC (compliance coordinator)
  - Moved forward with plans to begin reviewing PSI 9,11,12.
  - Trauma surgeon began helping with hospital definitions/clinical indicators for respiratory failure
- 2016 – quality analyst began reviewing adverse events *retrospectively (Vizient)*
  - Deeper dive: more opportunities to explore
  - Challenges with retro reviews: inefficient, duplicative work, untimely queries, rebills.
- 2018 – quality analyst review was moved up to pre-bill/post discharge
  - In conjunction with or immediately after coding review
  - Benefits: reviews more timely, decreased duplicate work, decreased rebill rate, timely queries, etc.



Multidisciplinary Approach

CDE	Coding	Quality	Providers
Concurrently: • Seeks to identify potential PSI/ HACs while pt is in hospital • Queries are sent when need is identified for clarification • Education: CDSs & Providers	Prebill: • Runs 3M 360 report (daily) to identify PSI/HACs • Queries are sent when clarification is needed • Coding corrections as needed • Concurrent work as able • Coding education	Post-discharge: • Review cases not overturned by previous process steps • Communicates opportunities found, with Coding or teammates • Select cases reported through RL6 or to stakeholders	Post-discharge: • Review cases not overturned by previous process steps • Clinical resource to team • Breaks down barriers: – Peer-to-peer conversations & education – Prompt to respond to queries

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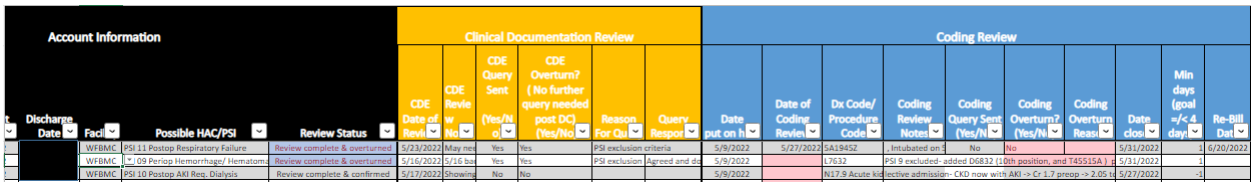
Shared Spreadsheet Implemented May 2022



Account Information					Clinical Documentation Review						Coding Review									
t.	Discharge Date	Facil	Possible HAC/PSI	Review Status	CDE Date of Revi	CDE Revie w No	CDE Query Sent (Yes/N o)	CDE Overturn? (No further query needed post DC) (Yes/No	Reason For Ou	Query Respor	Date put on h	Date of Coding Revie	Dx Code/ Procedure Code	Coding Review Notes	Coding Query Sent (Yes/N	Coding Overturn? (Yes/N	Coding Overturn Reas	Date clos	Min days (goal =/< 4 days	Re-Bill Dat
		WFBMC	PSI 11 Postop Respiratory Failure	Review complete & overturned	5/23/2022	May nee	Yes	Yes	PSI exclusion criteria		5/9/2022	5/27/2022	5A1945Z	Intubated on	No	No		5/31/2022	1	6/20/2022
		WFBMC	PSI 09 Periop Hemorrhage/ Hematom	Review complete & overturned	5/16/2022	5/16 ba	Yes	Yes	PSI exclusion	Agreed and da	5/9/2022		L7632	PSI 9 excluded- added D6832 (10th position, and T45515A) p				5/31/2022	1	
		WFBMC	PSI 10 Postop AKI Req. Dialysis	Review complete & confirmed	5/17/2022	Showing	No	No			5/9/2022		N17.9 Acute kid	ective admission- CKD now with AKI -> Cr 1.7 preop -> 2.05 t				5/27/2022	-1	

- Tool captures all review activity in central location
- Location to track opportunities for continuous improvement and ongoing education
- Data plan: quarterly pivot tables capture process data

Quality Review					MD Review						All	
Date of Quality Revi	Quality Review Notes	Exclusion Opp Found (Yes/N	Quality Overturn (Yes/N	AE Final Reported (Vizient) (Yes/N	Date sent to MD	Date of MD Revie	Sent By	MD Review Notes	Peer to Peer (Yes/N	MD Overturn (Yes/N	Opportunities (Categories TBD)	Opportunities (Description)
	Dr. Summers is planning to reach		No		5/27/2022	5/27/2022	Coding	Cindy,Thanks.It h	Yes	Yes		
			No		5/18/2022		Coding	Dr. Summers spo	Yes	Yes		
5/27/2022	TAH/ BSO w/ PO	No	No	Yes	5/26/2022		Coding	5/26: 1. No issues with PSI 10. Sh		No		

Provider Engagement

- Bi-weekly meetings to discuss cases, review different disciplines' prospective on case
- Early 2021, work was needed to improve quality and Leapfrog scores
- Process changed to include a physician review of all PSI's with possible opportunities/clarifications
- Reviews have resulted in the overturn/exclusion of cases and provided education to team members
- Leapfrog score improved after first 2 quarters of this process

Advantages to Process

- Looks complex but all done pre-bill
- Enhanced collaboration and physician engagement
- Roles are clearly defined
- Queries sent in a more timely fashion with decrease in re-bills
- Improved capture of HACs/PSIs

Our Awesome Team

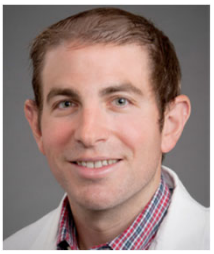
Our Awesome Physicians

The Surgeon

- Dr. Justin Hurie
- Area of expertise: PSI 9,12 & 15

Physician Advisor

- Dr. Joey Cristiano
- Area of expertise: HAC's and PSI 11 & 13



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The Back-up Guy

- Dr. Erik Summers
- Area of expertise: All the rest and giving lectures in various states

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Case Example #1

51-year-old with Hypertension, Type 2 DM and Fournier's Gangrene who presented with fever and tachycardia on 1/1.

Notes:

- On 1/4, provider documented *"DKA not present on admission. Glucose 308 with anion gap."*
- The patient had a history of bad alcoholism
  - (? Alcoholic ketoacidosis)
- Patient had an infection with evidence for sepsis. (? Lactic acidosis secondary to septic shock).
- He was also severely malnourished. Could he have fasting ketosis?

DKA or Not? That is the question…

Not all patients with an elevated glucose and an anion gap are in DKA.

- Glucose > 250. The patient does have this between 0135 on 1/3 and 1143 on 1/4.
- Arterial pH < 7.3. The patient's pH on 1/3 was 7.431 on one ABG and 7.496 on another.
- Serum Bicarbonate < 18. The patient had this from 1/2 at 0014 to 1/3 at 1257.
- Urine ketones- The patient did have ketones in the urine (from 1/1 at 1500 to 1/3 at 1624).
- Serum ketones- never measured.
- Beta-Hydroxybutyrate > 3- The patient did not have this.
- Serum osmolality- Not done.
- Anion gap – Yes, between 1/2 at 0014 to 1/3 at 1257.
- Altered mental status? Yes, but he had COVID and multiple new strokes.

One-on-One Education Provided

1. Initial documentation by resident.
2. Resident explanation: *Elevated glucose + anion gap = DKA*
3. Teaching moment: Differential for elevated glucose and anion gap in a Type 2 diabetic.
4. Response: “Yeah, I guess when you really look at it, it’s not DKA. Good point.”
5. DKA ruled out and HAC avoided on this case.

Case Example #2

- 75-year-old male with CHF, Hypertension, DM, OSA and frontotemporal dementia who presents to hospital with altered mental status for 2 days and an LLE wound
  - Nurse documents Stage 4 ulcer of left heel with intact discolored skin on 4/9
  - Doctor on 4/10 documents “Stage 4 ulcer, not POA.”
  - Nutrition documents “Deep tissue injury on 4/10.
  - Nursing switches to Deep tissue pressure injury on 4/12.
  - Doctor copies and pastes “Stage 4 ulcer, not POA”
- Multiple doctors do this over 8 days.

Dr. Summers spoke with doctor who initially documented Stage 4 heel ulcer: “That’s what the nurse said.”

- *Note: No change in treatment when ulcer went from DTI to Stage 4 in chart.*
- No specific pictures of heel, but patient had a left leg wound.
- **No ulcer on left heel on 4/13, but there was deep tissue injury.**
- Talked with discharge provider: “She didn’t have any ulcer on her heel.”

Teaching Points

1. Medical providers don't always pay attention to pressure ulcers
2. Physicians, APPs, and Nurses are not consistent in pressure ulcer staging
3. Lot of opportunity for education
4. Encourage staff to take pictures of ulcers on admission
5. HAC and PSI avoided on this case

Case Example #3

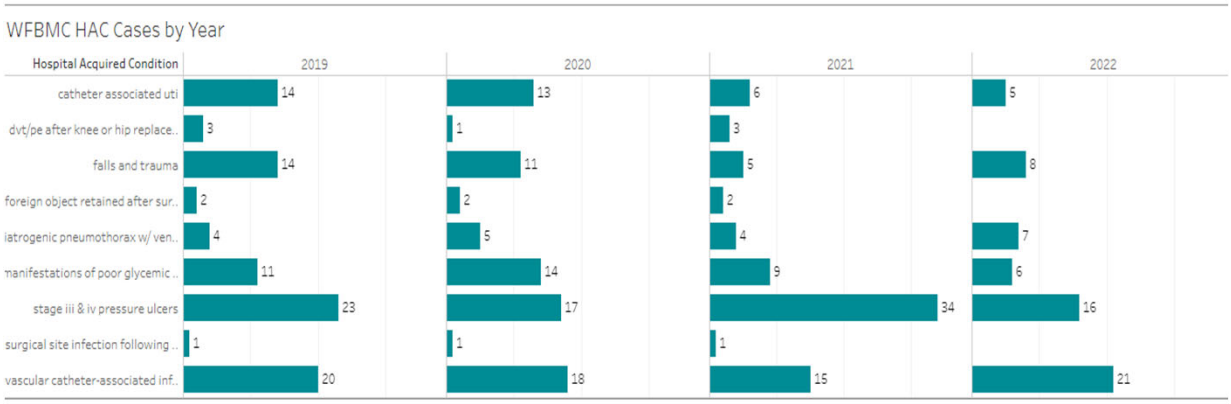
- 63-year-old male with recurrent severe mitral regurgitation. Went to the OR for mitral valve replacement. Went back to OR later that same day for evacuation of hemothorax and control of chest wall bleeding. The previous mini right thoracotomy incision was opened in its entirety. There was approximately 300 mL of clot and old blood that was evacuated. All suture lines were inspected and found to be hemostatic. There was no intrathoracic bleeding identified. Inspection of the chest wall revealed bleeding from the chest wall musculature, likely latissimus. This was controlled with cautery.
- Patient was on Eliquis that was started months before surgery for portal vein thrombosis. Patient instructed to stop Eliquis 5 days prior to surgery. Queried provider to clarify if Eliquis contributed to the bleeding.
- Provider answered query unable to determine. Dr. Summers discussed case and query with provider who verbalized that the Eliquis was not the main reason for the bleeding, but it did contribute.

Teaching Points

1. Provider felt that by answering that Eliquis contributed to the bleeding he was saying that Eliquis was the only reason for the bleeding
2. Providers are becoming more aware of exclusions for PSI 9

Education Highlights

- Education at quarterly Surgical Quality Continuum meetings regarding certain PSIs with case examples
- Work with CT surgery team on verbiage in templates to better define acute post-procedural respiratory failure
- Just in time education completed when questions related to purpose of query



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Physician PSI Reviews: February 2021 – January 2022

PSI	# Reviewed	Excluded
3 (Pressure-ulcer)	66	20 (**30%**)
4 (Surgical Death with complications)	61	13 (**21%**)
6 (Iatrogenic Pneumothorax)	1	0
8 (Fall/Trauma in hospital)	3	2 (**67%**)
9 (Perioperative Hemorrhage)	8	4 (**50%**)
10 (Post-Op Renal failure/dialysis)	7	2 (**29%**)
11 (Post-Op Respiratory failure)	14	2 (**14%**)
12 (Post-Op PE/DVT)	39	11 (**28%**)
13 (Post-Op Sepsis)	6	2 (**33%**)
14 (Post-Op Wound dehiscence)	2	0
15 (Accidental puncture/Laceration)	7	2 (**33%**)
Total	214	58 (**27%**)

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Outcomes Data – Vizient QSMR

vizient. Quality and Safety Management Report

Print Date: Tuesday, January 17, 2023
Data Extract Date: Tuesday, November 29, 2022

North Carolina Baptist Hospital
Jul - Sep 2022 (Q3)

AHRQ Patient Safety Indicators	Jul - Sep 2022 (Q3) Relative Performance	Denom	Observed	O/E	Target	Median	Rank	Oct 2021 - Sep 2022 (recent year) Relative Performance	Denom	Observed	O/E	Target	Median	Rank
AHRQ Patient Safety Composite Indicators														
PSI 90 Patient Safety for Selected Indicators	⊙		0.96		1.1	0.9	159/281	⊙		1.07		1.1	1.0	193/282
Surgical (Rate per 1000)														
PSI 08 In Hospital Fall with Hip Fracture Rate	◒	7,116	0.1	1.618	0.867	0.000	224/280	●	28,213	0.2	2.536	1.256	0.561	269/281
PSI 09 Perioperative Hemorrhage or Hematoma Rate	⊙	2,414	1.2	0.406	1.312	0.814	73/273	⊙	9,839	1.1	0.367	1.171	0.821	37/280
PSI 10 Post-operative Acute Kidney Injury Requiring Dialysis	⊙	1,240	2.4	1.310	1.626	0.378	179/271	⊙	5,126	1.8	1.088	1.545	0.969	157/278
PSI 11 Postoperative Respiratory Failure Rate	⊙	1,158	6.9	0.615	0.899	0.592	145/271	⊙	4,836	8.1	0.737	0.941	0.641	163/278
PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	⊙	2,609	2.3	0.531	1.286	0.967	60/273	⊙	10,486	2.8	0.640	1.342	1.031	49/280
PSI 13 Postoperative Sepsis Rate	⊙	1,227	4.1	0.564	1.106	0.682	114/271	⊙	5,083	4.3	0.626	1.116	0.751	109/278
PSI 14 Postoperative Wound Dehiscence Rate	◒	621	4.8	2.403	1.668	0.000	220/269	⊙	2,503	2.8	1.354	1.619	0.972	181/273
Obstetric (Rate per 1000)														
PSI 18 Obstetric Trauma Rate – Vaginal Delivery With Instrument	!	22	318.2		186.0	117.0	N/A	●	75	240.0		169.3	122.2	217/234
PSI 19 Obstetric Trauma Rate-Vaginal Delivery Without Instrument	⊙	508	19.7		24.2	17.2	140/234	⊙	1,906	23.1		23.1	16.7	180/241
Other (Rate per 1000)														
PSI 02 Death Rate in Low-Mortality Diagnosis Related Groups (DRGs)	⊙	371	0.0	0.000	0.000	0.000	1/264	◒	1,410	0.7	1.910	1.708	0.000	202/272
PSI03 pressure ulcer	◒	4,962	1.6	2.079	1.630	0.849	231/280	◒	19,763	2.1	2.756	1.790	1.072	247/281
PSI 04 Death Rate among Surgical Inpatients	⊙	145	200.0	0.899	1.131	0.975	104/252	⊙	559	153.8	0.844	1.129	0.971	71/267
PSI 06 Iatrogenic Pneumothorax Rate	⊙	6,332	0.0	0.000	1.599	0.560	1/280	⊙	25,270	0.1	0.520	1.454	0.862	86/281
PSI 07 Central Venous Catheter-Related Blood Stream Infection Rate	⊙	4,948	0.2	1.547	2.724	0.000	175/278	⊙	19,456	0.2	1.522	2.318	1.059	177/280
PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration	⊙	1,620	0.0	0.000	2.338	1.172	1/271	⊙	6,533	0.3	0.248	1.759	1.167	31/280

AHRQ version 2022

Symbol	Legend	Non-Risk Adjusted and Composite AHRQ Adult/Pediatric Quality and Safety Indicators	Risk-Adjusted AHRQ Adult/Pediatric Quality and Safety Indicators
●	Substantially Worse than Target Range	>= 90 Percentile	>= 90 Percentile O/E Ratio
◒	Worse than Target Range	> 75th Percentile and < 90th Percentile	> 75th Percentile O/E Ratio and < 90th Percentile O/E Ratio
⊙	Within Target Range	<= 75th Percentile	<= 75th Percentile O/E Ratio
!	Interpret with Caution	< 25 cases	< 25 cases
Target		75th Percentile	75th Percentile O/E Ratio
N/A	Performance less than 25 cases is not included for ranking		

* Data for Patient Safety Indicators (PSIs), Inpatient Quality Indicators (IQIs), and Pediatric Quality Indicators (PDI) is based on AHRQ v2022.
* Hospital Acquired Conditions (HACs) are based on CMS Medicare FY 2020 IPPS Final Rule.
* Note--AHRQ indicators are defined by AHRQ. The AHRQ data presented on the report are generated by running CDB data through AHRQ's SAS program.

vizient. Quality and Safety Management Report

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North Carolina Baptist Hospital
Jul - Sep 2022 (Q3)

AHRQ Patient Safety Composite Indicators - PSI 90 Patient Safety for Selected Indicators

Summary Definitions

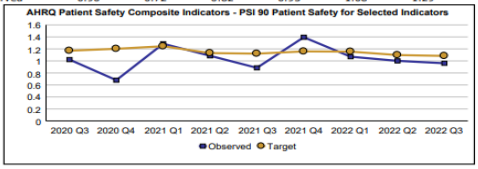
AHRQ

Definition: For metric rationale, definitions and other information please see link below
Numerator:
Denominator:
Target: Vizient 75th percentile
See Also: https://qualityindicators.ahrq.gov/measures/psi_resources

Jul - Sep 2022 (Q3)

	Relative Performance	Denom (n)	Observed	Target	Rank
Current Quarter	⊙		0.96	1.08	159/281

	Value	10th	25th	50th	75th	90th	Mean
Observed	0.96	0.72	0.82	0.95	1.08	1.29	0.98



Oct 2021 - Sep 2022 (recent year)

	Relative Performance	Denom (n)	Observed	Target	Rank
Recent Year	⊙		1.07	1.14	193/282

	Value	10th	25th	50th	75th	90th	Mean
Observed	1.07	0.69	0.82	0.98	1.14	1.37	1.03

Recent Year Top 10 in This Metric	Cases	Observed
NEBRASKA		0.32
NYP_WEILL_CORNELL		0.41
NYP_COLUMBIA		0.44
CC-HILLCRESTOH		0.49
NYU_LONGISLAND		0.52
ASCENSION_SETONMEDICAL		0.53
NYU		0.55
LOMALINDA		0.59
CC-FAIRVIEW		0.59
LIFESPAN_RHODEISLAND		0.60

Leapfrog Hospital Safety Grade

Leapfrog Hospital Safety Grade									
Region	Hospital	Spring 2019	Fall 2019	Spring 2020	Fall 2020	Spring 2021	Fall 2021	Spring 2022	Fall 2022
North Central & Western NC Region	AHWFB Lexington	B	A	A	A	A	A	A	A
	AHWFB Davie	n/a	n/a	n/a	n/a	n/a	A	A	A
	AHWFB Wilkes	D	B	A	A	A	A	A	B
	AHWFB High Point	B	A	B	B	B	B	A	B
	AHWFB Medical Center	C	C	C	C	C	B	B	B

PSI-90 Score – 2023
Data measured over 2 years (lower is better)

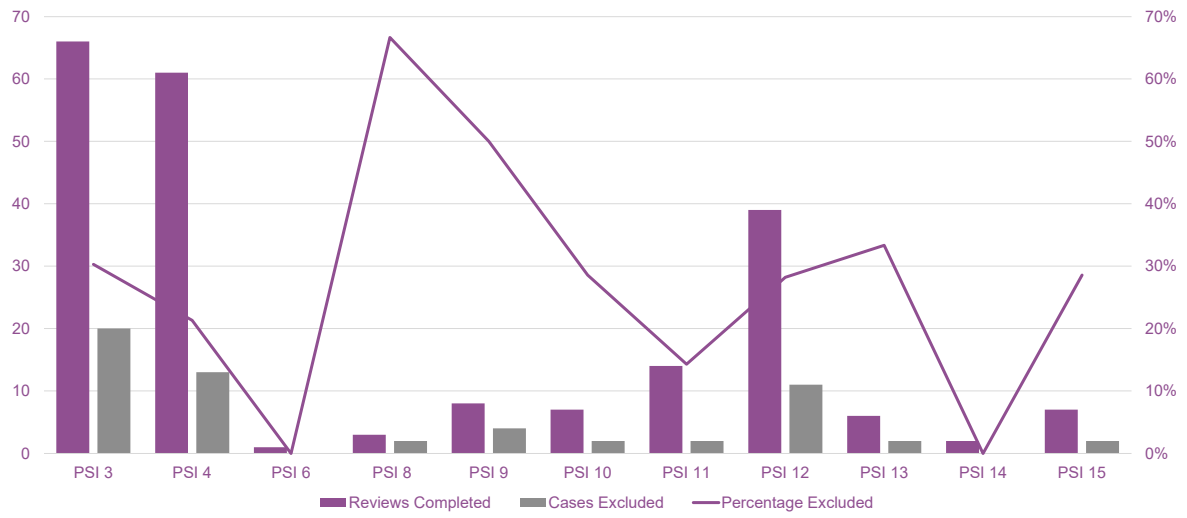
LEAPFROG OPPORTUNITIES at AHWFBMC

2022 PSI-90 score – **1.12 (Mean = 1)**

Estimated 2023 PSI-90 score **– 0.81**

- Assessment: If the PSI-90 score holds for 2023, the PSI-90 score becomes a positive to AHWFBMC, instead of one of our greatest negatives
- Instead of having the worst PSI-90 score in the region, AHWFBMC would have the best
- That significantly increases the chances of AHWFBMC receiving an **"A" rating**

Physician Reviews February 2021 – January 2022



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Physician Reviews May 2022 – December 2022

Row Labels	Count of Date of MD Review	Count of Peer to Peer	Count of MD Overturn	% of total overturned
May '22	27	8	6	22%
June '22	31	1	2	6%
July '22	16	1	2	13%
August '22	16	1	1	6%
September '22	13	3	3	23%
October '22	14	4	4	29%
November '22	21	6	5	24%
December '22	19	4	3	16%
Grand Total	157	28	26	17%

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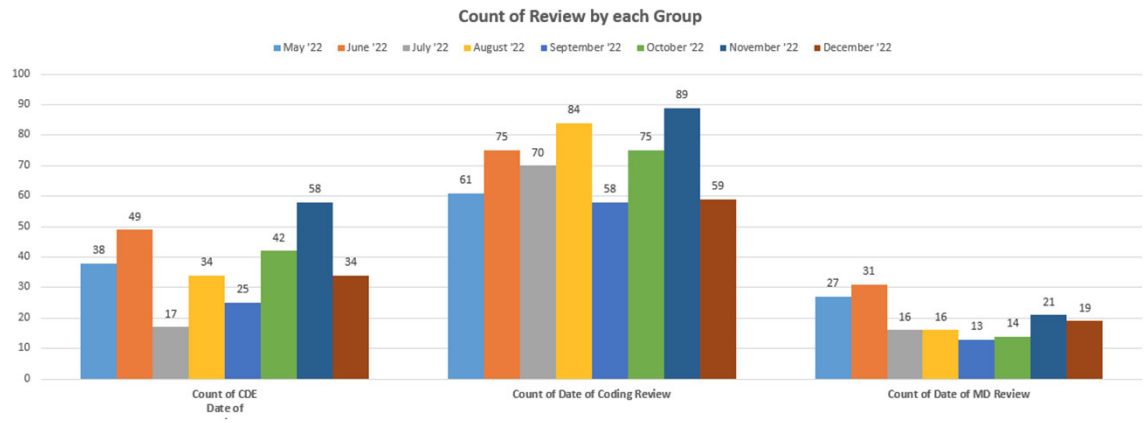

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Lessons Learned

1. A multi-disciplinary team working together can enhance an overall process, increasing precision and improving efficiency.

- *Cases assessed much faster. Within a week, the team evaluates every concern.*

2. There is tremendous value in direct communication and collegiality amongst team members.

- *Reduced False Positives*

3. Revolving discussions surrounding clinical care guidelines and coding guidelines provide for an educational environment for all involved.

- *We all learn from each other*

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Thank you. Questions?

vgalyean@wakehealth.edu

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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