

MAY 23-26, 2016
Georgia World Congress Center
ATLANTA



Facilitywide Clinical Indicators for Quality, Compliance, and Reimbursement



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Learning Objectives HCPPro

- At the completion of this educational activity, the audience will be able to:
 - State the purpose of a clinical indicator committee
 - Comprehend some of the quality, compliance, and reimbursement objectives of a committee
 - Describe how to establish a clinical indicator committee and the process of the committee
 - Review key diagnoses needing clinical indicators established and the process of creating encephalopathy

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Purpose HCPPro

Clinical documentation improvement (CDI) works to prevent, clarify, and reconcile inconsistent, imprecise, incomplete, conflicting, and/or illegible provider documentation.

Clinical indicator committees define conditions that have highly regulated documentation, yet suffer from documentation that is often inconsistent, imprecise, incomplete, conflicting, or noncompliant.

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The Goals

- The goals of a clinical indicator committee are to:
 - Develop clinical indicators (not “criteria”) for specified medical diagnoses and conditions in order to recommend a facilitywide unity of how and when to document the specified medical diagnosis or condition
 - Emphasize that the provider still makes the decision based on his or her clinical evaluation and judgment
 - Establish the medium and process by which the developed indicators will be communicated and distributed to providers
 - Evaluate and reevaluate conditions on an ongoing basis for development of clinical indicators

**Future goals of the committee could include diagnostic-specific protocols for established diseases and/or conditions

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The Effects

- Quality documentation and clinical support affects:
 - Value-Based Purchasing Program (VBPP)
 - Accuracy and compliance of ICD-10-CM coded data
 - Reimbursement
 - Patient care
- Accurate documentation and clinical support improves:
 - Hospital-acquired conditions (HAC)
 - Hospital readmission rates
 - Patient Safety Indicators (PSI) and POA discrepancies
 - Mortality scores via increased SOI/ROM
 - Recovery Audit Contractors (RAC) and 3rd-party denials

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Where to Begin?

- Actively participate in quality initiatives and committees within the facility to learn the common goals and needs
 - Quality/compliance committee
 - Readmissions committee
 - Risk/mortality committee
 - PSI committee
- Contact physician advisor or chief medical officer to discuss committee development
 - Present proposed objectives and goals of committee with evidence-based reporting
 - RAC denials
 - Readmissions
 - Quality outcomes (PSIs, mortality, HACs)

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Who to Invite?

- Key stakeholders in the facility that would provide significant perspective on the diagnostic assessment and indicators being evaluated and designed:
 - Physician advisors/champions
 - Chief medical officer
 - CDI specialists
 - Medical coders
 - Case management
 - Director of quality and risk
 - Director of nursing or nurse manager (ICU)
 - Physicians of various specialties
 - Cardiology, emergency room, general surgery, hematology/oncology, hospitalist/internal medicine, nephrology, radiology, pathology, pharmacist, pulmonology, residents

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Special Guests

- In addition to the core committee, specialists can be included and/or invited to speak on various diagnostic topics when the need arises
 - Infectious disease
 - Orthopedics
 - Pediatrics
 - Psychiatry
 - Neurology
 - Vascular
 - Urology

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Establish Ground Rules

- Establish the **purpose** of the committee
- Establish the **goals** of the committee
- Establish the **medium**—how the education will be documented and distributed to the facility and providers
- Specific **ground rules**
 1. Clinical “**indicators**” should be the term used versus “**criteria**” as providers make the ultimate decision based on a patient’s overall clinical picture.
 2. Everyone should present information relevant to their specialty but work as a unified group. **The physician advisor or chief medical officer usually facilitates the committee.**

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What Are Indicators?

- Measures that assess a particular healthcare process or outcome
- Quantitative measures that can be used to monitor and evaluate the quality of important governance, management, clinical, and support functions that affect patient outcomes
- Measurement tools, screens, or flags that are used as guides to monitor, evaluate, and improve the quality of patient care, clinical support services, and organizational functions that affect patient outcomes

Mainz, Jan. (2003). Defining and classifying clinical indicators for quality improvement. The National Indicator Project and University of Aarhus, Denmark. International Journal for Quality in Health Care, 15(6), 523-530.

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Ideal Indicators

- An ideal indicator will have the following key characteristics:
 - Based on agreed definitions, and described exhaustively and exclusively
 - Highly or optimally specific and sensitive—detects few false positives and false negatives
 - Valid and reliable
 - Discriminates well
 - Relates to clearly identifiable events for the user (relevant to clinical practice)
 - Permits useful comparisons
 - Evidence based

Mainz, Jan. (2003). Defining and classifying clinical indicators for quality improvement. The National Indicator Project and University of Aarhus, Denmark. International Journal for Quality in Health Care, 15(6), 523-530.

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What to Choose First?

- Discussion of the clinical indicators for a disease process is chosen based on the reported outcomes from:
 - CDI metrics (query rates/query escalation)
 - Coding and RAC denials
 - Mortality reviews and metrics
 - Patient Safety Indicator reporting
 - Readmission statistics
 - Administrative initiatives

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What Is the Process?

- Define the diagnosis to be discussed based on needs of the organization and reporting/metrics
- Presenter discusses evidence-based indicators for the disease/condition
- Committee provides input into the relevance of the indicators as it pertains to their specialty
- Indicators are established
- Indicators are documented
- Documentation is distributed and/or education provided to providers and relevant parties

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What Is the Process?

Disease	Categories	Factors
Define the disease	Rate based or sentinel	Preventative Acute Chronic
Present evidence based information as it relates to the definition, category and factors	Related to: Structure Process Outcome	Function: Screening Diagnosis Treatment Follow-up
Define the indicators under the relevant factors	Generic or disease specific	Modality: History Physical Examination Diagnostics Medication Other interventions
Document the Indicators		
Distribute and Educate		

Mainz, Jan. (2003). Defining and classifying clinical indicators for quality improvement. The National Indicator Project and University of Aarhus, Denmark. International Journal for Quality in Health Care, 15(6), 523-530.

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Committee Discussion Example: Encephalopathy

- Encephalopathy is a common disease process with vague clinical indicators. It is a common source of RAC audits and relevant to mortality risk factors.
- Committee decides to review this disease process and establish clinical indicators.
- Neurology is contacted to present on this disease with established definition and evidence-based clinical indicators.
- CDI researches disease process and provides the committee with evidence-based research as well as any well-known CDI clinical indicators to the committee for review.

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Committee Discussion Example: Encephalopathy HCPPro

- The **medical coder** is contacted to provide any case examples of poor indication/documentation of the disease as well as any RAC or third-party audit denials
- **Quality** is contacted regarding mortality reviews where the disease was found to have impact on risk of mortality (ROM)
- **Committee meets to discuss**

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Committee Discussion Example: Encephalopathy HCPPro

- **Neurology** provides definition and evidence-based information
- **CDI and coding** present known indicators and cases where documentation and diagnosis may have been insufficient
- **Quality** presents mortality findings/scores relevant to the disease
- **Emergency room** physician discusses presentation of these patients
- **Internal medicine** presents recommended plan of care and etiologies
- **Radiologist** discusses findings of MRI and CT for encephalopathy
- **Neurologist** discusses relevant EEG findings and testing for encephalopathy
- **Pathologist** presents standard testing for toxic, metabolic, and infectious aspects of encephalopathy
- **Cardiologist** presents common CVA examples of encephalopathy
- **Psychiatrist** discusses any psychiatric conditions relevant to encephalopathy
- **Nurse manager** provides common behavior of patients with encephalopathy
- **Resident** presents case findings and newest scholarly teachings

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Clinical Indicator Review Form Content HCPPro

CLINICAL INDICATOR REVIEW FORM FOR ENCEPHALOPATHY

- Encephalopathy may be assigned as a principal diagnosis when it is the condition established after study to be chiefly responsible for occasioning the admission to the hospital.
- Encephalopathy may be assigned as a secondary diagnosis if it occurs after admission or if it is present on admission but does not meet the definition of principal diagnosis.
- **Patients here at XXXXXXXX must meet the following clinical indicators as established by our Clinical Indicator Committee.**
- Please include the above clinical indicator documentation within the medical record. If indicators are not present, findings to support the diagnosis must be documented within the medical record.

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Encephalopathy Clinical Indicator Review Form Content HCPPro

Showing some of the following signs and symptoms:

- Altered mental status from baseline
- Coma
- Confusion
- Delirium
- Disorientation
- Lethargy
- Psychosis
- Restlessness
- Stupor
- Patient may become more alert when underlying condition is treated or resolved

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Encephalopathy Clinical Indicator Review Form Content HCPPro

Possible etiologies of encephalopathy include and should be linked to the condition:

- Anoxic encephalopathy
- Hepatic encephalopathy
- Uremic encephalopathy
- CVA
- Metabolic encephalopathy
- PRES (posterior reversible encephalopathy syndrome)
- Septic encephalopathy
- Toxic encephalopathy
- Hypertensive encephalopathy

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Encephalopathy Clinical Indicator Review Form Content HCPPro

Tests to determine etiology may include but are not limited to:

- ABGs
- CT
- Cultures
- EEG
- Laboratory workup
- MRI
- Toxicology

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Encephalopathy Clinical Indicator Review Form Content +HCPPro

Review medical history for other conditions that may be an underlying etiology of altered mental status such as:

- Alzheimer's disease
- Chemical dependencies
- CVA or TIA Hx
- Medications
- Parkinson's disease
- Lewy body dementia
- Mood disorders
- Schizophrenia
- Seizure Hx
- Tumors

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Documentation and Distribution +HCPPro

- Established guidelines are documented and presented back to the committee for approval
- Distribution of the established guidelines is performed
- Suggestions:
 - Physician portal
 - Physician newsletter
 - CDI query
 - Clinical indicator review form
 - Tip sheet
 - Laminated card attached to computer carts
 - Face-to-face education with provider
 - Facilitywide distribution and posting

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- CDI specialists can utilize the clinical indicator information for **querying** the physician
- The **emergency room** is a prime area to query as this is when both the ER physician and attending are accessing the chart and establishing the initial diagnoses
- Various other **facility initiative committees** can utilize the information to provide to members as a resource and for education

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Common Diagnoses

- Common diagnoses to consider for establishment of clinical indicators:

AKI/ATN	CHF	COPD AND COPD EXACERBATION
CVA	ENCEPHALOPATHY	GI BLEED
MALNUTRITION	PNEUMONIA (include aspiration and ventilator associated)	TIA
ACUTE BLOOD LOSS ANEMIA	MYOCARDIAL INFARCTION	COR PULMONALE
SEPSIS (include cancer/chemotherapy patients)	COMA	ELECTROLYTE IMBALANCES
DIABETIC MANIFESTATIONS	POSTOP COMPLICATIONS	ACUTE AND CHRONIC RESPIRATORY FAILURE
PANCREATITIS	FUNCTIONAL QUADRIPLEGIA	ACIDOSIS/ALKALOSIS
RHABDOMYOLYSIS	DELIRIUM	SHOCK

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Other Indicators

- Indicators may include other relevant factors:
 - Baseline testing results on the chart
 - Creatinine baseline level for CKD/AKI/ATN
 - Pulmonary Function Test (PFT) history for COPD
 - BNP baseline for CHF exacerbations
 - A1C history for diabetes or hyperglycemia
 - Present on admission
 - Principal diagnosis
 - Incoming transfer patients with postop complications
 - Testing on admission
 - Cultures, diagnostics

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My Experience: Tips and Tricks

- Providers begin to understand the real necessity of complete, accurate, and consistent documentation practices.
- Keep the committee on topic. Don't allow the focus to become specialty or department specific.
 - Facilitator can keep on task
 - Don't focus only on reimbursement/quality/mortality objectives
- CDI should place the clinical indicator forms on the chart as soon as there is indication of that disease process.
 - Emergency room or after history & physical complete

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My Experience

- Clinical indicator committees bring various departments and specialties together and provide a great discussion forum on facilitywide projects, issues, and needed education
- The committee begins to understand the objectives, goals, and initiatives of the facility and gets a glimpse behind the scenes
- Providers find the committees to be clinically centered regarding their patients and the needs of those patients


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Thank you. Questions?

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