

2022



STRONGER

vizient. CONNECTIONS SUMMIT

Sept. 19–21, 2022

#vizientsummit



# Clinical Documentation Integrity: Improving Capture of Risk Variables

# Panelists

**Bradley Burns, DO, MBA, FACOEP**

Director of Physician Informatics for Emergency Medicine

**Melissa Haala, RHIA, CCS**

Manager, Inpatient Coding

**Nissa Perry, MA, LSSBB**

Senior Improvement Advisor

**M Health Fairview**



**Katherine A. Hochman, MD**

Director, Division of Hospital Medicine and Associate Chair for Quality (Medicine)

**Adam J. Goodman, MD**

Director of Quality, Department of Medicine

**Ulka Kothari, MD**

Director, Pediatric Ambulatory Quality and Clinical Informaticist

**NYU Langone**

# Disclosure of Financial Relationships

Vizient, Inc., Jointly Accredited for Interprofessional Continuing Education, defines companies to be ineligible as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

An individual is considered to have a relevant financial relationship if the educational content an individual can control is related to the business lines or products of the ineligible company.

Adam J. Goodman, MD, speaker for this educational activity, is a consultant for Ambu, Inc.

All relevant financial relationships listed for this individual has been mitigated.

All others in a position to control content for this educational activity have no relevant financial relationship(s) to disclose with ineligible companies.

# Learning Objectives

- Identify opportunities for improvement in documentation and coding, specific to mortality.
- Identify a collaborative and highly reliable solution to improve capture of conditions present on admission.
- Describe five key components of quality in medical documentation.
- Discuss the power of machine learning in driving change around improved clinical documentation.



# Clinical Documentation Integrity: Improving Capture of Risk Variables

# Panelists

**Bradley Burns, DO, MBA, FACOEP**

Director of Physician Informatics for Emergency Medicine

**Melissa Haala, RHIA, CCS**

Manager, Inpatient Coding

**Nissa Perry, MA, LSSBB**

Senior Improvement Advisor

**M Health Fairview**



**Katherine A. Hochman, MD**

Director, Division of Hospital Medicine and Associate Chair for Quality (Medicine)

**Adam J. Goodman, MD**

Director of Quality, Department of Medicine

**Ulka Kothari, MD**

Director, Pediatric Ambulatory Quality and Clinical Informaticist

**NYU Langone**

# M Health Fairview



2022

VIZIENT CONNECTIONS SUMMIT

vizient.



# M Health Fairview: Background

- M Health Fairview is a 11- hospital system located in Minneapolis, MN and surrounding areas
- M Health Fairview is relatively new to Vizient and overall performance has varied from top to bottom quartile across system
- Early 2021 developed standard process to review mortalities for coding and documentation opportunities with CDI, quality and providers to understand gaps in documentation
  - **70 – 80%** of the time identified coding and documentation opportunities
- In May of 2021, held “Mortality Sprints” to focus on improving documentation gaps with providers, CDI, IT and quality

# M Health Fairview: Intervention

- Systematic review of gaps in documentation
- Partnered with IT, CDI and providers to develop a documentation solution embedded directly into provider workflows
- Ongoing meetings and engagement with providers to discuss the work
- Tracked utilization of smartphrases and early impact on specific conditions to encourage spread

## Clinically Significant Risk Factors Present on Admission

{ TIP | This section helps capture the illness of the patient on admission.

- Review diagnoses highlighted in blue; right click, edit & delete if not appropriate
- Optional smartlists should be completed unless they are not applicable
- If blank, no additional diagnoses identified :30411}

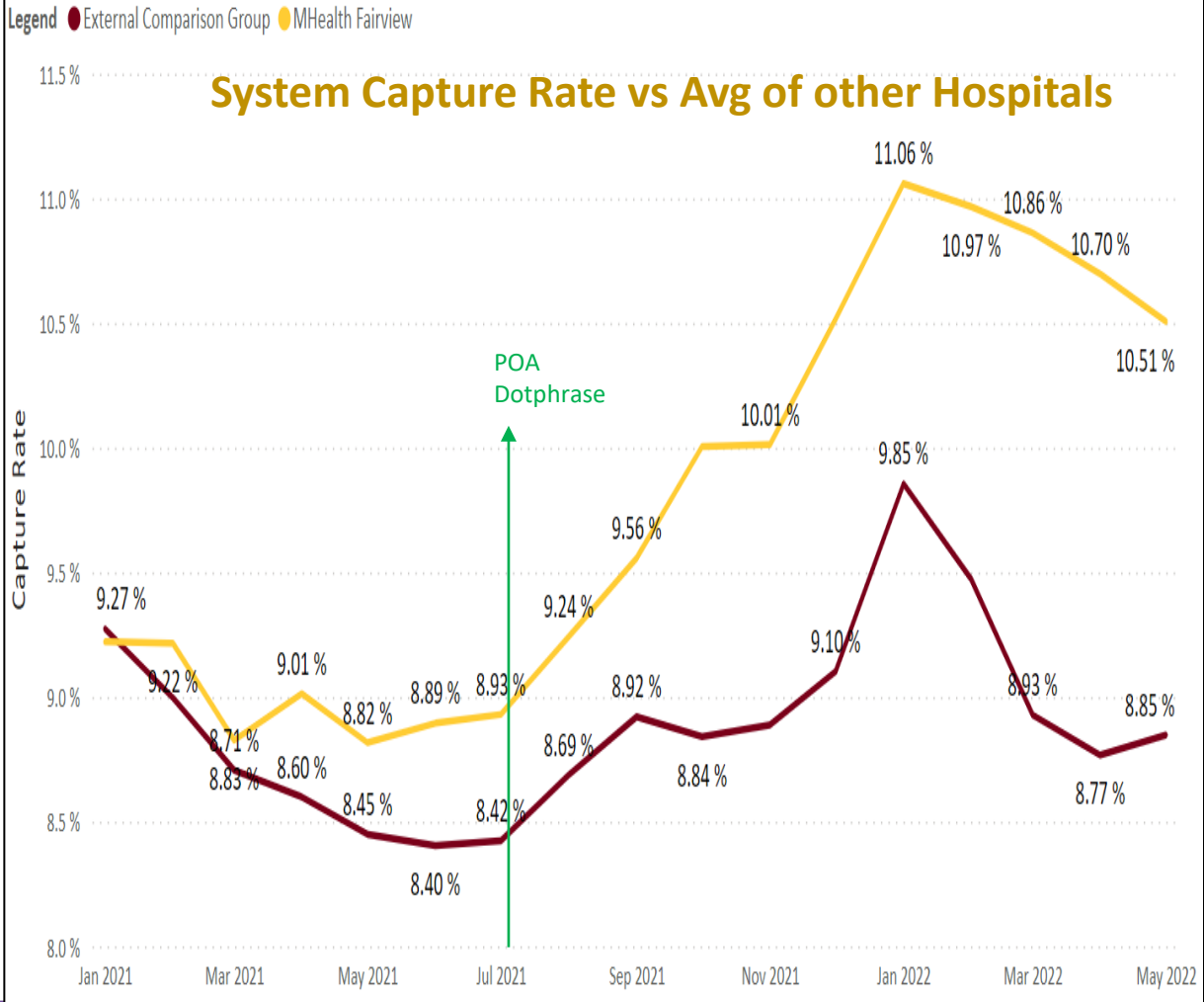
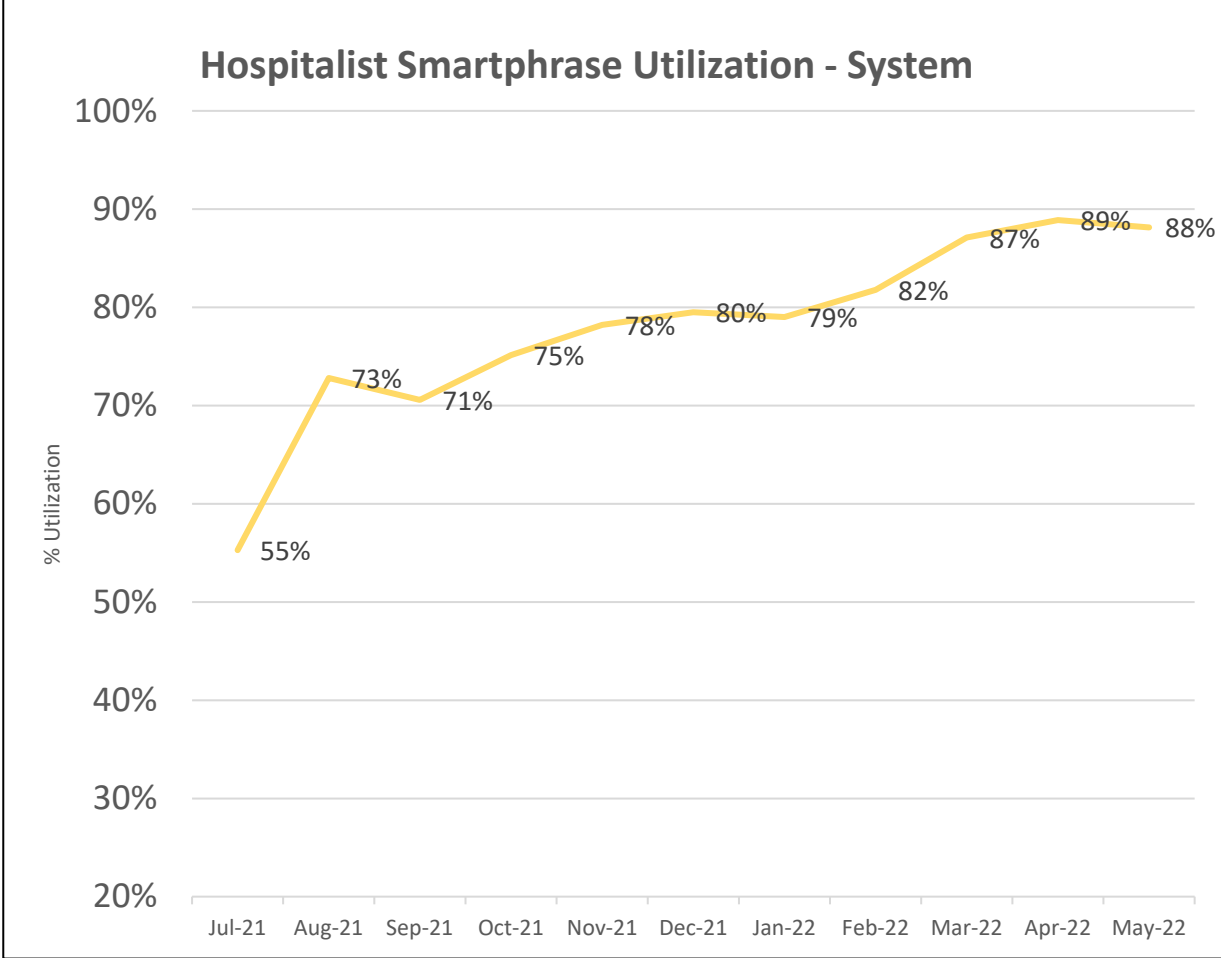
# Hypocalcemia: Ca = 8.3 mg/dL (Ref range: 8.6 - 10.0 mg/dL) and/or iCa = N/A on admission, will replace as needed

# Coagulation Defect: home medication list includes an anticoagulant medication

# Thrombocytopenia: Plts = 99 10e3/uL (Ref range: 150 - 450 10e3/uL) on admission, will monitor for bleeding

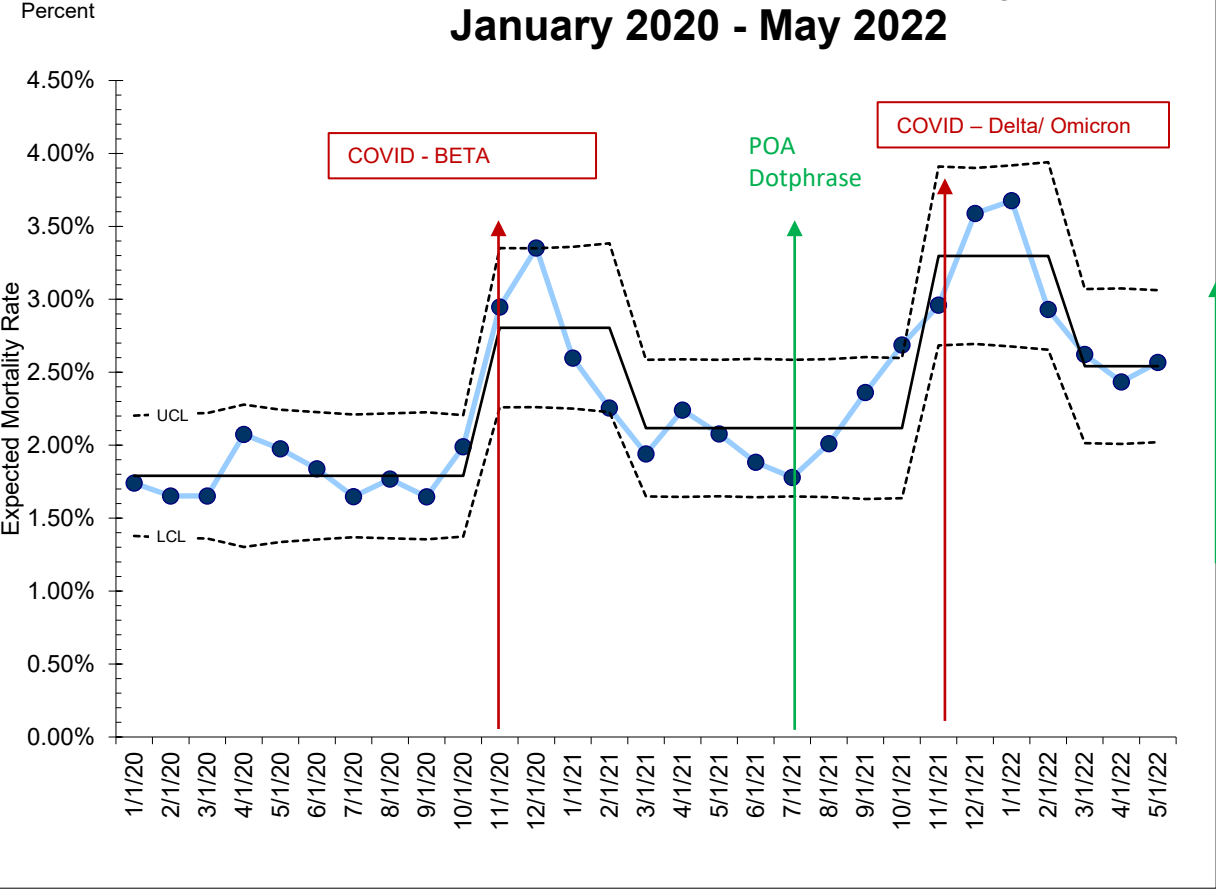
© 2022 Epic Systems Corporation

# M Health Fairview: Results

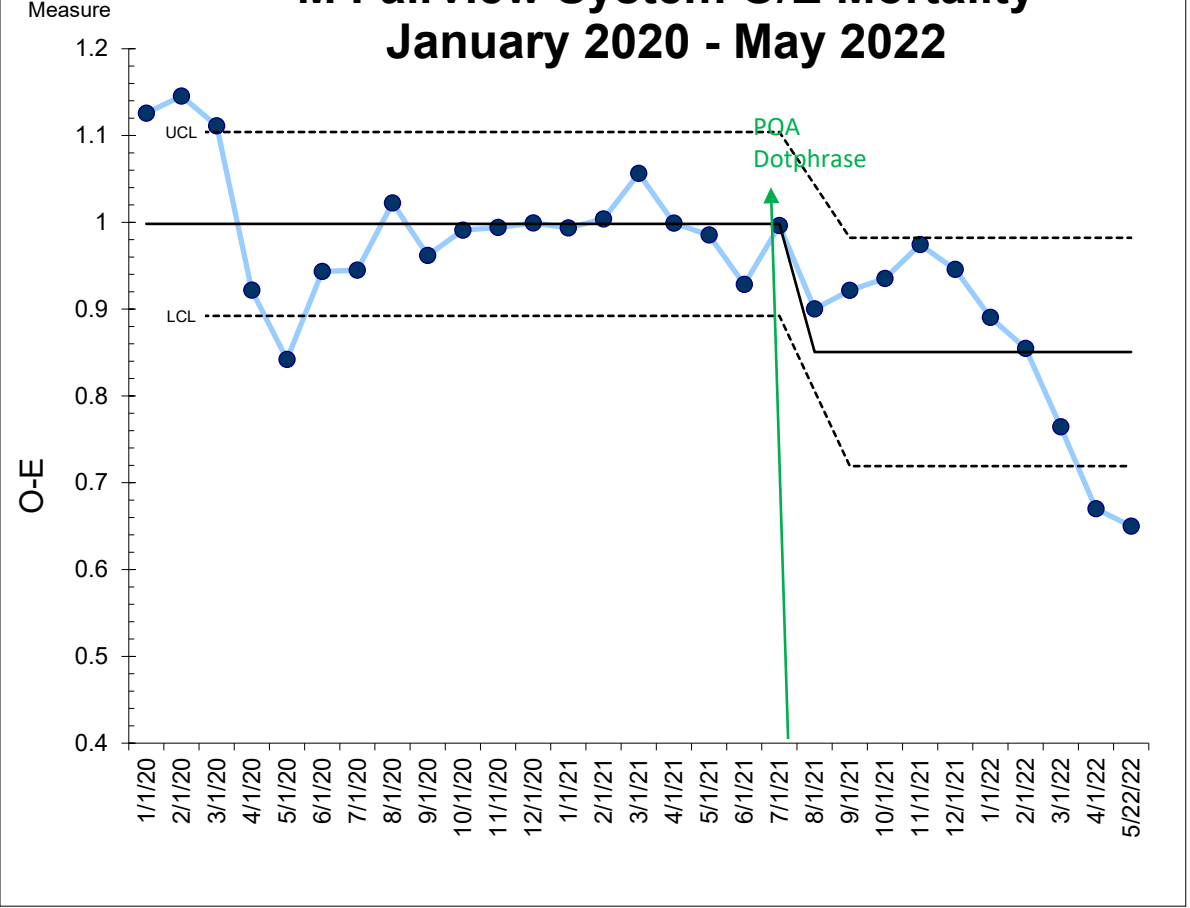


# M Health Fairview: Results

### M Fairview Health Expected Mortality Rate January 2020 - May 2022



### M Fairview System O/E Mortality January 2020 - May 2022



NYU Langone



2022

VIZIENT CONNECTIONS SUMMIT

vizient.

# NYU: The Trigger

## National Challenge:

Medical documentation is the cornerstone for team communication and patient care coordination, yet notes have become redundant, inaccurate and wordy. Poor documentation leads to delays in diagnostic and treatment plans.

## Our goal:

Define the elements of quality in medical documentation and create systems-wide IT solutions to both facilitate and measure improved quality in medical documentation.

# NYU: The Multi-Pronged Strategy

1. Development of “**guiding principles**” of medical documentation
2. Creation of a **rigorous rubric**, the “5Cs”: Complete, Concise, Contingency Planning, Correct, Clinical Assessment to grade medical documentation
3. Re-Design of **templates** in the EHR to streamline documentation
4. Development of comprehensive **educational strategy** to evaluate medical documentation
5. Creation of **tableau dashboard** to show utilization rate by note type/ campus/provider type/ individual provider and length of note
6. Development of **AI machine learning** tool that allows for grading of thousands of inpatient notes

# NYU: The Results

## Process Outcomes

% of total notes that use the template	81.4%
% of attending physician notes that use the template	83.1%
% of APP notes that use the template	87.0%
% of resident notes that use the template	76.3%

## Quality Outcomes

	Pre-Template	Post-Template
% Complete	36%	47%
% containing Clinical Assessment	46%	57%
% Concise	6%	28%
% containing Contingency Planning	2%	9%
% Correct	43%	53%



# Panel Discussion

2022

VIZIENT CONNECTIONS SUMMIT



vizient.

# Lessons Learned

- Be explicit in defining a rubric that crosses all departments
- Templates must reduce workload for both the author AND the reader
- Be transparent that improving medical documentation is an iterative process
- Standardization in medical documentation leads to opportunities to improving other quality initiatives including hospital acquired conditions and discharge planning
- Creation of “smart” tools embedded in the workflow helps drive adoption and sustainment of interventions- make it easy to do the right thing = less queries from CDI and better results
- Utilize measurement tools with frequent feedback to show early impact helps drive change

# Key Takeaways

- Active and Visible Executive Sponsorship is key to driving cultural change
- Collaborating with providers and CDI critical to understand processes, workflows and develop interventions- learning each other's "love language"
- Strong operational leadership is imperative for success
- Early engagement of frontline leads will facilitate early and widespread adoption
- Cultural change takes time; be explicit in acknowledging the shift in perspective from the single author to the multiple readers (including our patients)

# Questions?



## Contact

Bradley Burns, [Bradley.Burns@fairview.org](mailto:Bradley.Burns@fairview.org)

Nissa Perry, [Nissa.Perry@fairview.org](mailto:Nissa.Perry@fairview.org)

Melissa Haala, [Melissa.Haala@fairview.org](mailto:Melissa.Haala@fairview.org)

Katherine A. Hochman, [katherine.hochman@nyulangone.org](mailto:katherine.hochman@nyulangone.org), @KHochmanMD

Adam J. Goodman, [adam.goodman@nyulangone.org](mailto:adam.goodman@nyulangone.org), @AdamGoodmanMD1

Ulka Kothari, [ulka.kothari@nyulangone.org](mailto:ulka.kothari@nyulangone.org), @UlkaKothari