2022

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Spectrum Health

For Michigan, By Michigan.™

Quality, Documentation and Coding Collaborate to Reduce PSI

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Spectrum Health West Michigan

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Learning Objectives

- Describe a multidisciplinary approach to solve clinical documentation and coding integrity gaps within a complex health system.
- Explain how to use a database to identify areas of improvement in Center for Medicare & Medicaid Services (CMS) penalty programs.
- List the necessary participants to make significant process changes toward improvement in documentation and pre-bill coding integrity to accurately represent patient status, interventions and clinical outcomes.

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Spectrum Health West Michigan

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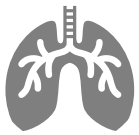
- 13 counties in West Michigan
- 11 hospitals
- 5 rehabilitation and nursing centers
- 120 outpatient sites and telehealth services
- 4,000 physicians and advanced practice providers including Spectrum Health Medical Group, one of the largest and most comprehensive multispecialty physician groups in West Michigan

Project Goals

- Reduce the amount of our CMS Program financial penalties, initially focusing on four Patient Safety Indicators (PSIs), as defined by Agency for Healthcare Research and Quality (AHRQ), having the greatest opportunity for improvement
- Increase the accuracy of our internal and public-facing data and outcomes to reflect our true clinical practice and outcomes
- Decrease the number of PSI case payment denials
- Utilize the knowledge and expertise of each of the disciplines in our collaborative efforts
- Ensure patient safety for future treatment by ensuring the Electronic Medical Record (EMR) documentation is accurate

Our Why

PSI-3: Hospital-Acquired Pressure Ulcer Rate



PSI-11: Postoperative Respiratory Failure Rate

PSI-12: Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate

PSI-15: Abdominopelvic Accidental Puncture or Laceration Rate

- We were not a top performer in 2020
- Did not provide optimal care to our patients in these PSIs
- Received CMS program penalties of over five million dollars
- We focused on 4 PSIs with our greatest opportunity for improvement

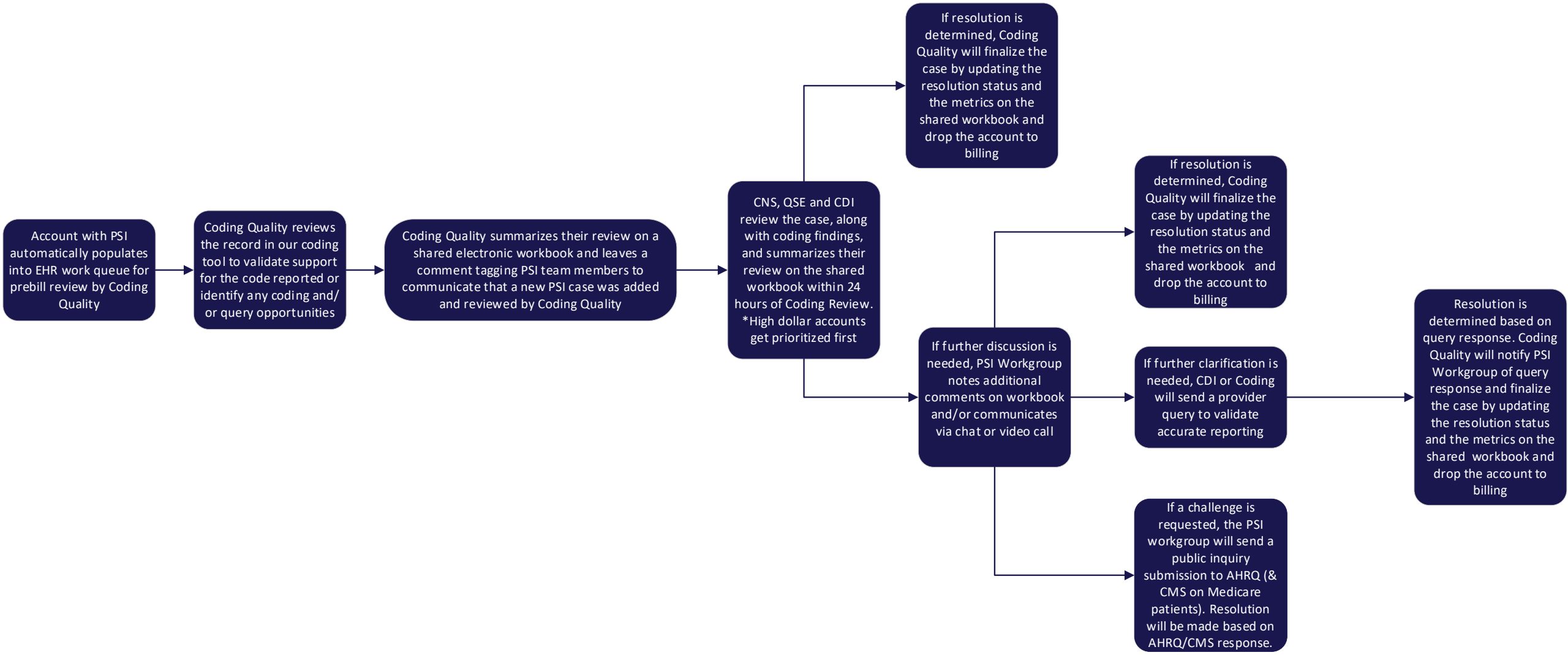
How did we get started?

- Modeled after Spectrum Health Lakeland process
  - Completed a site visit
  - Participated in training calls
- Started with PSI-11 and PSI-15 to establish best practice and standard work
- Trialed using coding tool
  - quickly moved to spreadsheets and EMR reports
  - EMR build was prioritized due to penalties associated
- Continued to evolve as we continued to learn

Team Developed

- Coding Quality team
- Quality Safety and Experience Specialist
- Surgical Quality Specialist
- Clinical Nurse Specialist
- Wound, Ostomy, Continence nurses (WOC)
- Clinical Documentation Integrity team
- Surgeon teams as needed for clinical support

Process Flow



2020 Baseline Data

PSI	Safety Numerator	Observed Rate Per 1,000 Cases	Expected Rate Per 1,000 Cases	O/E Ratio
PSI-3	38	1.21	0.84	1.43
PSI-11	23	3.79	5.98	0.6
PSI-12	67	4.50	3.83	1.17
PSI-15	27	2.53	1.22	2.07

* January 1, 2020 – December 31, 2020

2021 Outcomes

PSI	Total	% Reduction	Total PSI Reduction
PSI-3 Cases Reviewed	63	19%	24%
PSI-3 Cases Removed	12		
PSI-11 Cases Reviewed	26	31%	
PSI-11 Cases Removed	9		
PSI-12 Cases Reviewed	53	25%	
PSI-12 Cases Removed	13		
PSI-15 Cases Reviewed	18	22%	
PSI-15 Cases Removed	4		

* March 1, 2021 - December 31, 2021

2022 Outcomes

PSI	Total	% Reduction	Total PSI Reduction
PSI-3 Cases Reviewed	33	18%	27%
PSI-3 Cases Removed	6		
PSI-11 Cases Reviewed	69	30%	
PSI-11 Cases Removed	21		
PSI-12 Cases Reviewed	35	31%	
PSI-12 Cases Removed	11		
PSI-15 Cases Reviewed	26	23%	
PSI-15 Cases Removed	6		

Quarter 2

We had a 43% reduction in included cases for PSI 12

* January 1, 2022 – June 30, 2022

Lessons Learned

PSI-3 (Pressure Ulcer Rate)

- Many of the charts removed from PSI-3 were due to conflicts between nursing documentation and provider documentation for staging or Present on Admission (POA)

PSI-11 (Postoperative Respiratory Failure)

- An increase in PSI-11 Quality Indicators due to the removal of Major Diagnostic Category (MDC)-5 as an exclusion. These include elective surgical admissions for Coronary Artery Bypass Graft's (CABG), Valve Replacements and Aortic Aneurysm repairs with documented "Acute postoperative respiratory failure"
- Six charts for PSI-11 removed were related to registration errors of the inpatient 'admission type' and not for coding or documentation issues

Lessons Learned

PSI-12 (Perioperative PE/DVT)

- Some of the identified PE/DVT were likely POA but not identified until day two or three and documentation did not reflect that possibility

PSI-15 (Abdominopelvic Accidental Puncture or Laceration)

- New coding guidance requires unavoidable tears/perforations/lacerations during an abdominopelvic procedure to be reported if it requires more than a simple suture and/or adhesive repair. (i.e., unavoidable enterotomy that requires resection of the bowel must be reported)

Next Steps

All PSI Work

- Expand to review all PSIs
- Creation of PSI expert improvement team
- Development and strategies of provider education to ensure Complication or Comorbidity(CC)/Major CC (MCC) capture without incurring penalty

Next Steps Continued

PSI-3

- Align provider documentation with WOC nurse documentation
- POA status

PSI-11

- Share cases with Chief of Surgery
- Educate providers to document etiology of acute respiratory failure
- Identify clinical trends leading up to reintubation after initial procedure
- Concurrent Clinical Assurance Program© (CCAP) to review clinical criteria if on non-invasive oxygen support for greater than 48 hours

Next Steps Continued

PSI-12

- Share cases with Chief of Surgery
- Clinical education on significance of DVT/PE
- POA status of DVT/PE for imaging done shortly after admission

PSI-15

- Share cases with Chief of Surgery
- Provider education on terms used for ‘unavoidable’ or ‘intentional’ lacerations
- Coder education on looking for ‘unavoidable’ or similar terminology and guidance on when to code per coding guidelines

Lessons Learned

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Key Takeaways

Prebilling PSI case review:

- No rework of cases
- Timely reimbursement from CMS
- Data for internal decision-making is accurate
- Public facing data is accurate for public perception of reputation of health system

Benefits of a triad multi-department collaborative team approach involving:

- Coding Quality
- Clinical Documentation Integrity (CDI)
- Quality, Safety, and Experience Improvement Specialist

Challenge CMS definitions if a case does not fit

Due to the pandemic, we will most likely not see the impact to penalties until FY2024

Questions?

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