

Learning Objectives

- Explain successful strategies to facilitate improved documentation by targeting specific diagnosis-related groups
- Outline the steps to create a discharge documentation tool that can be used for discharge diagnoses in the electronic medical record.

Introduction

- **Challenge:** Accurately capturing the complexity and severity of illness at the Department of Neurology at the University of California, Los Angeles (UCLA).
- **Background:** At UCLA, there exists a system-wide Clinical Documentation Improvement (CDI) infrastructure focused on capturing Principal Diagnoses and Present on Admission (POA) conditions.
- **Aim:** This was a pilot study that aimed to improve MCC/CC capture rate and improve CMI by creating an EMR tool to improve documentation of discharge diagnoses on the inpatient General Neurology service at UCLA.

Methods

Figure 1. Plan-Do-Study-Act

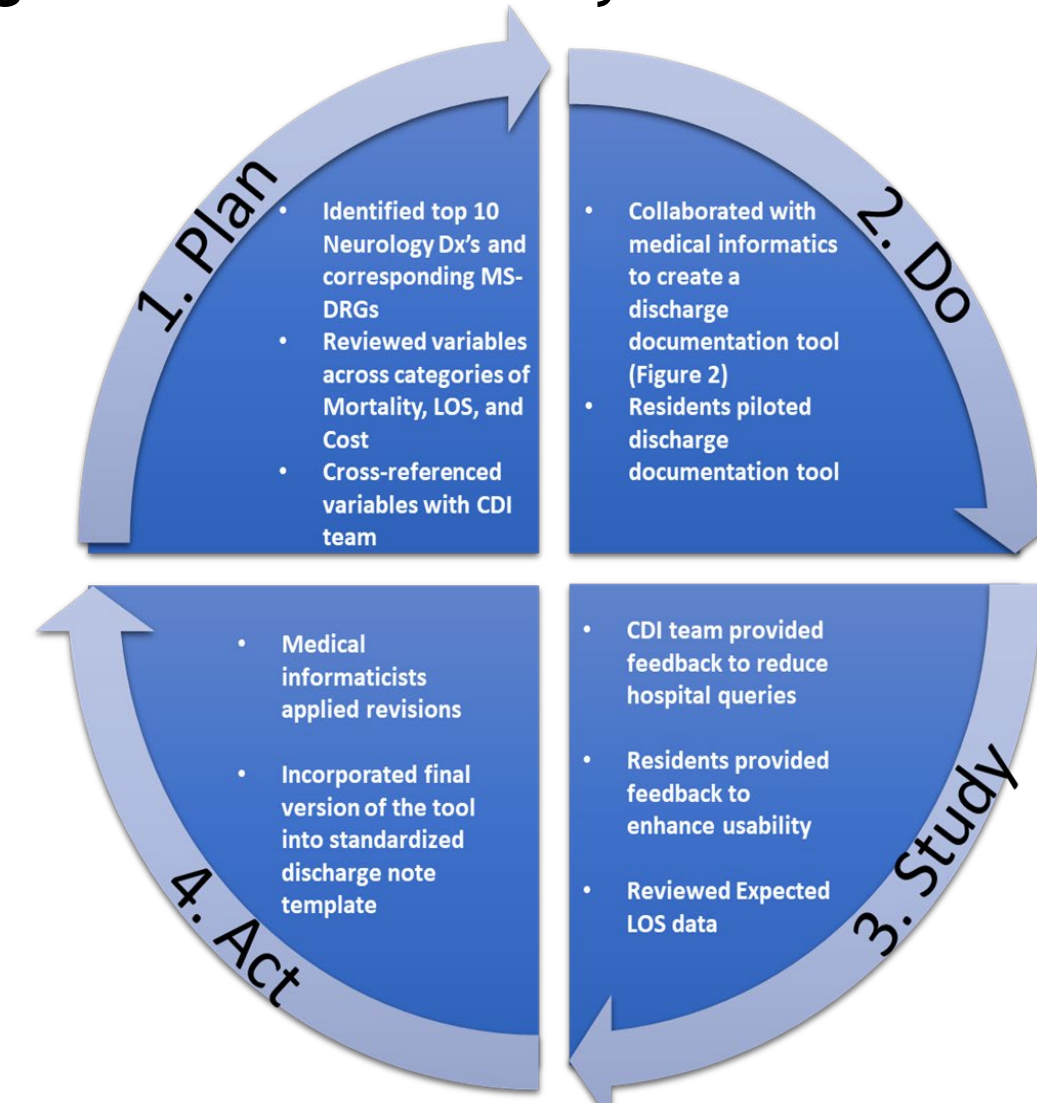
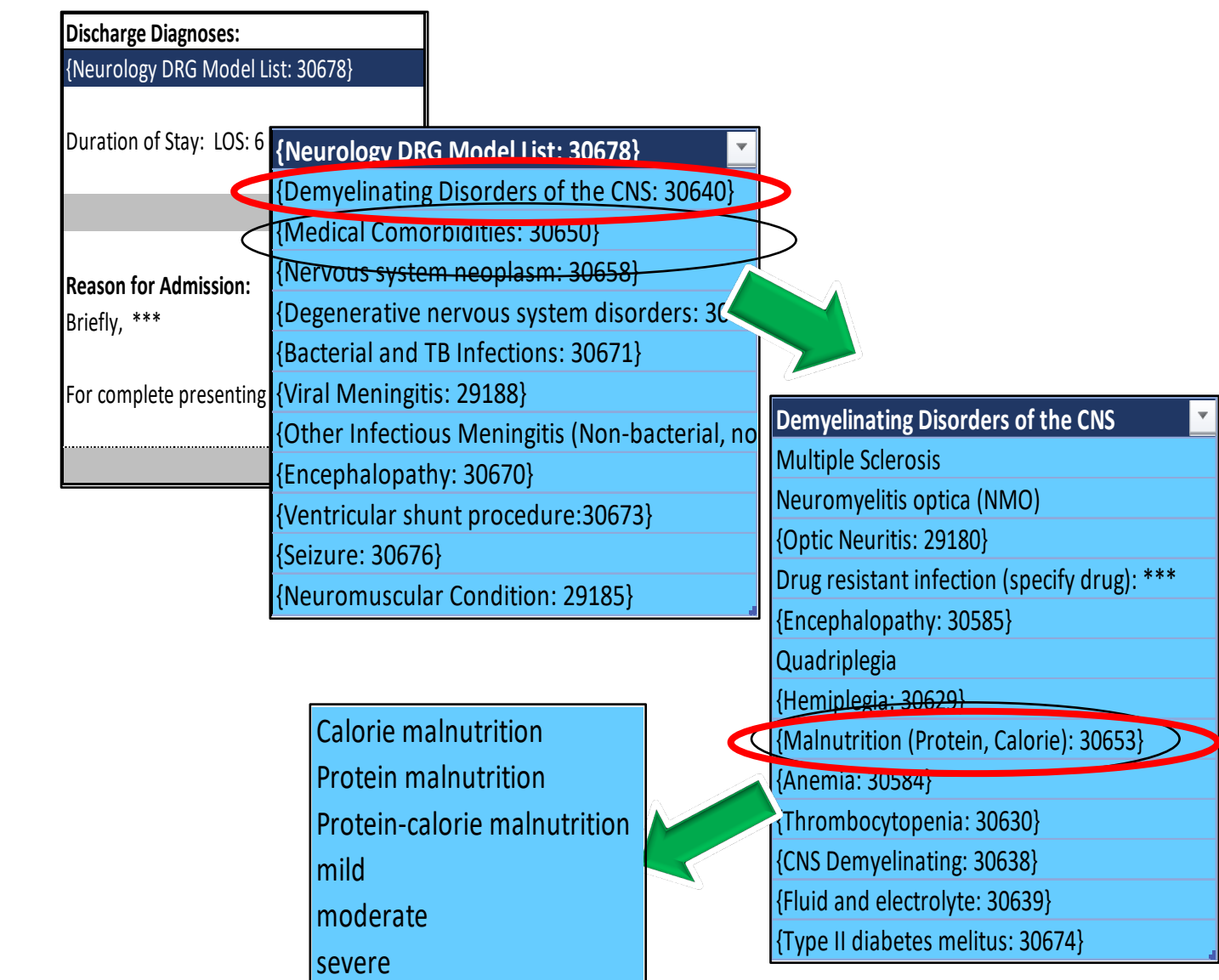


Figure 2. Example of dropdown choices in EHR tool



Results

Conclusion

Figure 3. Improvement in CMI during post intervention periods. *Significant difference (p< 0.01)

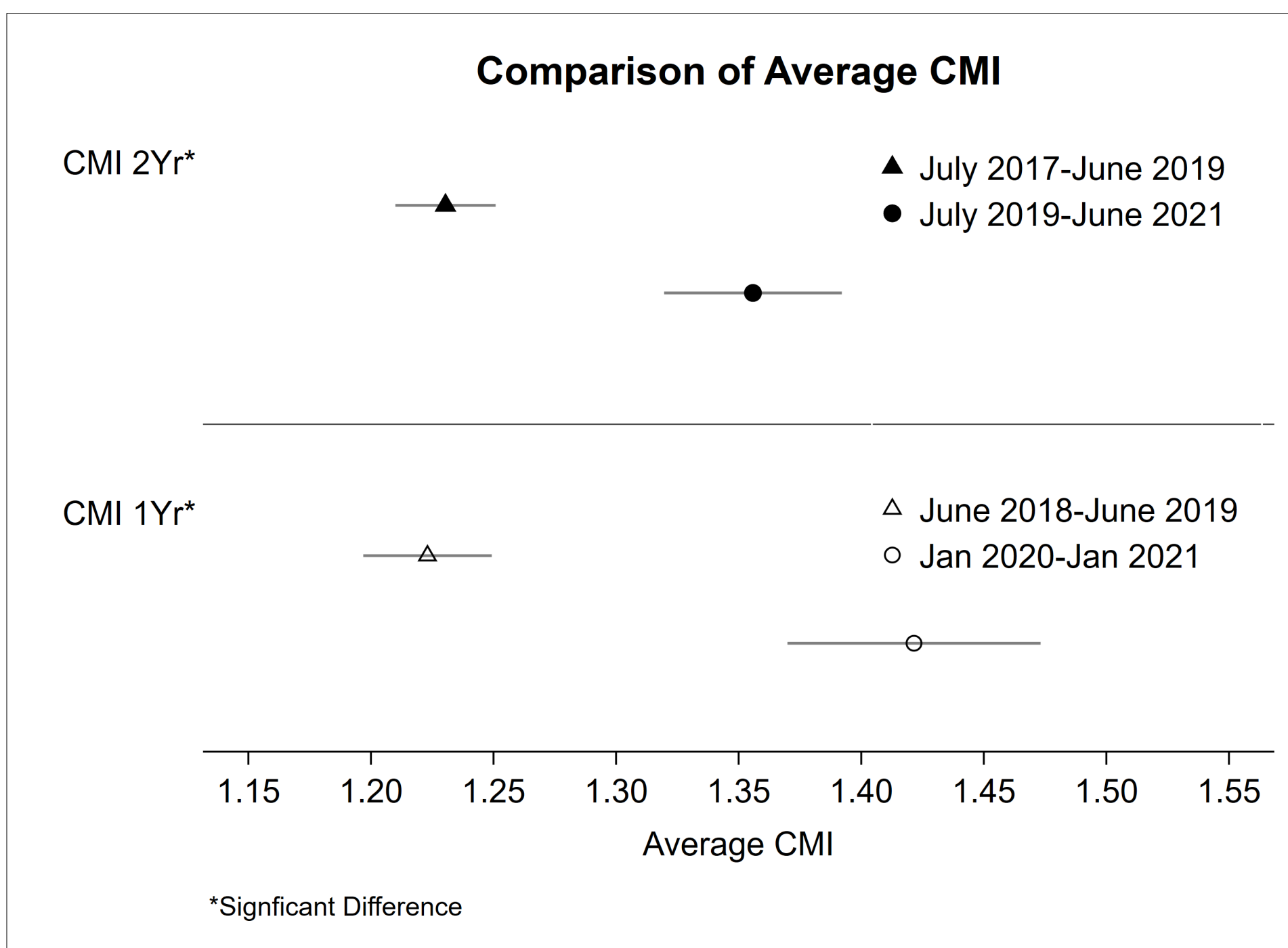
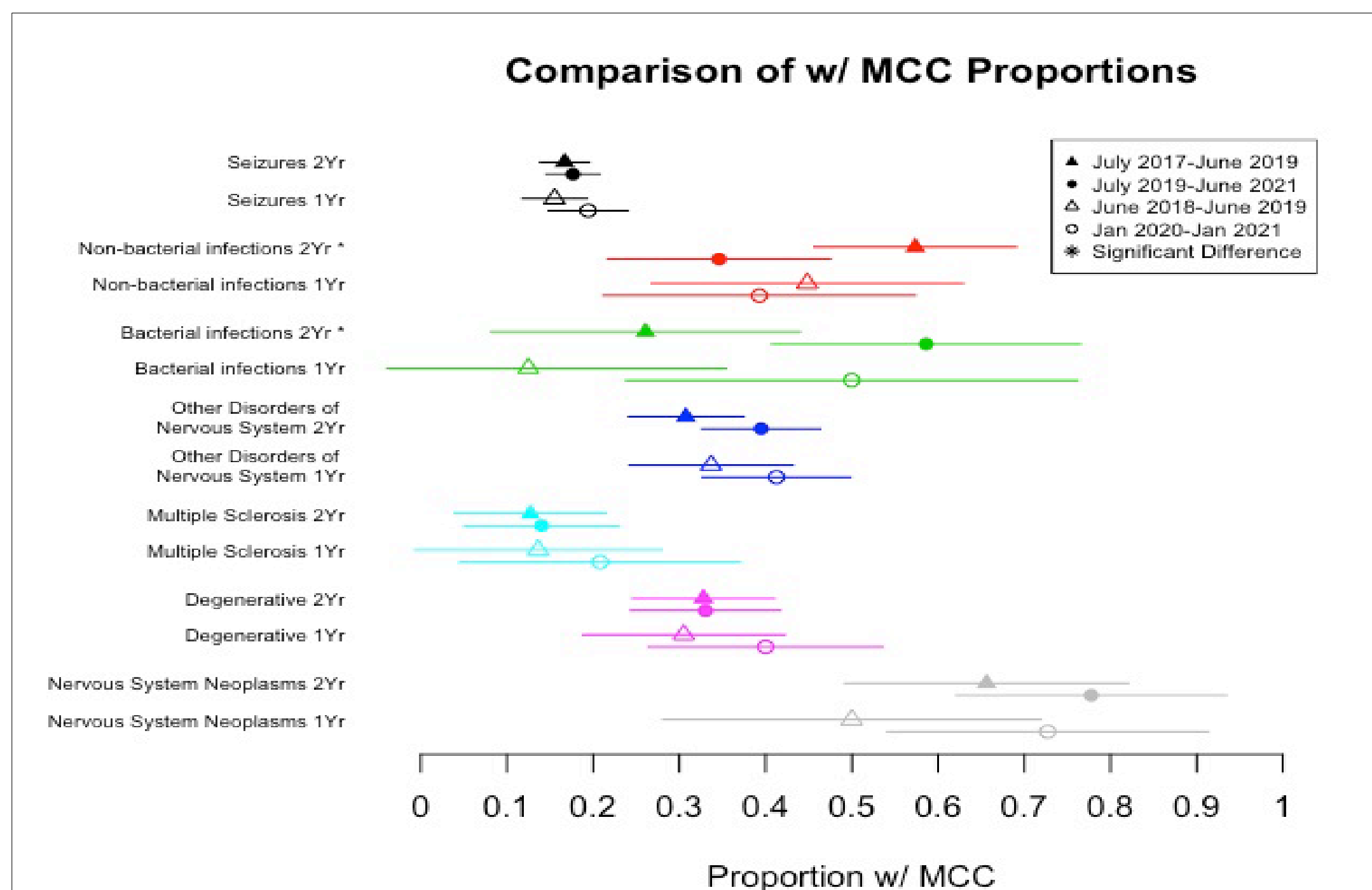


Figure 4. Improvement in MCC percentages for the analyzed DRGs during post-intervention periods. *Significant difference (p< 0.05)



- The use of this innovative tool demonstrated promise in **increasing the MCC/CC capture rate and increasing CMI**.
- Our study had limitations regarding the adoption of the model. There was slow adoption among 3rd and 4th year residents in the early phases.
- We observed an **improvement in the proportion of "Bacterial Infections" w/ MCC** in the 2-year analysis
- We observed **trends towards improvement in the following DRGs:**
 - Seizures
 - Other Disorders of the Nervous System
 - Multiple Sclerosis
 - Degenerative Nervous System Disorders
 - Nervous System Neoplasms
- **Future directions** include expanding this tool to other Neurology DRGs and subsequently other service lines

Disclosures: The authors have no relevant financial relationships to disclose.

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METHODS

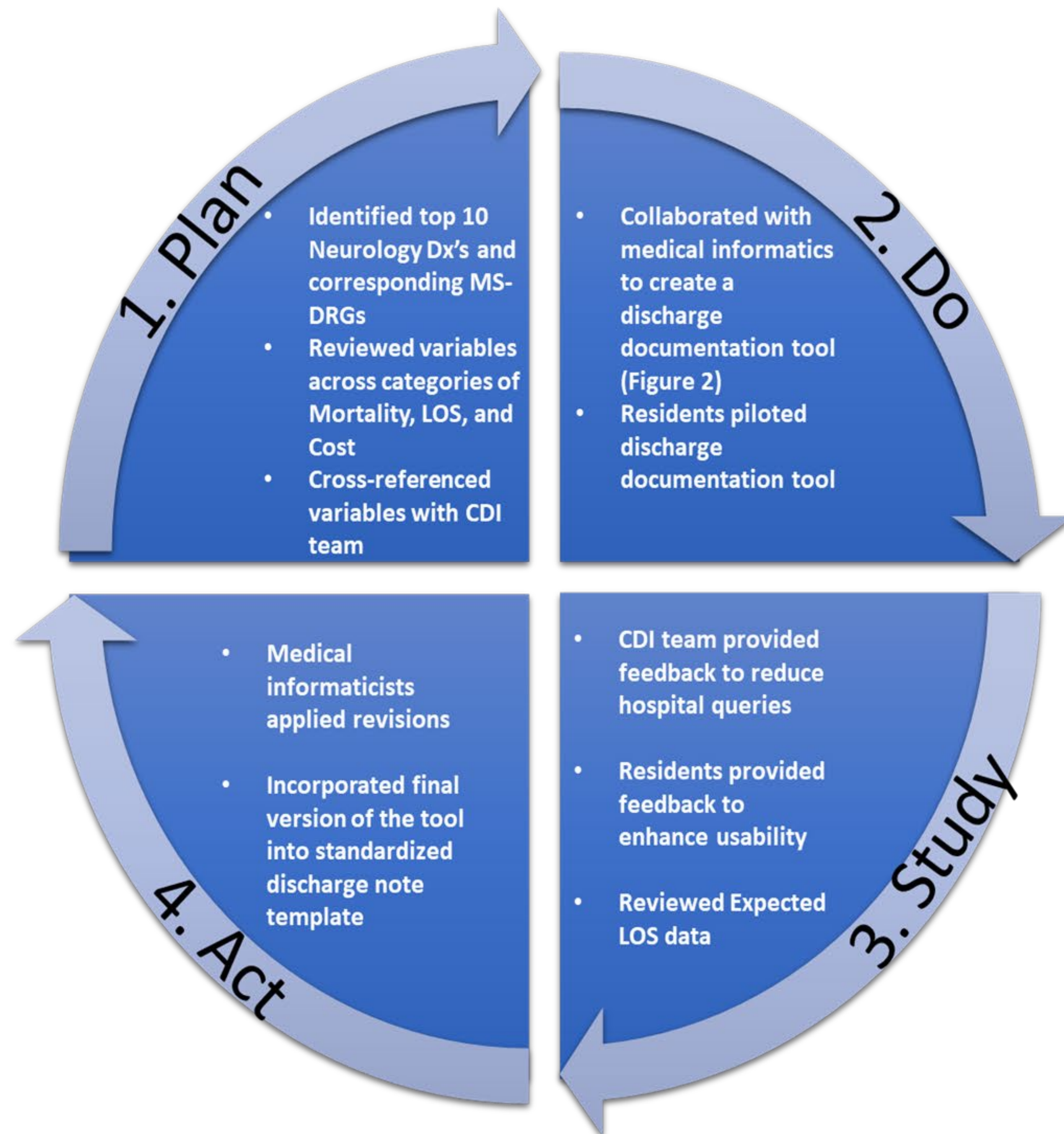


Figure 1. Plan-Do-Study-Act

Discharge Diagnoses:
 {Neurology DRG Model List: 30678}

Duration of Stay: LOS: 6

Reason for Admission:
 Briefly, ***
 For complete presenting

Discharge Diagnoses:
 {Demyelinating Disorders of the CNS: 30640}

Duration of Stay: LOS: 6 days

Reason for Admission:
 Briefly, ***
 For complete presenting history

Hospital Course by Problem
 # ***: ***

Discharge Diagnoses:
 Demyelinating Disorders of the CNS
 {Malnutrition (Protein, Calorie): 30653}

{Anemia: 30584}

Duration of Stay: LOS: 6 days

Reason for Admission:

Discharge Diagnoses:
 {Neurology DRG Model List: 30678}

- {Demyelinating Disorders of the CNS: 30640}
- {Medical Comorbidities: 30650}
- {Nervous system neoplasm: 30658}
- {Degenerative nervous system disorders: 3066}
- {Bacterial and TB Infection: 30671}
- {Viral Meningitis: 29188}
- {Other Infectious Meningitis, non-bacterial, no
- {Encephalopathy: 30670}
- {Ventricular shunt procedure: 30673}
- {Seizure: 30676}
- {Neuromuscular Condition: 291

Demyelinating Disorders of the CNS

- Multiple Sclerosis
- Neuromyelitis optica (NMO)
- {Optic Neuritis: 29180}
- Drug resistant infection (specify drug): ***
- {Encephalopathy: 30585}
- Quadriplegia
- {Hemiplegia: 30629}
- {Malnutrition (Protein, Calorie): 30653}
- {Anemia: 30584}
- {Thrombocytopenia: 30630}
- {CNS demyelinating: 30638}
- {Fluid and electrolyte: 30639}
- {Type II diabetes melitus: 30674}

Calorie malnutrition
 Protein malnutrition
 Protein-calorie malnutrition
 mild
 moderate
 severe

Figure 2. Example of dropdown choices in EHR template

RESULTS

Figure 3. Improvement in CMI during post intervention periods. *Significant difference ($p < 0.01$)

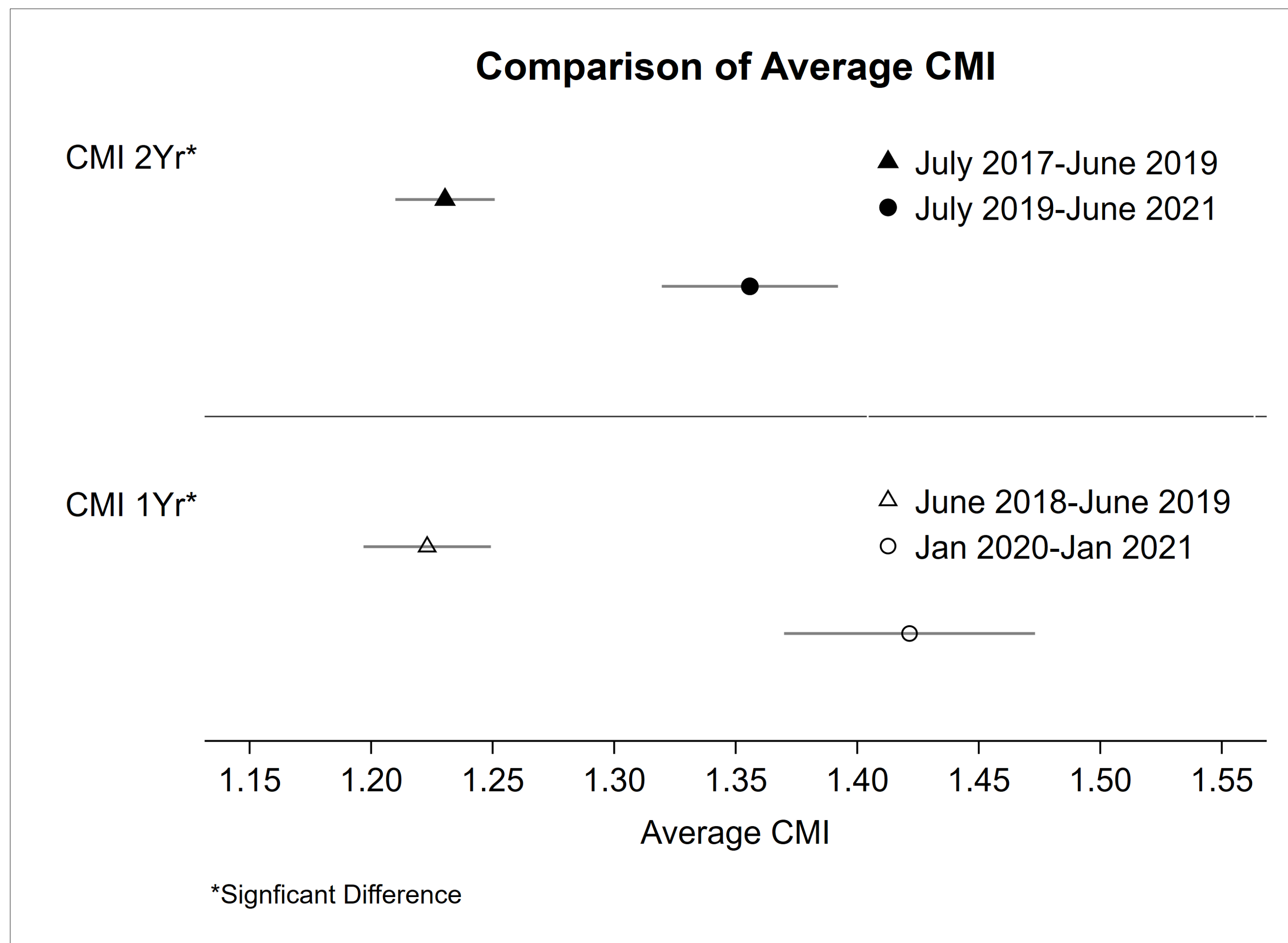


Figure 4. Improvement in MCC percentages for the analyzed DRGs during post-intervention periods. *Significant difference ($p < 0.05$)

