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## Learning Objectives

- 1) Identify service-line specific mortality risk variables with the highest impact.
- 2) Describe strategies to create efficient workflows that will help improve expected mortality (EM).

## Introduction & Background

- Even though at St. Louis University Hospital (SLUH) we were treating a significantly sicker patient population in our community, each patient's severity of illness was not reflected in our EM
- The present on admission (POA) risk variable (RV) documentation project was designed to help our physician understand the impact of mortality model groups and their association with risk variables on EM

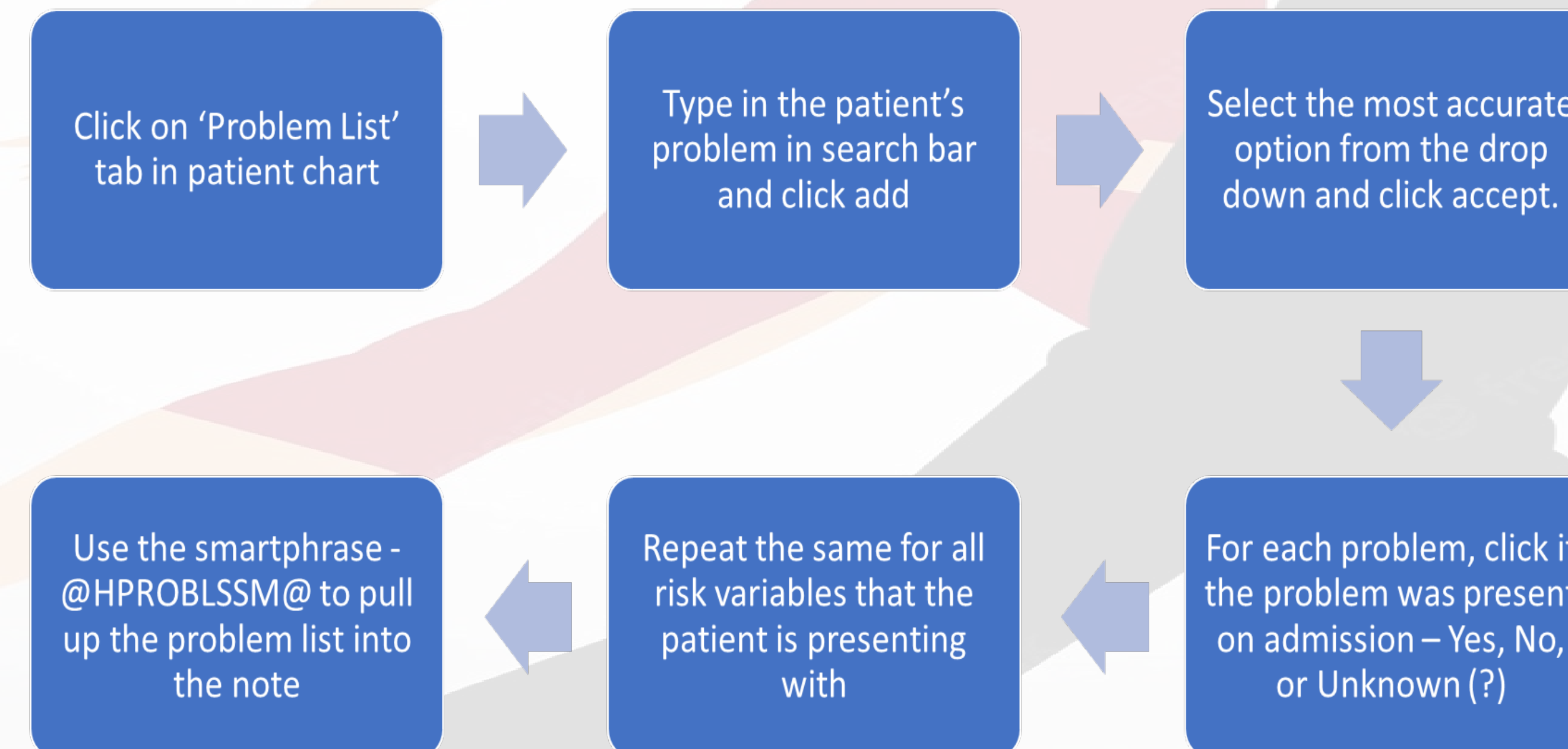
## Current State

- Deficiency in providers' understanding of the highest impact risk variables on a patient's primary diagnosis
- Lack of appropriate documentation of POA RVs within first 24 hours of admission
- Coders missing querying opportunities on RVs being POA

## Intervention Details

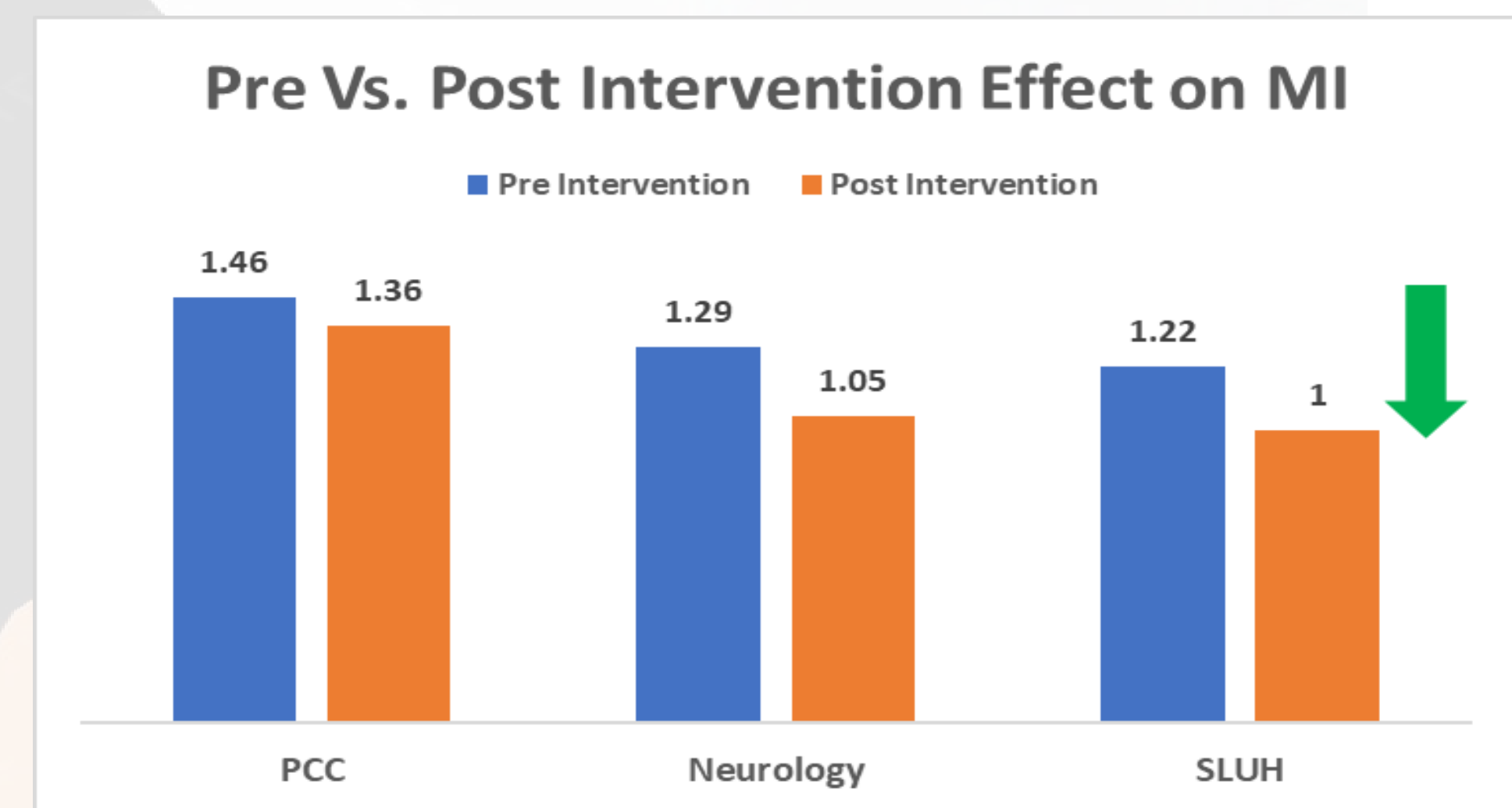
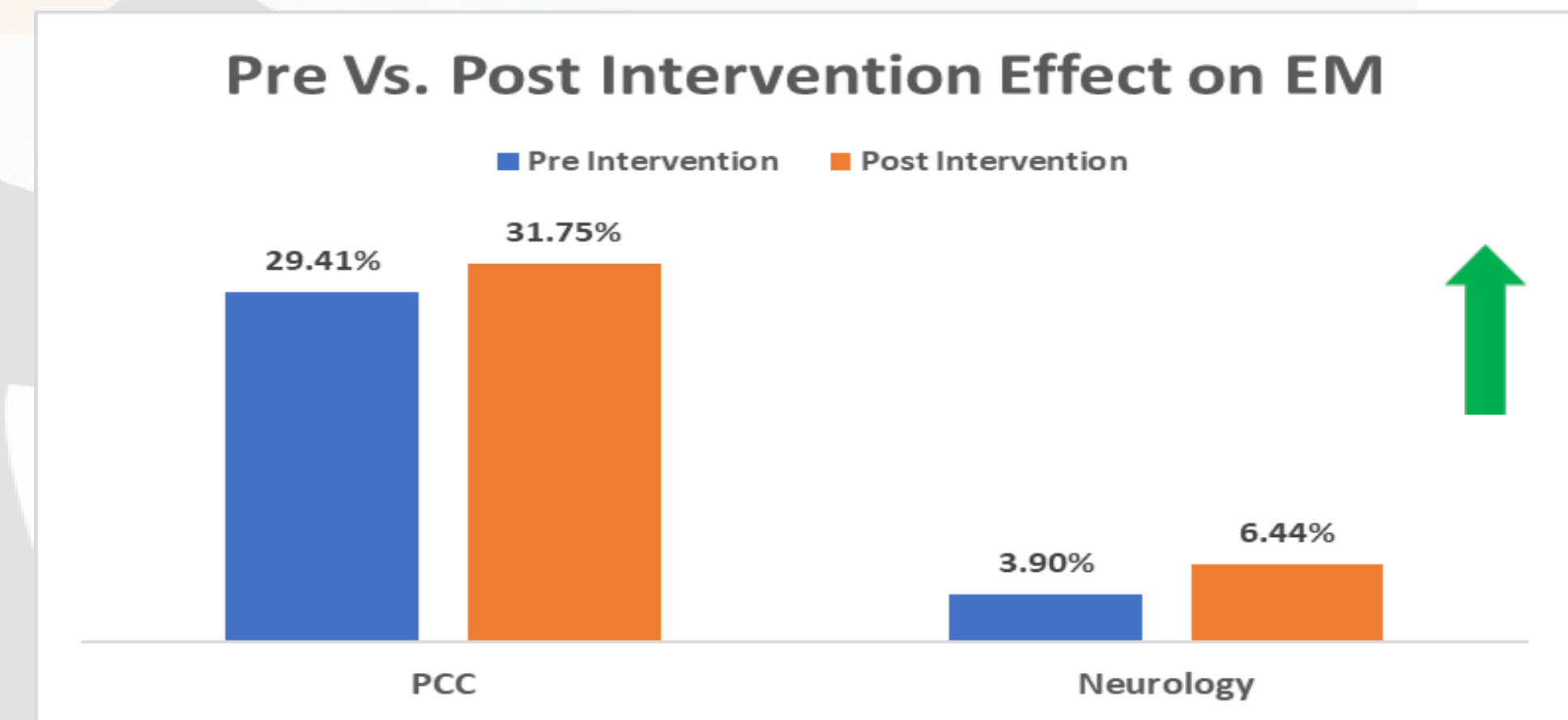
- We used the 2020 Vizient Quality and Accountability Dashboard to determine the service lines with the highest opportunity for improvement in mortality - Pulmonary / Critical Care (PCC) and Neurology
- We educated our stakeholders on the methodology for EM using the RV Calculator tools
- Emphasis was placed on capturing all RVs that a patient presented with
- We implemented a workflow to optimize the POA capture
- The coding team was empowered to query physicians if RVs were missed or not documented as POA

## Workflow to Capture POA



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## Outcomes



## Lessons Learned and Next Steps

- Educating and familiarizing providers and coders with the POA RVs methodology helps to create awareness and buy in on documentation integrity
- A simple and streamlined workflow helps to achieve provider engagement
- This optimized our efforts and resources to get a high return of EM and MI improvement with minimal risk
- The workflow has been rolled out to Internal Medicine, Cardiology and Surgical Service lines