Avoiding PSI and HACRP Penalties is a Team Sport

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Learning Objectives

1. Develop a system level PSI review process utilizing an interprofessional team for accurate documentation and coding of inclusion/exclusion criteria.
2. Identify exclusion criteria specific to individual PSI.
3. Describe strategies to improve PSI measures and mitigate penalties.

Background

The Hospital Acquired Conditions Reduction Program (HACRP) subjects Prospective Payment System (PPS) hospitals to an all or nothing 1% penalty for facilities in the bottom 25%[1]. In FFY 2019, three of six Sanford PPS hospitals incurred a HACRP penalty. The PSI-90 Composite makes up 1/6 of the Total HAC score and consists of ten patient safety indicators (PSI) [1]. PSI are primarily assigned by ICD-10 procedure and diagnosis codes along with admission. In Federal Fiscal Year (FFY) 2020 Sanford facilities were penalized over $1.5M from the HACRP. Vizient also includes six PSI as part of the Safety Domain of the Quality and Accountability (Q&A) Study. In the 2019 study Sanford Fargo scored in the bottom decile and Sanford Bismarck scored in the sixth decile of the Safety Domain. Targeted improvement of PSI was planned.

Problem

- ❖ Inaccurate reflection of true PSI-90 rate, affecting how the hospitals "safety climate"[3] is viewed and incurring a potentially undeserved penalty
- ❖ Absence of a systematic process dedicated to the real time review of PSI
- ❖ Lack of a formal software/work que to reveal cases with PSI noted after final coding and prior to billing

Goals

- ❖ Reduce the impact of the PSI-90 Composite domain on the total HAC score
- ❖ Avoid HACRP penalties for all six PPS medical centers at Sanford

Outcomes

- ❖ From late 2019 through mid-2022 we identified at least 90 avoided PSI.
- ❖ Three of Sanford's four largest PPS facilities had a decrease or only a minor increase in their PSI-90 composite scores over the past three years.
- ❖ Estimated combined savings of $700,000-$1M in prevented HAC penalties in those years. This does not include any benefits from increased risk

Project Timeline

2019
- Implementation of Enterprise Coding and CDI program
- Initial Enterprise PSI Review for Opportunities
- Presentation of findings to Enterprise leadership

2020
- Begin Enterprise review process
- Provide monthly reports to Enterprise leadership

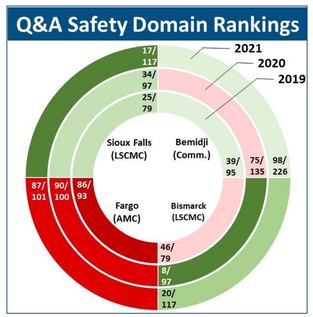
2021
- Move review process to local staff
- Sites begin send-out of PSI notification letter to physicians
- Site quality staff meet with Vizient advisor to discuss findings

2022
- Quality staff meets quarterly with other regions within Enterprise for shared learnings.
- Q1 Stop Bill work que goes into effect

HACRP Penalty?

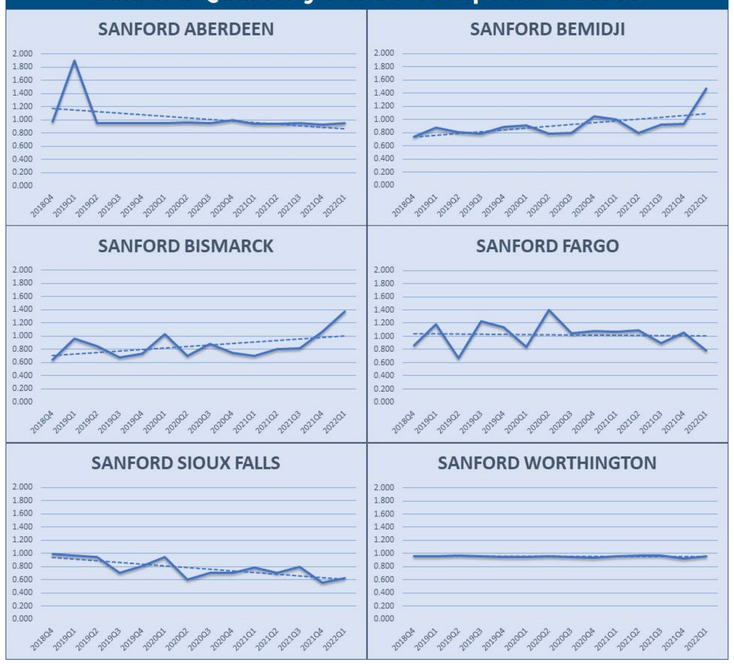
Facility	FFY 2019	FFY 2020	FFY 2021	FFY 2022
Aberdeen	Yes	Yes	Yes	Yes
Bemidji	Yes	Yes	No	No
Bismarck	Yes	No	No	No
Fargo	No	Yes	Yes	Yes
Sioux Falls	No	No	No	No
Worthington	No	No	Yes	No

Q&A Safety Domain Rankings

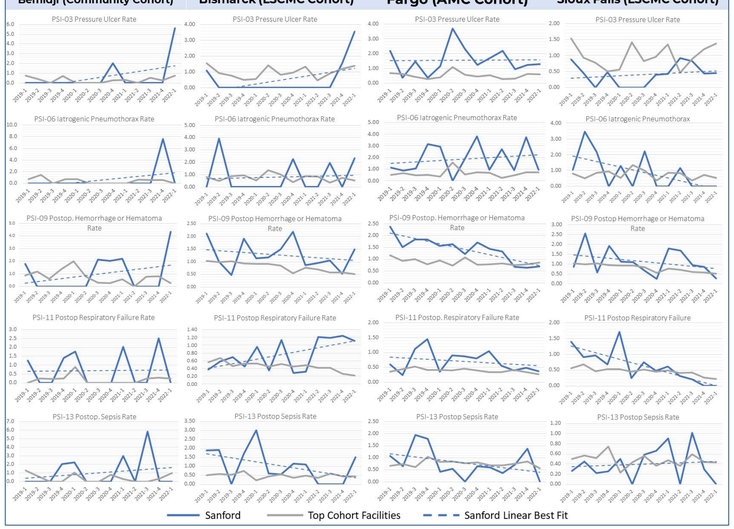


The authors have no relevant financial relationships to disclose.

Sanford Quarterly PSI-90 Composite Scores



Observed to Expected Ratio per 1000 Cases



PSI Avoided from November 2019 to June 2022

	PSI-3	PSI-6	PSI-8	PSI-9	PSI-10	PSI-11	PSI-12	PSI-13	PSI-14	PSI-15
Avoided	10	6	0	13	8	22	9	16	1	5

Changes Implemented

- ❖ Utilization of Vizient CDB to validate previously identified cases and benchmark individual indicators against their same cohort
- ❖ PDSA cycles over the past three years were leveraged to create a standardized workflow involving Quality staff at each hospital. Local staff, along with enterprise oversight, monitored PSI cases and continued to consult coding, CDI, and HIM as appropriate
- ❖ Using a computer assisted coding system (CACS) software program to identify cases in real-time, a centralized Quality staff member reviewed charts, documentation, and coding to validate exclusion and inclusion criteria using the most recent specification sheets prepared and released by AHRQ.
- ❖ Relatively high number of inaccurate admission type codes led to development of standardized enterprise review by HIM
- ❖ Local Quality staff partnered with CMO's to send letters to physicians that were primarily involved in the care of the patient surrounding that PSI to offer notification of the event and learning opportunities
- ❖ Engaged system level leadership to communicate the impact of the work to get the Stop Bill process built and approved for identified PSI cases.
- ❖ Enacted a work que within the EMR to place a stop bill on any identified PSI cases prior to bill send out.

Key Takeaways

- ❖ Detailed chart reviews and critical study of measure specifications[2.] and algorithms[2.] taught many lessons
  - PSI-03 Pressure Ulcer – Documentation of wound etiology- i.e.; pressure, friction, moisture, etc. and POA documentation
  - PSI-06 Iatrogenic Pneumothorax – Documentation of chest injury POA or clinically significant pleural effusion
  - PSI-08 In Hospital Fall with Hip Fracture – Evidenced based fall risk screening and prevention
  - PSI-09 Postoperative Hemorrhage or Hematoma – Coagulation disorder codes with anticoagulants, anemia, hemophilia, and thrombocytopenia or pancytopenia
  - PSI-10 Postoperative Acute Kidney Injury Requiring Dialysis – Admission type code
  - PSI-11 Postoperative Respiratory Failure – Admission type code and appropriate type and cause of respiratory failure
  - PSI-12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis – Proper coding of specific location of PE or DVT. Suspected versus confirmed
  - PSI-13 Postoperative Sepsis – Admission type code and appropriate diagnosis and documentation of sepsis
  - PSI-14 Postoperative Wound Dehiscence – Proper documentation and coding of the abdominal wall repair
  - PSI-15 Abdominopelvic Accidental Puncture or Laceration – Proper documentation and coding of the initial accidental puncture or laceration

Lessons Learned

- ❖ Opportunities for POA coding from appropriate intake and screening and/or documentation
- ❖ Retrospective case reviews revealed:
  - Documentation was incomplete or lacking specificity
  - Opportunity for more accurate exclusion/inclusion code capture
- ❖ PSI-15 patients are qualifying for the numerator yet do not appear to meet the intent of the measure. Detailed our concerns and reported to the Agency for Healthcare Quality and Research to advocate for future changes in measure specifications to better reflect the measure's intent.

References

1.Centers for Medicare and Medicaid Services. (CMS) (2021, December 1). *Hospital-Acquired Condition Reduction Program*. Retrieved July 27, 2022, from https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/HAC-Reduction-Program#:~:text=The%20Hospital%2DAcquired%20Condition%20(HAC,in%20the%20inpatient%20hospital%20setting.

2. Agency for Healthcare Research and Quality (AHRQ) (2021, July). *Patient Safety Indicators Technical Specifications*. Retrieved July 27th, 2022 from https://qualityindicators.ahrq.gov/measures/PSI_TechSpec

3. Agency for Healthcare Research and Quality. *Fact sheet on patient safety indicators*. Toolkit for Using the AHRQ Quality Indicators How To Improve Hospital Quality and Safety. Retrieved July 27, 2022, from https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/qitoolkit/combined/qitk_combo_psifactsheet.pdf

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Real-Time PSI Review Process