ADDRESSING PSIs AND HACs: WE ARE STRONGER TOGETHER AS A TEAM

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PROJECT TEAM

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LEARNING OBJECTIVES

- Identify key stakeholders and subject matter experts needed to review cases for HAC, PSI or PDI quality outcomes.
- Describe effective strategies for multidisciplinary case review to accurately assign HAC, PSI and PDI quality outcomes.
- Recognize commonly encountered details that may represent an opportunity for overturning or excluding an HAC, PSI or PDI from a case.

PROBLEM

Retrospective review of Adverse Events (AEs: PSIs, PDIs, & HACs) revealed missed opportunities for exclusion & accurate reporting.

Inaccurate documentation and ICD-10 coding led to over-reporting of PSIs, PDIs, & HACs:

- Negative financial and reputational impact
- Leapfrog Hospital Safety Grade of a “C”, with poor PSI 90 performance score.

GOAL

Primary Goal:

Accurate documentation and coding of adverse events (AEs) on every case, resulting in accurate reporting.

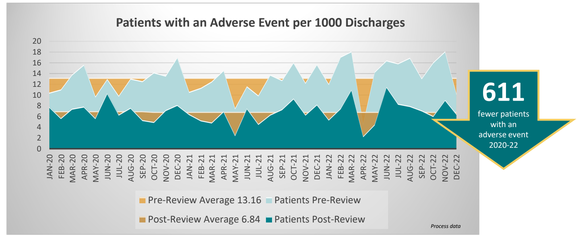
Leading outcomes	Lagging outcomes
Improved review rate	Accurate CMS PSI 90 composite score
Optimize avoidance rate	Accurate internal AE rates/ benchmarking (Vizient)

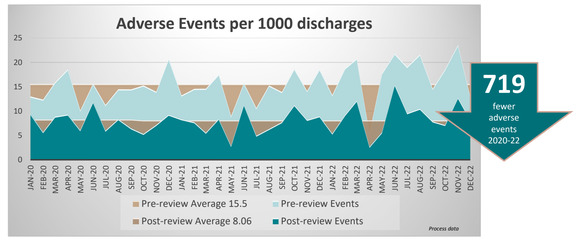
CHANGES IMPLEMENTED

- Assembled and coordinated a multidisciplinary review team including expert level CDE, IP Coding, & Quality stakeholders
- Team education of AE definitions and coding guidelines/ directives
- Moved review process upstream to concurrent and pre-bill phase
- Physician Advisor and CMO participation in review process with Executive Leadership Sponsorship
- Team approach to achieve efficient high quality query process
- Case specific peer to peer education
- Physician/surgical specialty education based on AE trends
- Enhanced cloud based/live software development

SUMMARY

By improving our review process, we created a learning system that improves the accuracy of adverse events reporting.





OUTCOMES

From 2016 – 2022:

- # AE Reviewed: 3,542 PSI, PDI, HAC
- # AE Avoided: 1,287 (36%)
- Internal Adverse Events rank (based on Vizient AMC compare group) improved from 54th to 94th
- Spring 2023 Leapfrog Hospital Safety Grade: “A” for the first time - PSI 90 score positively contributed!

BARRIERS

- Lack of provider understanding of documentation & associated queries, to ensure accurate reporting of AEs
- Lack of physician leadership engagement in the review process
- Lack of peer-to-peer education on AE conditions & impact of documentation on final code assignment & reporting integrity.
- Administrative silos impaired ability to synergize

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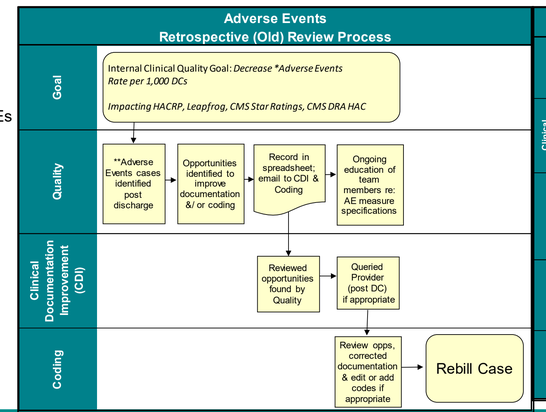
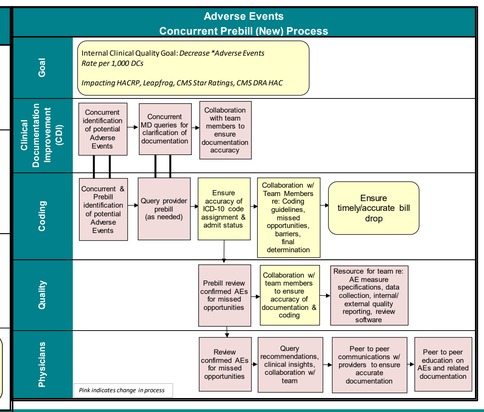




LESSONS LEARNED

Need dedicated experts in:

- IP Coding
- Clinical Documentation
- Quality
- Engaged Physician leaders

Early identification & daily review of potential AEs - concurrent when possible, or pre-bill

Team commitment:

- Accuracy & completeness of EMR documentation & ICD-10 Coding
- Collaboration/communication
- Constant learning
- Continuous improvement of the process

Importance of developing a standardized review entry/data collection tool

KEY TAKEAWAYS

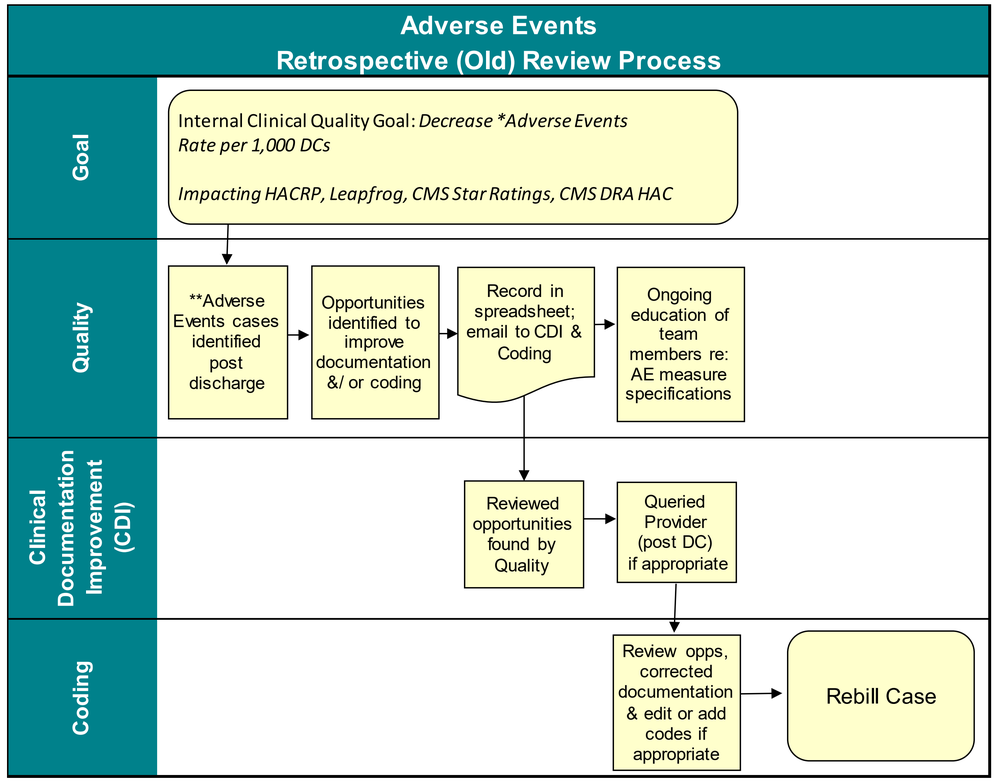
- Identify all AE cases for opportunities for improvement
- Keep team informed of current AE definitions & coding guidelines/ directives
- Understand AE impact on performance in quality reporting programs
- Build group of dedicated experts from Coding, CDI, Quality, and MDs to review cases and identify opportunities for accurate documentation and coding
- Standardize queries/ query process
- Engage physicians to learn how documentation impacts AEs, and then spread to their peers
- Plan process timing for documentation to be clarified concurrently

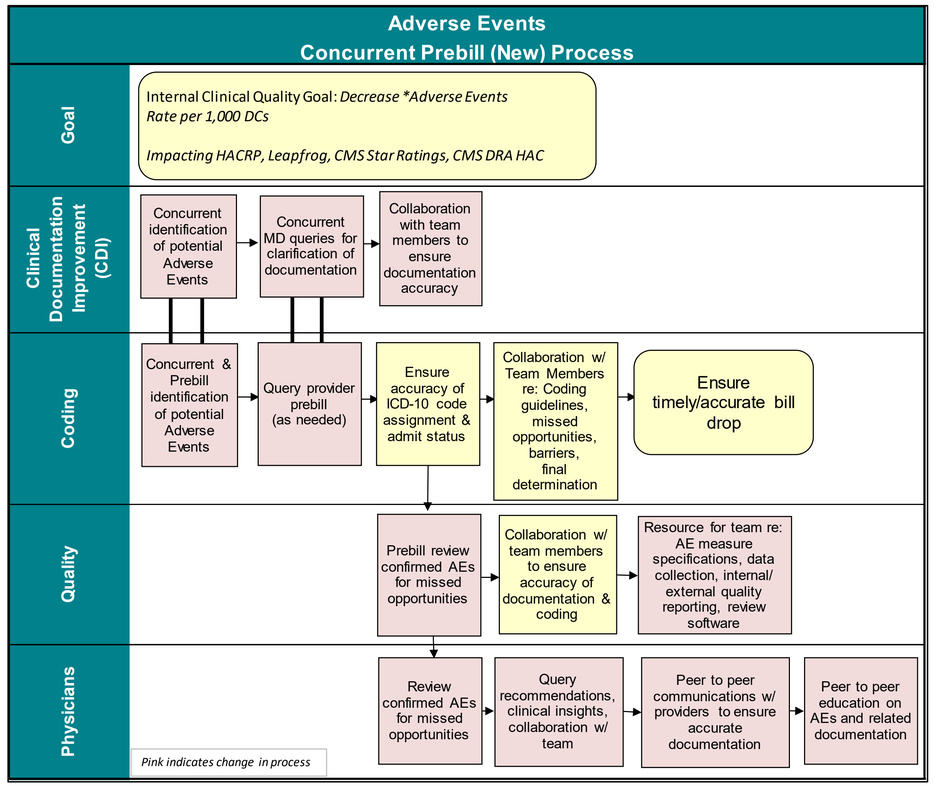
FUTURE IMPROVEMENTS

- Continue to increase concurrent optimization of documentation/ timely queries to:
  - Ensure chart is ready for coding/ decrease bill-hold time
  - Decrease post-discharge queries/ duplicative work
- Continued enhancement of database for reviews & reporting
- Broaden scope of stakeholder awareness of AEs by sharing reviews

No one in a position to control the content of this educational activity has relevant financial relationships with ineligible companies.

PROCESS FOR REVIEWING ADVERSE EVENTS: THEN AND NOW





LEAPFROG GRADES AND COMMON OPPORTUNITIES

Leapfrog Hospital Safety Grade
Atrium Health – Wake Forest Baptist

	Hospital's Score		Final Weight		Weighted Measure Score		Highlights
Measure	**Fall 2022**	**Spring 2023**	**Fall 2022**	**Spring 2023**	**Fall 2022**	**Spring 2023**	2022: PSI 90 **negatively** contributed to the measure score. 2023: PSI 90 **positively** contributed to the measure score. *Spring '23 score: if our PSI 90 score had been same as Fall '22(1.12), with all other scores the same, the calculator shows that our score would have been "C".
Foreign Object Retained	0.000	0.000	4.3%	4.3%	0.0120	0.0115	
Air Embolism	0.000	0.000	2.4%	2.4%	0.0018	0.0015	
Falls and Trauma	0.348	0.406	4.9%	5.0%	0.0078	0.0033	
PSI 4: Death rate among surgical inpatients with serious treatable conditions	157.33	127.13	2.0%	2.0%	0.0025	0.0182	
CMS Medicare PSI 90: Patient safety and adverse events composite	1.12	0.81	15.2%	14.9%	-0.0918	0.1480	
Hospital Safety Grade:	**B**	**A**					

The PSI90 composite replaced the individual PSIs starting in Fall 2021 Grade.

Common Opportunities for Accurate Adverse Event Reporting:

PSI 03 Pressure Ulcer:
•Clarify conflicting staging & POA status – concurrently, throughout hospitalization - don't wait until discharge
•Ensure accuracy of pressure ulcer documentation throughout encounter
•Clarify progression of stage (admitted w/ stg 2 -> progressed to stage 3)

PSI 06 Iatrogenic Pneumothorax:
•Is pneumothorax clinically significant?
•Exclusion: Pleural effusion

PSI 08 In Hospital Fall with Hip Fracture:
•Excludes: pelvic/ acetabular fracture/ joint-prosthesis associated fracture
•HAC Fall & Trauma: Excludes pathologic / osteoporotic fracture

PSI 09 PO Hemorrhage or Hematoma:
•Excludes: Certain Coagulation disorder ICD-10 dx codes
•Excludes: Medication contributed to bleeding
•Excludes: Thrombocytopenia

PSI 11 PO Respiratory Failure:
•Clarify term "postop": complication of procedure, or timing of condition
•True "respiratory failure"?
•Ventilator times: ensure accurate ICD-10 procedure code
•Reintubation: is ICD-10 procedure code for intubation assigned appropriately?

PSI 12 PO Pulmonary Embolism or Deep Vein Thrombosis:
•Excludes: Single segmental PE - check code
•Excludes: POA status "Unable to clinically determine"

PSI 13 PO Sepsis:
•Clarify sepsis status: treated & resolved, ruled out, still suspected by time of discharge.
•Exclusions: Infections POA

PSI 14 PO Wound Dehiscence:
•Includes only deep internal dehiscence

PSI 15 Abdominopelvic Accidental Puncture & Laceration:
•Did the puncture or laceration alter the surgical or clinical course of care?
•Only query if small tear or simple repair.