Using Automated Text to Reduce Queries and Enhance Clinical Documentation

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Learning Objectives

- Describe the steps required to implement a high level of documentation standardization.
- Identify operational barriers and levers to overcome barriers to documentation.
- Outline key performance indicators and analytics that can be used to monitor process improvement.

Introduction

Current documentation of medical decision making often fall short because of multiple barriers-

- Providers' lack of understanding on specific language needed to document properly
- Coders' inability to interpret medical jargon
- Significant variation in mechanisms of documentation even within providers are doing similar work
- Practice variation on treatment of similar medical conditions without proper understanding of why
- Inaccurate and lingering copy/pasted documentation
- Proper documentation imposes significantly increased burden of EHR burnout on the provider

Smart Text Example

Sepsis
This patient does have evidence of infective focus
My overall impression is sepsis.
Source: Abdominal
Antibiotics given-

Antibiotics (72h ago, onward)

Start		Stop	Route	Frequency	Ordered
07/18/23 0600	**piperacillin-tazobactam (ZOSYN) 4.5 g in dextrose 5 % in water (D5W) 5 % 100 mL IVPB (MB+)**	--	IV	Every 8 hours (non-standard times)	07/18/23 0212

Latest lactate reviewed-
No results for input(s): LACTATE in the last 72 hours.

Fluid challenge Not needed - patient is not hypotensive

Post- resuscitation assessment No - Post resuscitation assessment not needed

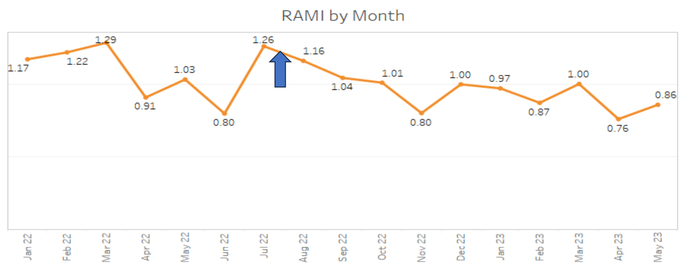
Non- smart text Example->

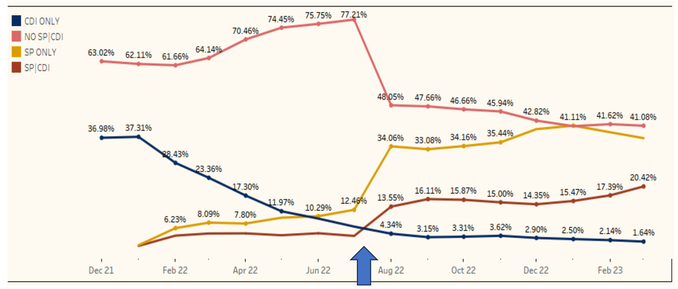
PLAN:
-Zosyn 4.5 g q 8 hours
-LR @F 75 ml/hr
-magnesium replacement
-Blood cultures x 2 pending
-Sliding scale insulin with accu-checks
-Antihypertensives as needed
-Resume home meds as appropriate
-Labs in AM - CBC, CMP, mag, phos, HgbA1c

Results/Key Takeaways

Key Results from the Project-

- 33% reduction in sepsis denials
- $186,000 recoup in denials for sepsis following rollout
- 312% increase in sepsis reassessment documentation
- 18.8% reduction in query rate for charts with smart texts
- 262 hours saved on Coding team
- 196 hours saved by hospitalists
- 231% increase in hospital medicine patient encounters with a smart text
- 234% increase in all encounters with a smart text and no query
- Consistent decrease in RAMI since implementation on DRGs associated with smart texts





Lessons Learned

- **Operational Barriers-**
  - If providers do not use the problem-oriented template, this becomes impossible
  - Providers may delete or alter the text, which is impossible to track without manual abstraction
  - Decrease in efficiency as providers learn new mechanisms to document should be anticipated
- **Technical Barriers-**
  - Developing problem groupers for which to insert smart texts can be challenging for certain problems which are common and routinely associated with other problems; h*ypertension associated with diabetes, diabetes associated with renal failure,* etc.
  - Formatting and appearance of the text inside the note can be difficult given standard smartlink and flowsheet row formatting
- **Problems must already exist on problem list-**
  - Smart texts cannot trigger unless the problems are added to the problem list by the provider

Methods

Project Scope and timeline

- **Phase 1-** Drive usage of problem-oriented charting in hospital medicine as a vehicle to deliver automated smart texts
- **Phase 2**- Development and release of 13 smart texts in hospital medicine template-
  - Acute Kidney Injury
  - Atrial Fibrillation
  - COVID
  - Diabetes
  - Depression
  - Encephalopathy
  - Heart Failure
  - HIV
  - Hypertensive Emergency
  - Ileus
  - Obesity
  - Respiratory Failure
  - Sepsis
- Smart texts were chosen because of impact on morbidity/mortality, and text was developed with-
  - Providers/Subject Matter Experts
  - Clinical Documentation Improvement
  - Quality team
  - Coding and Compliance
- **Phase 3-** Go Live and study of results (July 2022)
- **Phase 4 (Ongoing)-** Development of 42 further automated smart texts across 9 service lines (Projected endpoint 12/23)

Presenter Contact Information
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