Clinical Documentation Department

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The Clinical Documentation Improvement Department

The CDI Department works towards accurately capturing the severity and complexity of illness of hospitalized patients. Highly specified documentation ensures correct severity and risk adjustment.

This impacts:

- Outcome measures
- Reimbursement
- Quality Scores

Risk Adjusted Mortality Rate:

- This is the ratio of observed to expected deaths
- It is considered a measure of hospital quality

Drivers of this metric are medical documentation and patient acuity

- With “under documentation” you do not capture the full “expected mortality”
- You are not capturing how sick the patient is

What happens when a patient is admitted with a PI?

- Review the Nursing Pressure Ulcer Assessment in Care Activity and/or the WOCN note for the presence of a pressure ulcer
- Review the physician/NP/PA documentation for the appropriate corresponding documentation

- If the PI is not documented by the physician/NP/PA, a query will be issued
  - The physician/NP/PA has the responsibility to document the type of ulcer (pressure), the location of the ulcer and the present on admission (POA) status of the pressure ulcer
  - The staging of the ulcer can be coded by utilizing the nursing documentation
  - We rely on the accuracy of your notes to capture pressure ulcers and to correctly capture the POA status of the Ulcer.

Coding Guidelines and the Selection of the Principal Diagnosis

The principal diagnosis is defined as:

"That condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care." (Official Coding Guidelines)

- Symptoms on admission, after study, need to be linked to a diagnosis
- Diagnoses can be stated as likely, probable or suspected, but must be included in the discharge summary
- Clarify if a diagnosis is "ruled out" after study

Coding Guidelines are developed and approved by the four cooperating parties:

- **AHIMA-**American Health Information Management Association
- **AHA-**American Hospital Association
- **CMS-**Centers for Medicare and Medicaid Services
- **NCHS-**National Center for Health Statistics

Coding Guidelines and Secondary Diagnoses

“All conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay. Diagnoses that relate to an earlier episode which have no bearing on the current hospital stay are to be excluded.” (Official Coding Guidelines)

The definition for other diagnoses is additional conditions (either present on admission or occurring during admission) that affect patient care in terms of requiring:

- Clinical evaluation, or
- Therapeutic treatment, or
- Diagnostic procedures, or
- Increased nursing care/monitoring, or
- Extended length of stay

Present on Admission Indicator

- Present on admission means present at the time the order for inpatient admission occurs. Conditions considered present on admission include any that occur in the emergency department, observation, clinic, or outpatient surgery prior to the inpatient admission.

- The present on admission indicator is reported (at the time of billing) on all principal and secondary diagnoses.

- Medical record documentation from any provider involved in the care and treatment of the patient may be used to support the determination of whether a condition was present on admission. The term “provider” means a physician or any qualified healthcare practitioner who is legally accountable for establishing the patient’s diagnosis.

- CMS has no **limitation** on the time period during which a provider must identify or document that a condition was present on admission.

(ICD-10-CM Official Guidelines for Coding and Reporting **FY 2021** Page 122; Appendix 1)

Present on Admission (POA)

There are four answers to this question:

- **Y (Yes) -** Present at the time of inpatient admission
- **N (No) -** Not present at the time of inpatient admission
- **U (Unknown) -** Documentation is insufficient to determine if the condition is present on admission.
  - If the documentation in the record is insufficient to assign the POA status, a query will be sent to the provider. This is especially important when reporting the POA status for:
    - Pressure Ulcers
    - DVTs
    - PEs
- **W (Clinically Undetermined)**- If you are unable to determine the present on admission status of a diagnosis, you may answer that you were clinically unable to determine whether the condition was present on admission.
  - Documentation Example: “DVT LLE, unable to clinically determine if POA”

(ICD-10-CM Official Guidelines for Coding and Reporting **FY 2021** Page 123; Appendix 1)

What happens when a patient acquires a new PI?

We follow the same process for hospital acquired pressure ulcers as I described earlier in respect to queries and documentation, except now the POA will be No.

What does that mean?

The **Hospital-Acquired Condition Reduction Program (HACRP)** penalizes hospitals that perform poorly for certain select hospital acquired conditions (HAC)s. Hospitals ranked in the lowest-performing quartile (worst 25%) for these HACs are penalized 1% of their total Medicare DRG payments.

(Pinson and Tang, Pay For Performance, accessed 2/3/21, https://cdiplus.com/references.php)

Hospital-Acquired Condition Reduction Program (HACRP)

The 2020 HACRP comprises:

CMS PSI 90 measure: Includes a composite of ten "claims-based" Patient Safety Indicators (PSI) derived from ICD-10 codes with POA status assigned on the hospital claim, and determined by physician documentation.

CDC Hospital Acquired Infection (HAI) measures: Derived from “abstracted" measures for adverse events. Measure abstraction is typically performed by a hospital’s quality or infection control department using CDC case definitions based on objective information in the medical record independent of physician documentation. Physician documentation and code assignment have no influence on these abstracted measures.

(Pinson and Tang, Pay For Performance, accessed 2/3/21, https://cdiplus.com/references.php)

What happens when a patient acquires a new PI?

PSI-90 MEASURES (claims-based):

PSI-03 Pressure ulcer (13%)

PSI-06 Iatrogenic pneumothorax (4%)

PSI-08 In-hospital fall with hip fracture (1%)

PSI-09 Perioperative hemorrhage and hematoma (4%)

PSI-10 Postoperative acute kidney injury (8%)

PSI-11 Postoperative respiratory failure (21%)

PSI-12 Perioperative pulmonary embolism or DVT (19%)

PSI-13 Postoperative sepsis (25%)

PSI-14 Postoperative wound dehiscence (<1%)

PSI-15 Unrecognized abdominopelvic accidental puncture/laceration (4%)

Note that four measures (pressure ulcer, postoperative respiratory failure, postoperative sepsis, perioperative PE/DVT) contribute 78% to the total PSI-90 measure score.

PSI 3

Patient Safety Indicator 03 (PSI 03) Pressure Ulcer Rate

Provider-Level Indicator

Type of Score: Rate

DESCRIPTION

Stage III or IV pressure ulcers or unstageable (secondary diagnosis) per 1,000 discharges among surgical or medical patients ages 18 years and older. Excludes stays less than 3 days; cases with a principal diagnosis of pressure ulcer; cases with a secondary diagnosis of Stage III or IV pressure ulcer or unstageable that is **present on admission**; obstetric cases; and transfers from another facility.

(AHRQ Quality Indicators, PSI 3, accessed 2/3/21, < https://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V60-ICD09/TechSpecs/PSI_03_Pressure_Ulcer_Rate.pdf>)

Continued

CDC HAI MEASURES (abstracted):

CLABSI (central line–associated bloodstream infection)

CAUTI (catheter-associated UTI)

SSI (surgical site infections) for total hysterectomy and colon surgery

MRSA bacteremia (positive blood culture)

Clostridium difficile infections

Each measure for which a hospital has a measure score is of equal weight. For example, if a hospital only has a measure score for PSI-90, CLABSI, CAUTI, MRSA bacteremia, and C-diff infection (5 of the 6 measures), each measure would account for 20% (1/5) of the total measure score.

(Pinson and Tang, Pay For Performance, accessed 2/3/21, https://cdiplus.com/references.php)

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Thank-you for inviting me to participate!

Questions?????