

Conway Medical Center implements the 3M™ APR DRG methodology, improving patient documentation and enhancing staff communication

3M CUSTOMER PROFILE: CONWAY MEDICAL CENTER, CONWAY, SOUTH CAROLINA

Hospitals rely on thorough documentation that accurately reflects quality of care. Incomplete medical records can leave patient diagnoses open to questions, skew case mix indexes, and ultimately, affect hospital bottom lines.

Conway Medical Center in South Carolina found out it had documentation problems while undertaking a performance measurement review three years ago. Variations in physician practices, lengths of stay, and costs had led the hospital to implement the Hospital Quality Improvement (HQI) project, which measured a sampling of medical records using the 3M APR DRG severity and risk-adjustment methodology.

Some major red flags went up during the review process. In one dramatic example, three pneumonia patients classified as having a “minor risk of mortality” and “minor severity of illness,” actually died. It was clear from the review results that although hospital personnel knew they had sick patients in their care, the documentation was not reflecting that reality.

What was going on? The initial perception was that coding personnel were not coding all the diagnoses in the medical records. It was soon discovered, however, that the patient records themselves were often incomplete. Conway needed a system that could drive increased physician specificity into its documentation.

IMPLEMENTING THE SOLUTION

The hospital looked to 3M expertise for the solution. Conway’s health information management (HIM) and case management leadership recognized that use of the 3M APR DRG methodology and grouper offered a way to help everyone involved in documenting patient care—physicians, case managers and coders—speak the same language. They recognized that using the affordable **3M™ APR DRG Software** would not require a large financial commitment from the 167-bed hospital. And, as the HIM and case management organizations would prove, a small number of people can effect big changes using 3M APR DRGs.

The two departments, with approximately 20 personnel between them and no outside assistance, set to work on a collaborative documentation and coding redesign effort. *Bart Haas*, director of HIM, and *Bonnie Boehlke*, case management director, educated their staffs on the 3M APR DRG methodology. Haas trained coders to use the software. Both coders and case managers learned to look beyond the DRG to the more precise 3M APR DRG. The organizations



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Conway Medical Center

developed comprehensive face sheets, which listed both DRGs and 3M™ APR DRGs to accompany patient charts. These new face sheets proved to be an important tool in communicating with physicians and enhancing the level of specificity entered into the records.

A method was also developed based on the 3M methodology that helped coders determine whether a record needed further review by HIM and case management leadership, and consequently discussed and clarified with the attending physician. This “decision tree” took into account how patients were discharged and length of stay.

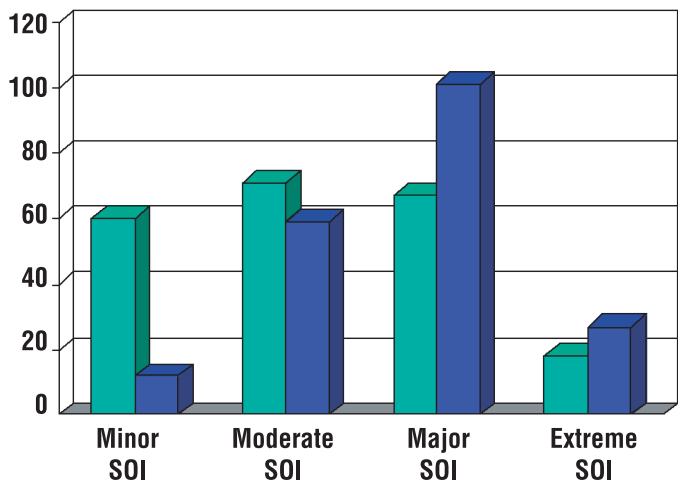
“If a patient went home and had a length of stay of less than three days, and they were a 1:1 — that is, a minor level of severity of illness and minor risk of mortality in 3M APR DRG terminology — we let those go,” explains Haas.

“However, if the length of stay was two days, and the patient died and they were a 1:1, that was an automatic flag for the coding staff to send it on for referral, so we could determine what was going on.”

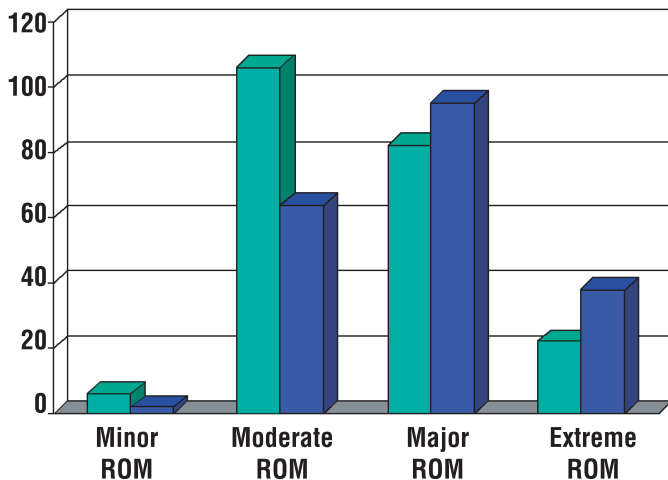
SEEING DOCUMENTED RESULTS

Haas notes that initially 20 to 25 percent of cases were coming back for re-review. “Nowadays, it’s rare that I receive even 10 records a week for re-review,” he says. Implementing the methodology was simple. “You took what you had already coded and applied the 3M™ APR DRG Software to it, and then validated your results against the criteria for re-review.”

Using the 3M APR DRG methodology, the hospital saw its patient cases shift into the categories where they belonged. *(Refer to the bar charts below for Conway’s results.)*



■ Year A
■ Year B
Results after one year of using 3M APR DRGs — overall severity of illness (SOI)



■ Year A
■ Year B
Results after one year of using 3M APR DRGs — overall risk of mortality (ROM)

“Classification-wise, we saw a huge swing out of 1:1 severity of illness/risk of mortality,” says Haas. “Those ones swung into twos and threes, and we saw twos and threes swing into fours. For us it was an affirmation.”

“We couldn’t resolve the documentation and coding challenges without the 3M™ APR DRG methodology and software,” he adds.

“It’s a really good product and we’re very happy to have it,” says Boehlke. “We share that information with our colleagues quite frequently.”

EVEN BETTER WORKING RELATIONSHIPS

While documentation improved significantly since implementing 3M APR DRGs, working departmental relationships also benefitted.

HIM and case management personnel, who already enjoyed good relationships, are now “joined at the hip,” according to Haas.

Boehlke agrees. “We work very closely together,” she says. “My staff does not hesitate to pick up the phone and call Bart or one of his coders to ask questions or get input.”

ENHANCED CREDIBILITY THROUGH BETTER DATA

Boehlke, whose organization works hand in hand with physicians on patient care, believes improved relationships with physicians may be the most important result of using the 3M APR DRGs.

“It’s given us a lot more credibility,” she says. “I think that they realize we’re just trying to make them look as good as possible.

“I believe it was that first step to some really good, solid data that gave us that credibility,” she continues.

“Doctors are very black and white. They want to see the hard data. If you can’t show them that in a logical way, they are not going to believe you, and they’re going to continue doing things their way. Because we’re able to give them some solid data in one area, I think we’ve become more believable in other areas.”

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Using the 3M APR DRG methodology, [Conway] saw its patient cases shift into the categories where they belonged.

“Classification-wise, we saw a huge swing out of 1:1 [lowest level] severity of illness/risk of mortality. Those ones swung into twos and threes, and we saw twos and threes swing into fours. For us it was an affirmation.

“We couldn’t resolve the documentation and coding challenges without the 3M APR DRG methodology and software.”

— Bart Haas, director of HIM, Conway Medical Center

ABOUT CONWAY MEDICAL CENTER

Conway Medical Center is a private, non-profit, acute-care institution located eight miles from South Carolina’s popular tourist location of Myrtle Beach.

The current facility opened in 1982. The center discharges **9,800 inpatients per year** and serves a high tourist and indigent population. Medicare primary patients make up **54 percent** of its yearly cases. Conway is certified as a Level III trauma center and Level II perinatal center.

REALIZING OTHER IMPORTANT BENEFITS

Another way Conway uses 3M™ APR DRGs is to measure the performance of its coders. By looking at the 3M APR DRGs by coder, the hospital can determine how coding staff are performing. “We want the coding to be as high as possible,” says Haas. However, he adds they don’t want a coder putting something on the claim that isn’t in the record. “That is why we used 3M APR DRGs as a gauge to look at our coding staff,” he says.

The methodology also helped Haas and Boehlke solidify their call for continuing improvements in the hospital’s documentation process. The **South Carolina Office of Research and Statistics** has incorporated 3M APR DRGs into its health-care provider performance reporting and payment analysis programs. As South Carolina considers 3M APR DRGs as a potential reimbursement method in the future, poor documentation can impact a hospital’s payment.

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— Bonnie Boehlke, case management director,
Conway Medical Center

TO LEARN MORE

Developed by **3M Health Information Systems**, the 3M APR DRGs offer a clinically based severity-measurement system that provides precise metrics on the clinical complexity of your patient population. The methodology is widely adopted by the provider industry and healthcare researchers for measuring hospital performance and outcomes.

To learn how 3M APR DRG solutions can help bring added value to your organization, contact your 3M representative, call **800-367-2447**, or visit us online at **www.3maprdrg.com**.



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Printed in USA 03/07

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70-2009-8864-3