3M Science. Applied to Life.™

3M CDI Innovation Webinar Series

How to build your CDI program around quality

Mark LeBlanc, RN
Jason Hom, MD

Stanford Health Care

Housekeeping

- Sound check
- Ask questions!
- Archive with recording
- Certificate of attendance
- We want your feedback!

Meet our speakers

Mark LeBlanc, RN, MBA, CCDS, CDI Manager at Stanford Health Care
Mark is the CDI Manager at Stanford Healthcare. As a registered nurse for over 40 years, he has worked in multiple healthcare arenas. He has an MBA in Healthcare Administration and began his career in CDI over 15 years ago.
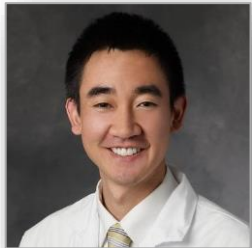
Jason Hom, MD, Clinical Associate Professor of Medicine, Division of Hospital Medicine, Stanford School of Medicine

As the physician advisor for CDI/Medical Director for Quality Documentation & Outcomes Integrity for SHC, he greatly enjoys collaborating with (and learning from!) CDI, Coding, Quality, Compliance, UR/CR, providers and other key stakeholders at SHC-PA and SHC-VC. He additionally serves as the Unit-Based Medical Director for one of Stanford Hospital's Medicine units (300P B3) and greatly enjoys working closely with nursing and others in this role. Within the School of Medicine, he currently serves as one of two Course Directors for the Practice of Medicine Course and as a team member for the NIH-funded Stanford Center for Undiagnosed Diseases.

Learning Objectives

At the completion of this educational activity, the learner will be able to:

- Identify key relationships for successful Clinical Documentation Improvement (CDI) and Quality outcomes

- Establish effective multidisciplinary communication and collaboration processes

- Utilize strategies to facilitate useful conversations and to ensure consensus between departments

- Use outcome data to motivate team members and providers

- Engage providers in difficult clinical opportunity discussions

Disclaimer
Presentations are intended for educational purposes only and do not replace independent professional judgment. The statements and opinions expressed are those of the speaker individually and, unless expressly stated to the contrary, are not the opinion or position of Stanford Health Care. Stanford Health Care does not endorse and assumes no responsibility for, the content, accuracy or completeness of the information presented.

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Stanford Health Care – Palo Alto

Stanford Health Care
FY 2019

Stanford Health Care seeks to heal humanity through science and compassion, one patient at a time, through its commitment to care, education and discovery. Stanford Health Care delivers clinical innovation across its inpatient services, specialty health centers, physician offices, virtual care offerings and health plan programs.

Stanford Health Care is part of Stanford Medicine, a leading academic health system that includes the Stanford University School of Medicine, Stanford Health Care, and Stanford Children's Health – Lucille Packard Children's Hospital. Stanford Medicine is renowned for breakthroughs in treating cancer, heart disease, brain disorders and surgical and medical conditions.

The only **Level-1 Trauma Center** between San Francisco & San Jose

Life Flight transports 500 patients annually
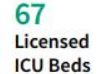
49 Operating Rooms

613 Licensed Beds

67 Licensed ICU Beds

Combined between 300 & 500 Pasteur Drive

371 Solid organ transplants in 2017

KIDNEY TRANSPLANT PATIENTS
100% 1-year survival rate in the last 2 years

1,970 HEART TRANSPLANTS performed with a **92.7%** 1-year survival rate

ADMISSIONS
Emergency Room visits **77,425**
Discharges **27,167**

1.8 million Outpatient visits systemwide in 2018

AWARDS & RECOGNITION

STANFORD HEALTH CARE WAS FIRST DESIGNATED AS A MAGNET HOSPITAL IN 2007 and was re-designated in 2012 & 2016—submitting document this year, 2020

Magnet Recognition is a prestigious award developed by the American Nurses Credentialing Center (ANCC) to recognize health care organizations that provide nursing excellence. Fewer than 7% of US health care organizations achieve this honor.

Vizient Quality Leadership Award 2019 Winner Ranked in the top ten percent for both inpatient and ambulatory care

The **Stanford Stroke Center** is designated as a **comprehensive stroke center**, providing the most advanced and rapid stroke care for patients nationwide

Best Hospitals U.S. News & World Report Honor Roll 2019–20

Leapfrog 'Top Teaching Hospitals' 2019 Named one of the nation's best teaching hospitals by the Leapfrog Group, a top health care watchdog organization that evaluates providers based on rigorous quality and patient safety standards

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Stanford Health Care - ValleyCare

STANFORD HEALTH CARE – VALLEYCARE

Stanford Health Care – ValleyCare provides world-class community health care to the East Bay, Tri-Valley region, and beyond. ValleyCare's origins date back to 1961 when Valley Memorial opened in Livermore. Stanford Health Care – ValleyCare was formed in 2015 when ValleyCare Health System became part of Stanford Health Care. SHC - ValleyCare leverages the extensive educational, research and clinical expertise of Stanford Medicine to provide exceptional, patient-centered care. Now, with medical facilities stretching across the greater East Bay, we value our strong connection with the region's community.

VALLEYCARE AWARDS

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Stanford Health Care

Stanford Hospital 500 Pasteur Drive opened for patient care in 2019 with 824,000 sq/ft of space

Our People

| 14,143 Employees | 2,902 Medical Staff | 3,194 Nurses | 1,412 Residents & Fellows |

98.4% of SHC physicians have a Star Rating of **4.5 or higher**

93.4% of SHC nurses have a BSN, MSN or Doctorate Degree

Translators & Interpreters
We offer Spanish, Mandarin, Cantonese, Burmese, Russian, Vietnamese and American Sign Language and access to as many as 200 languages through phone interpretation

8 All-time Stanford Medicine Nobel Laureates

28 Dogs in Pet Assisted Wellness (PAWS) Program

1,014 VOLUNTEERS PROVIDED
62,800 hrs of service

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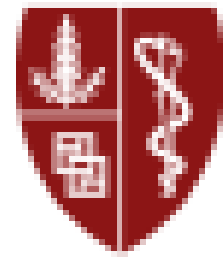
Mission

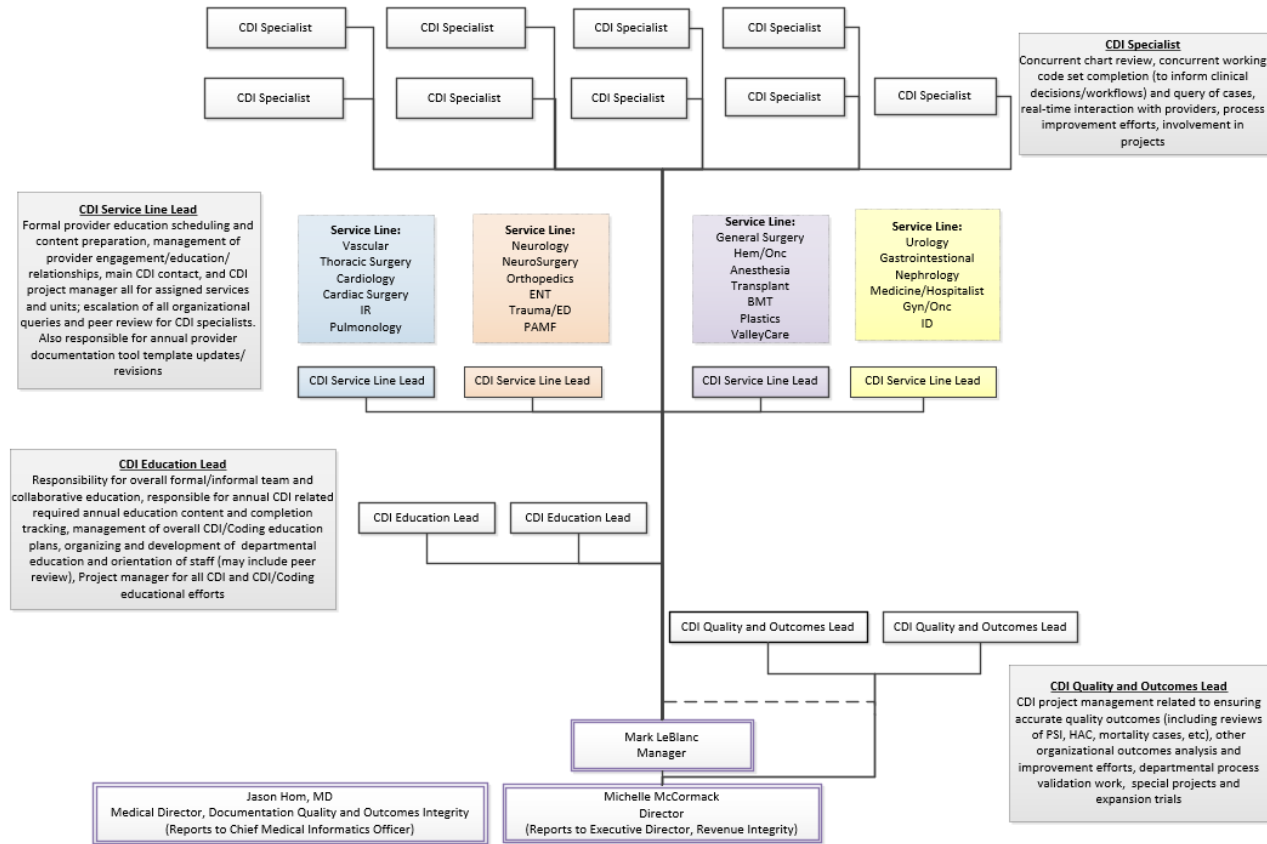To Care, To Educate, To Discover

Vision

Healing humanity through science and compassion, one patient at a time

"Quality Care for Every Patient"

"Stanford Health Care is committed to providing clear, accurate and honest information about the quality of care we offer to all of our patients."

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Clinical Documentation Integrity Organizational Chart

CDI Specialist
CDI Specialist
CDI Specialist
CDI Specialist

CDI Specialist
CDI Specialist
CDI Specialist
CDI Specialist
CDI Specialist

CDI Specialist
Concurrent chart review, concurrent working code set completion (to inform clinical decisions/workflows) and query of cases, real-time interaction with providers, process improvement efforts, involvement in projects

CDI Service Line Lead
Formal provider education scheduling and content preparation, management of provider engagement/education/ relationships, main CDI contact, and CDI project manager all for assigned services and units; escalation of all organizational queries and peer review for CDI specialists. Also responsible for annual provider documentation tool template updates/ revisions

Service Line:
Vascular
Thoracic Surgery
Cardiology
Cardiac Surgery
IR
Pulmonology

Service Line:
Neurology
NeuroSurgery
Orthopedics
ENT
Trauma/ED
PAMF

Service Line:
General Surgery
Hem/Onc
Anesthesia
Transplant
BMT
Plastics
ValleyCare

Service Line:
Urology
Gastrointestional
Nephrology
Medicine/Hospitalist
Gyn/Onc
ID

CDI Service Line Lead
CDI Service Line Lead
CDI Service Line Lead
CDI Service Line Lead

CDI Education Lead
Responsibility for overall formal/informal team and collaborative education, responsible for annual CDI related required annual education content and completion tracking, management of overall CDI/Coding education plans, organizing and development of departmental education and orientation of staff (may include peer review), Project manager for all CDI and CDI/Coding educational efforts

CDI Education Lead
CDI Education Lead

CDI Quality and Outcomes Lead
CDI Quality and Outcomes Lead

CDI Quality and Outcomes Lead
CDI project management related to ensuring accurate quality outcomes (including reviews of PSI, HAC, mortality cases, etc), other organizational outcomes analysis and improvement efforts, departmental process validation work, special projects and expansion trials

Mark LeBlanc
Manager

Jason Hom, MD
Medical Director, Documentation Quality and Outcomes Integrity
(Reports to Chief Medical Informatics Officer)

Michelle McCormack
Director
(Reports to Executive Director, Revenue Integrity)

Stanford HEALTH CARE

**Clinical Documentation Integrity Department
Operational Organizational Chart
May 2021**

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PROCESS ENHANCEMENT AND PROGRESSION

Multidisciplinary Review

- Ongoing since 2015 (of all potential PSI/HAC)
- Involves Clinical Documentation Integrity (CDI), Clinical, Coding and Quality partners
- Scope includes all mortality cases and other focus areas (generally identified monthly)
  - **COVID**
    - Frequent changes in coding and documentation capture guidelines
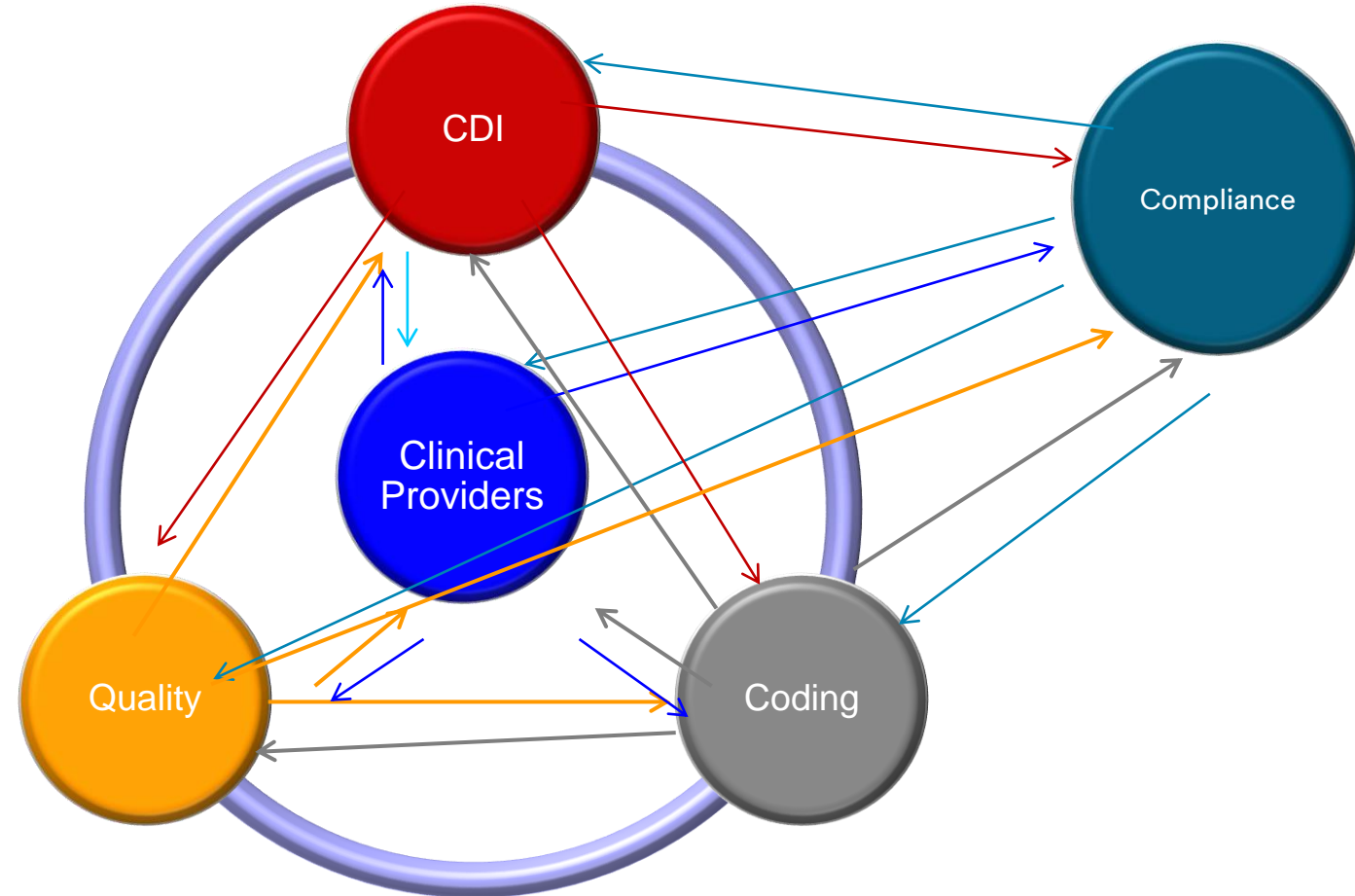
Vizient Expertise and Engagement

- **Risk model analysis**
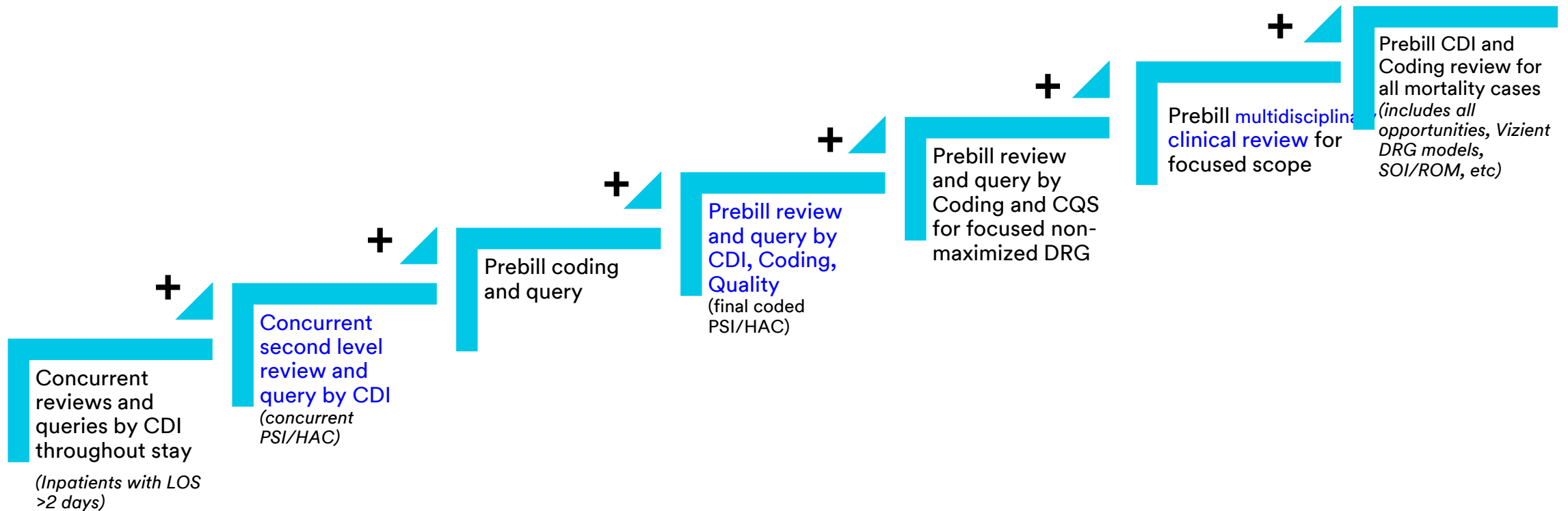 - Ongoing since 2017 (CDI managed 1-2 times per year)
  - Includes updates to all .RCC tools
  - Incorporates commonly queried conditions, other risk adjustment and documentation opportunities
- **Vizient CDI Collaborative Project**
  - Resource allocation optimization and operational process efficiency
- **CC/MCC Capture**
  - Elective and short stays are negatively impacting performance

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Why a Collaborative Approach?

- Siloed, un-coordinated and often overlapping processes with separate exchange of findings/outcomes
- Frequent referrals of PSI/HAC and mortality cases from providers for validation of documentation and subsequent code capture
- A strong partnership between all parties allows for a cohesive approach to resolving important patient safety/quality issues and the development of plans for documentation improvement.
- Working with the physicians, advanced practice providers and key decision makers allows for expansion in patient safety initiatives through the accuracy of data and focus on true clinical opportunities.

Standard Clinical Documentation Integrity Chart Analysis

Concurrent reviews and queries by CDI throughout stay

(Inpatients with LOS >2 days)

+

Concurrent second level review and query by CDI
(concurrent PSI/HAC)

+

Prebill coding and query

+

Prebill review and query by CDI, Coding, Quality
(final coded PSI/HAC)

+

Prebill review and query by Coding and CQS for focused non-maximized DRG

+

Prebill **multidisciplinary clinical review** for focused scope

+

Prebill CDI and Coding review for all mortality cases
(includes all opportunities, Vizient DRG models, SOI/ROM, etc)

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Patient Safety Indicator (PSI) and Hospital Acquired Condition (HAC) Clinical Documentation Integrity Review

Software system flags cases based on codes entered by CDI and/or Coding

CDI Quality and/or Coding Quality complete additional review of medical record

CDI Quality and/or Coding Quality complete additional review of indicator inclusions

CDI Quality and/or Coding Quality complete additional review of indicator exclusions

CDI Quality and/or Coding Quality submit queries for <u>all</u> potential opportunities on the case

Strategy Formulation: Key Relationships and Current State Analysis

Coding

CDI

Quality Reporting

Clinical Providers (inc nursing)

Patient

Compliance

Medical Record Documentation

Strategy Formulation: Key Relationships and Current State Analysis

- Break down walls and eliminate silos with your collaborative process!
- Recognize, leverage and celebrate the different skillsets within your multidisciplinary team!
  - In-services by each department to the team on expertise, role functions and contributions to the process
  - Team building!
- Be honest about where your opportunities are and what the barriers to collaboration have been individually, within your department and within the multidisciplinary team
  - Gemba with team to observe interactions
  - Create a process flow map to understand all impacting processes
  - Meet with staff to gain perspective on strengths and opportunities
- Engage in honest and constructive conversations to enhance learning and improve processes!
  - Must be open and able to accept feedback
  - Mentor team members and build/grow skills

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Strategy Formulation: Essential Skills

Professional

- *Clinical Patient Care and Diagnostic practice Experience*
- *Coding knowledge and experience*
- *CDI knowledge and experience*
- *Clinical Quality knowledge and experience*
- *Process improvement (LEAN/Six Sigma) knowledge and experience*

Interpersonal

- *Excellent Communication/influencing Skills*
- *Conflict resolution skills*
- *Ability to give and receive both positive and constructive feedback*
- *Ability to navigate difficult conversations*

Process and Improvement

- *Aligned goals of improving patient outcomes & accurate clinical data capture*
- *Critical Thinking Skills*
- *Ability to work autonomously*
- *Openness to share skillset and learn from experts from other departments*

Data and Technology

- *Data analysis experience*
- *Provider education expertise*
- *Collaborative approach to problem-solving*
- *EHR navigation and documentation expertise*

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Strategy Formulation: Process Development and Communication

Ensure clear messaging and understanding of the importance of departmental participation and goals by leadership

Establish the expectation of collaborative discussions and decisions

- Decisions made in silos are not allowed
- All discrepancies or concerns are brought back to the team for discussion
- Team identification of successes and opportunities for improvement

Involve the team in creation of processes

- Leverage existing tools and processes to integrate the new focus/initiatives

Foster continuous process improvement

- Create the team expectation to socialize issues and concerns as they arise
- Revisit the effectiveness of the process at regular intervals and revise as needed
- Outcomes focused education

Celebrate success!

- Examples of cases in which quality reporting was able to successfully message to the providers the coding rules/rationale and/or point out queries and query responses that resulted in accurate outcomes
- Recognize excellent team collaboration

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Strategy Formulation: Process Development and Communication

Accept recommendations from providers and service lines regarding areas of focus

- Which benchmarks do they use?
  - Clinical Registries (Trauma, NSQIP, etc), UHC, Health Grades, Leap Frog, AHRQ, etc.

Partner with the service line leaders to identify performance improvement opportunities

- Become subject matter experts in the methodology and ways to mitigate risk in the areas of concern through documentation improvement
- Assist with identification of items that require additional exploration clinically

Identify a process for reporting out previous performance, current performance and comparison data

Identify next steps for loop closure

- Identify and share specific action plans to improve outcomes performance
  - Include specific actions from each involved party

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Strategy Implementation: Expectations and Accountability

Overarching Expectations

- **Patient is the focus of the work!**
  - **Ultimate goal is to improve patient outcomes**
- Identify clear and measureable goals
  - Expected improvement of outcomes based on sample audit
  - Strongly consider including workgroups, as well as provider education plans
- Clear written policy and/or procedure for each multidisciplinary process
  - Include front line staff in process creation
  - Create standard work
  - Ensure accountability for adherence to the process
- Market yourself with your key front line clinical stakeholders!
  - How will it impact them?
  - How will it impact the organization?
- Confirm and/or Build Leadership Support

- Senior Clinical Leadership Support
- Administrative Leadership Support
- Report out to stakeholders and customers
  - Progress reports, dashboards and action plans for issues/barriers
  - Identify clear and measureable goals

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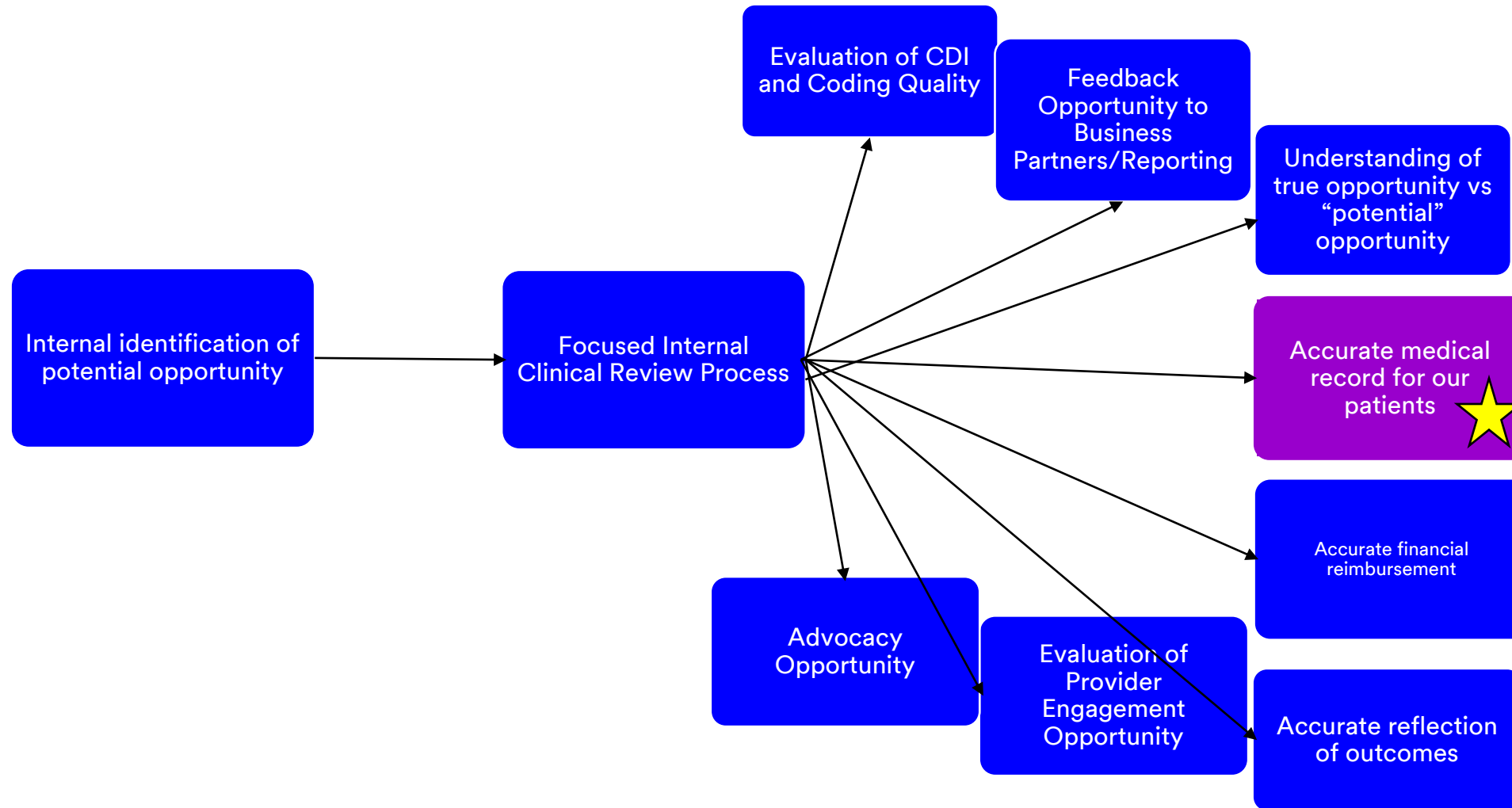# Strategy Implementation: Expectations and Accountability

Review Outcomes Performance Meetings

- Documentation Outcomes
  - Review current outcomes performance, identify areas of focus/opportunity, case review and discussion, process identification/revision
- Peer Review
  - Analyze individual cases in clinical peer review to identify the type of issues that remain
    - Documentation Issue
    - System Issue
    - Clinical Issue
- Multidisciplinary Outcomes Workgroup
  - Analyze trends within a multidisciplinary quality outcomes workgroup to identify organizational

strategies/recommendations

- Process/procedure revision or creation
- Clinical practice discussions
- Education plan
  - Audience
  - Messaging

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Focused Clinical Review Process and Impact

Strategy Implementation: Engaging Clinicians

Key to Provider Relationships

Respect → Collaboration

Strategy Implementation: Engaging Clinicians

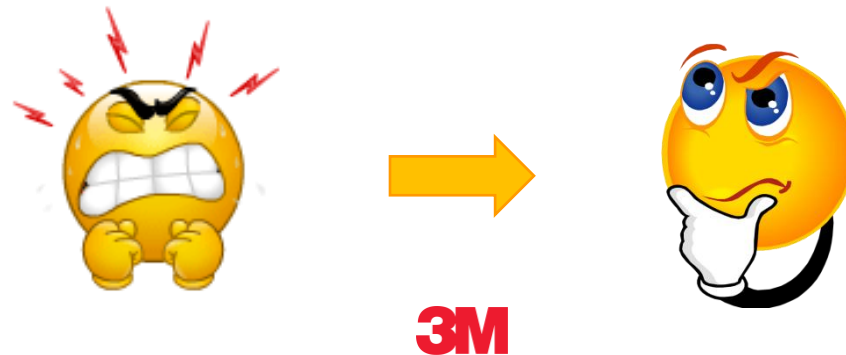## Discussions with Clinical Providers (Tips)

Recognize that everyone wants to do the right thing/we're all on the same team

Acknowledge the expertise the clinician provides and how busy they often are

When applicable, target conversations to the most appropriate group (APPs, resident, and/or attendings)

Use data and information related to the specific service line or provider group

- Look for trends
- Share your analysis and your successes/challenges related to documentation and coding
- Ask questions about what data and topics providers are most interested in seeing/discussing (this provides a natural and mutually beneficial way to have re-occurring meetings, rather than just one-off meetings)

Strategy Implementation: Engaging Clinicians

**Discussions with Clinical Providers (Tips) (cont.)**

Showcase your expertise

- Demonstrate your knowledge and how it will be important to him/her

Identify natural physician partners within the organization

- Physicians with formal quality improvement roles, Division Chiefs, etc.

Dispel the misconception that CDI is purely about financial gain or a form of "gaming the system" - have multi-faceted discussions about why complete and accurate documentation is beneficial on multiple levels and the right thing to do
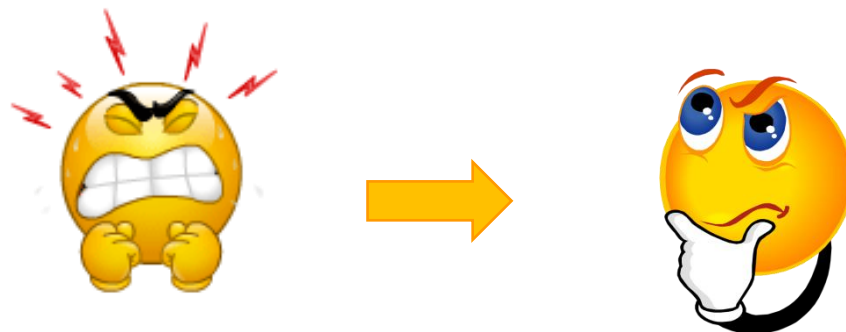
Strategy Implementation: Engaging Clinicians

Formal Meetings

- Clear agenda sent out prior
  - Identify only a few areas of focus for each meeting
- Present timely and accurate data
  - Report all related findings
    - System issues
    - Documentation/Coding issues
    - Clinical issues
  - Call out both improvements and areas of focus
  - Share areas of opportunity in each review team department, as well
- Identify trends that are potentially related to clinical care and/or system issues that may require process improvement
- Collaboratively identify next steps and create action plans
  - Track and trend
  - Process improvement
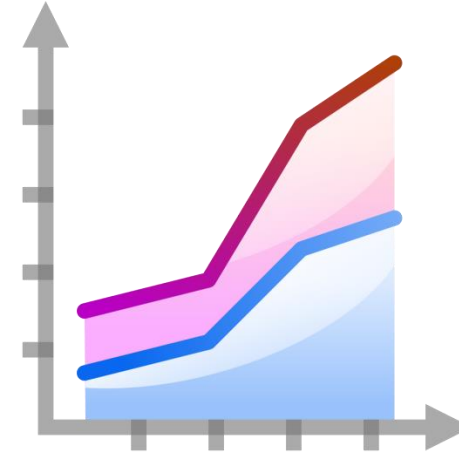
Going Beyond "Traditional" Quality Efforts
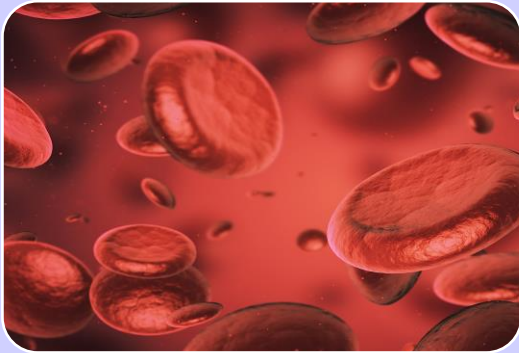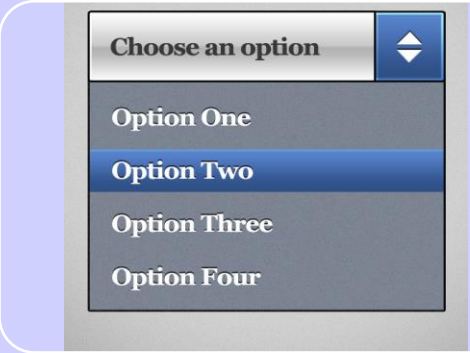
.RCC Improvements and Reporting
- **Integrated documentation tools and strategy**
  - Ongoing since 2017 (.RCC – managed by CDI)
    - Use has become a largely consistent and standard practice for providers
    - Meaningful use is strong and has influenced improved capture and performance and reduction in queries

Admission Status
- Process, standardization and governance
- Project in progress with updated completion goal of 4/30/21

Provider Experience
- **Technology optimization**
  - Reduce provider burden
- **CMS Advocacy**
  - Pathology report and pressure ulcer code capture guidelines – Potentially Industry Impacting

PSI 12
- POA status cannot be determined and/or queried
- Consider LE US screening on transfers and/or high-risk admissions

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Steps to Success

Data analysis and validation

- Need to agree on the performance measurement outcomes
- Need to trust the data and have a process for validation

Goal and Messaging Alignment

- Alignment of goals
- SMART – Do we agree?
- Mutually beneficial – WIFM
- Balance everyone's needs – patient-centered and mission-minded

Performance Transparency

- Dashboards
- Distribution and Access

Advocacy

- Think BIG!

PATIENTS OVER PAPERWORK — CMS

Reduce unnecessary regulatory burden to allow providers to concentrate on their primary mission: improving patient health outcomes.

High Points

- A collaborative approach to PSI review is essential

- Keep the patient at the center of the work

- Acknowledge, appreciate and leverage the different skillsets within your multidisciplinary team

- Establish clear and manageable processes

- Use data and trends to determine your focus areas

- Provide an environment which encourages feedback

- Be honest about opportunities for improvement

- Celebrate your success!

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WHAT'S NEXT?

Clinical Improvement Efforts

- Data Validation
- Socialization
- Outcome impacts

Quality Initiatives

- Readmissions
- Population Health Outcomes

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Quick Poll

I would like more information on CDI quality best practices, metrics, and resources.

❏ Yes, please contact me

❏ No, not at this time

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Questions

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Reminders

- Archive with recording
- Register for the next webinar
- Certificate of attendance
- We want your feedback!

Thank you

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