Quality and Patient Safety Public Reporting - Realizing Sustained Improvement Through:

**D**ocumentation, **E**xtraction, **R**eporting **T**ransformation (DERT)
How are Clinical Outcomes Generated?

- Reporting
- Clinical Care
Outcomes = Data

- Patient Care
  - Clinical Performance
  - Documentation
    - Extraction/Coding
      - Report Public Measures
        - Outcomes
        - Reputation
        - Reimbursement
Call to Action
What are these measures?

Patient Safety Indicators (PSI)

- Pressure Ulcers
- CLABSI (line infections)
- Iatrogenic Pneumothorax
- Post op VTE (blood clots)
- Post op Respiratory Failure
- Post op Hemorrhage / Hematoma
- Post op Sepsis
- Accidental Puncture or Laceration
Other external forces

- Value Based Purchasing
- Meaningful Use
- ICD-10
- Denials Management
Getting The Team Organized

Stakeholder Identification

FINANCE
Residents
IT
CDIS
Physicians
Quality
Medical Operations
Compliance

ADMINISTRATION
Nurses
Regional Hospitals
Continuous Improvement

CODING

Sponsorship

Steering Committee

Getting The Team Organized

Sponsorship

Steering Committee

Getting The Team Organized

Sponsorship

Steering Committee
Where Do We Start?
Key Drivers and Approach

Key Drivers from Discovery
• Fragmentation of financial data systems
• Suboptimal alignment of clinical frontline and coding

Approach
• Optimizing screening for potential errors
• Start at the back and move up stream
• Scope - PSIs
• Cross functional teams
Project Chartering

- Identify project leader and project manager
- Clearly define project goals and measures of success
- Vet charter with Steering Committee
- Support project teams along the way
- Prepare teams for updates in front of steering committee
- Steering committee environment “safe”

**Project Name**

<table>
<thead>
<tr>
<th>Team</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Lead-</td>
<td><em>What goal are we trying to accomplish with this project?</em></td>
</tr>
<tr>
<td>Project Manager-</td>
<td></td>
</tr>
<tr>
<td>Team Members-</td>
<td></td>
</tr>
</tbody>
</table>

**Measures of Success**

1.  
2.  
3.  

*What measures will we use to know when we have been successful?*

**Project Status**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>MM/YY</th>
</tr>
</thead>
<tbody>
<tr>
<td>End Date</td>
<td>MM/YY</td>
</tr>
<tr>
<td>Health</td>
<td>G/Y/R</td>
</tr>
</tbody>
</table>
Project – Systems Mapping

Inpatient Main Campus Overall System Mapping

ADTR → eGate → Clintrac SoftMed → HBO → TSI → EPSI

ADTR → CDI → Daily Batch → HBO

ADTR → SMS → Daily Batch

SMS → 837 download file → 837 download file

Relay Health ePremis → 837

837 → Patients → Patients → Patients

PSI Field (Source of Record)
- Admit Type (Clintrac)
- Admit Source (Clintrac/HBO)
- Discharge Status (Clintrac)
- Diagnosis Code (Clintrac)
- Present on Admission (Clintrac)
- Date of ICD9 Procedure (Clintrac)

UHC Comparative Database Extract

UHC Core Measures

Version 6, 07/19/11
Project – Systems Mapping

SIEMENS INVISION REVENUE CYCLE INTEGRATION

AHI Preg QA System
Heathworks ABN Checker
Emdeon Eligibility
Manual Entry
HDM Coding

SIEMENS Invision
Pt Management (EAD)
Siemens INVISION
Pt Acctg

VPN
Real-Time Charges
Payments Comments

BCF TANKFILE
Enterprise Access Directory (EAD)
Corporate RMW

Procedures
Total Charges

EMDEON (Accu-Post)

Siemens Contract Mgmt
HDX 837 Clearing House

Major Data Feeds
Consortia, Compass,
CaraMedia, Craneware

Bills / Statements
ePrems

Payments
iperX, NCB, Key, BoA

Comments

Account Histories
Coli Agencies,
Reg Bad Debt

Core Measures
UB-04

PFSADM
IT PFS Job Scheduler Server

External ProFee Billing
Batch-Mode
APS, Quadax,
Perse, Meridia,
Computad

Batching
Batch-Mode
Impac, Tenix, Q-Site

Ancillary Technical Charging
Real-Time
Epic IP, Lab, Radiology, OpTime

Ancillary Technical Charging
Real-Time: Batched
Epic Rx

Ancillary ProFee Charging
Batch-Mode
Epic IP, Rad, Lab

Cleveland Clinic
IT Clinical Integration (ITCI)
Last Update: 9/18/2009

Siemens Echo DB
JNPOST File
Daily G/L Interface
TSI Decision Support
MR, Payment/Util
### Discovery Case Review

<table>
<thead>
<tr>
<th>Category</th>
<th>Clinical Care</th>
<th>Documentation</th>
<th>Extraction</th>
<th>Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSI 3 Pressure Ulcers</td>
<td>N=32 9%</td>
<td>25%</td>
<td>13%</td>
<td>53%</td>
</tr>
<tr>
<td>PSI 6 Pneumothorax</td>
<td>N=55 35%</td>
<td>18%</td>
<td>9%</td>
<td>38%</td>
</tr>
<tr>
<td>PSI 15 Accidental Puncture and Laceration</td>
<td>N=68 40%</td>
<td>49%</td>
<td>11%</td>
<td>?</td>
</tr>
</tbody>
</table>

- PSI 3: Pressure Ulcers, N=32
- PSI 6: Pneumothorax, N=55
- PSI 15: Accidental Puncture and Laceration, N=68
Discovery
Clinical Care: Tip of the Iceberg

- In 3 days: There were 28 unique notes, 14 providers
  - 9 RN
  - 4 staff, 3 fellow Physicians
  - 1 Cardiac Stenographer

- 19 Coders/Extractors
- 5 Quality
- 6 others

Clinical Care 32%
Non Clinical Care 68%
Discovery
Administrative Data impacting Quality Metrics

Inpatient Stay

- Present on Admission
- Documentation & Coding
- Admit Source
  - Elective/Emergent
- Admitting physician
- Attending physician
- Procedures
  - Proceduralists
  - Procedure dates
- Discharge disposition
- Discharging physician
- Discharge diagnoses
- HACs & PSIs

Administrative Data impacting Quality Metrics
DERT: Retrospective Review

Clinical Care → Documentation → Extraction → Reporting

- Quality
- Financial

Impact on Patient

Time to Intervention

Retrospective Review
Project - 1 Year Retrospective Review

6 Patient Safety Indicators Reviewed
(July 2010 through June 2011 Cases)

N=880

- PSI 03 Hosp. Acq. Pressure Ulcers (St. III/IV)
- PSI 06 Iatrogenic Pneumothorax
- PSI 07 CLABSI
- PSI 09 Post-op Hemorrhage/Hematoma
- PSI 11 Post-op Respiratory Failure
- PSI 12 Post-op PE/DVT

24.6% (217 cases) escalated for additional coding review
18.9% (167 cases) documentation opportunities
5.6% (50 cases) rebilled/resubmitted
The Challenge

Physician Documentation is recorded in CLINICAL terms

Breakdown between the two dialects

Documentation for coding, profiling & compliance must contain specific DIAGNOSTIC terms

This will be a bigger challenge with ICD-10!

Improved documentation bridges the communication gap
DERT: Moving Upstream

Clinical Care → Documentation → Extraction → Reporting

Impact on Patient

Time to Intervention

Quality
Financial

Bill Hold Safety Net
Retrospective Review
Project – Bill Hold Process

PSI/HAC Capture
Results - First Five Months

893 Expected PSIs & HACs

- Increased awareness
- Education & Resources
- Concurrent Review
- Clinical Improvement
- Bill Hold

330 PSI/HAC cases

63% Decrease
UHC Quality Ranking

% Score

20th 2012
49th 2011
80th 2010

Quality Leadership Award
2012 RISING STAR
Reward and Recognize
Sustainment: Transformation

- Measure based initiatives - NO
- Systematic improvement - YES
  - Measure independent
DERT: Moving Upstream

Clinical Care → Documentation → Extraction → Reporting

Quality
Financial

Impact on Patient

Time to Intervention

Concurrent Management

Bill Hold Safety Net

Retrospective Review
Lessons Learned

The obvious

- The overall process is extremely complex cutting across numerous functional groups
- Must ensure new processes remain compliant

The reality

- Many of the administrative fields in revenue cycle are same fields used in public reporting
- A majority of the failures exist due to documentation related issues

Takeaways to other projects/work

- Tremendous value in cross-sharing and collaboration
- Seek to understand before jumping to solutions
- A “safe” environment is a productive environment
- Leadership can be boundary-less
What Worked?

• Burning Platform
• Focused scope - PSIs
• Collaborative problem solving
• Boundary-less leadership
• Safe environment for discovery and sharing
Quality, Safety & Patient Experience

Improving safety means getting DERTy >>
Every life deserves world class care.