Clinical Documentation Integrity

JEFFREY LACH, DO, FACP

Who are the CDI team and what do they do

- Registered Nurses
- Comprehensive concurrent review of records
- Medical record accurately reflects severity of illness and risk of mortality
- Communication via a question or query which is placed in Epic
- Queries can ask for
  - Clarification in regards to a diagnosis (ruled in or ruled out)
  - Specification of a diagnosis (acute on chronic)
  - Clinical validation (SIRS criteria for sepsis diagnosis)

Query Types

Concurrent

- Initiated by CDI RN
- Real time

Retrospective

- Initiated by coder
- After discharge

Query Response

- Progress Notes
- Discharge Summary
- Addendum
- NOT in the Query directly
- Everyone is responsible

Principal Diagnosis

- Condition chiefly responsible for occasioning the admission
- Everyone is responsible this
- Should be updated as work up reveals more data

Signs & Symptoms

- Are **NOT** to be used as PDx
- Examples:
  - Chest pain
  - Abdominal pain
  - Syncope
  - N/V/diarrhea

Secondary Conditions *Are:*

- Additional conditions that affect patient care in terms of requiring clinical evaluation, therapeutic treatment, diagnostic procedures while the patient is in the hospital
- These conditions are referred to as "major co morbid conditions"(MCC) or "co morbid conditions" (CC)

Secondary Conditions

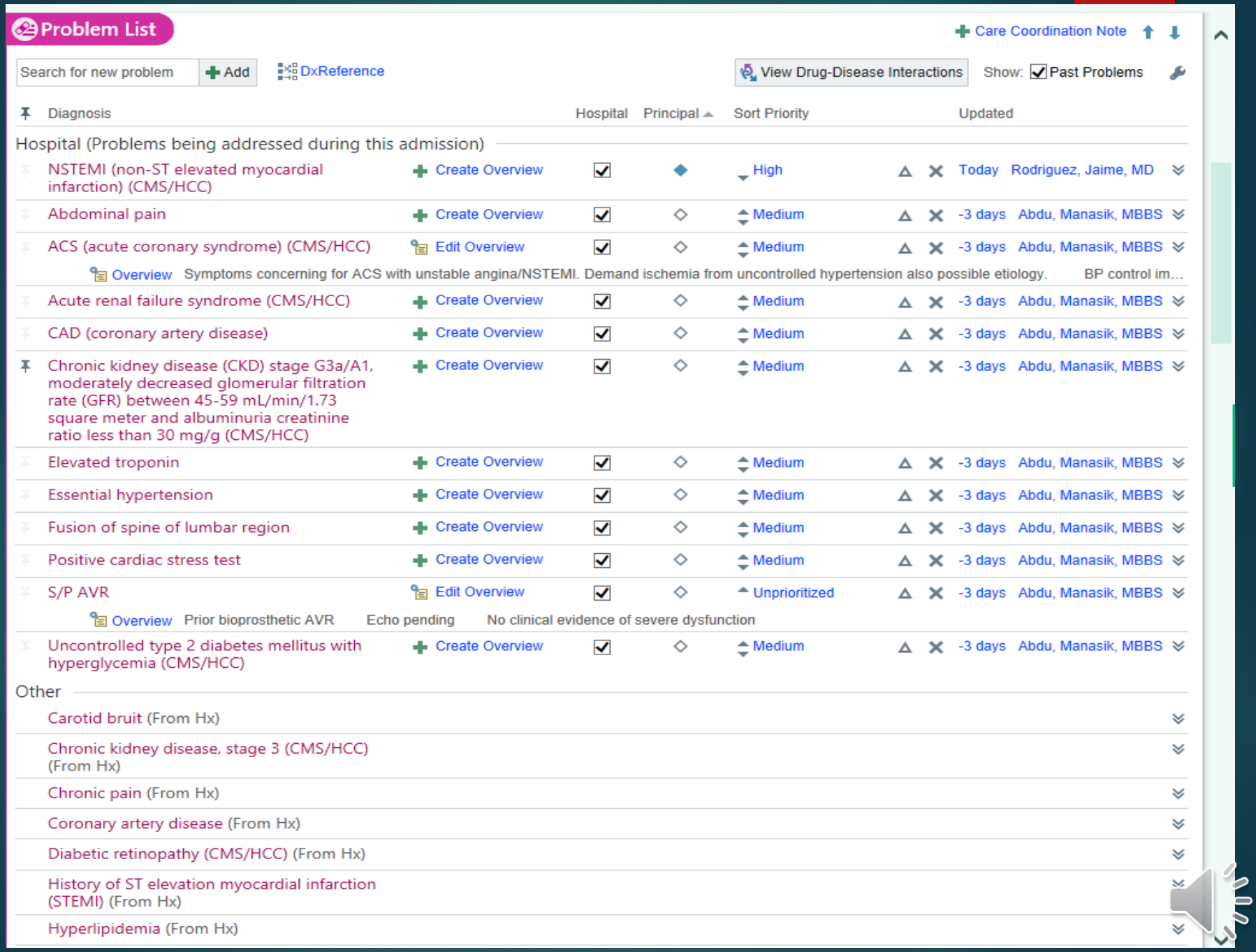
- MCC: Major complication or comorbidity
- CC: minor complication or comorbidity
  - both of the above affects DRG codes
  - These conditions increase the use of medical / hospital expenses and in turn increase hospital reimbursement

Examples of MCCs

- Cerebral edema
- Acute respiratory failure
- Pneumonia
- ARF with ATN
- Acute systolic/diastolic CHF
- ESRD
- Severe Protein Calorie malnutrition

Examples of CCs

- Hemiparesis/hemiplegia
- Pleural effusion
- Chronic respiratory failure
- Acute renal failure
- Acute blood loss anemia
- Cellulitis
- CKD, stage 4 or 5
- Ascites
- Moderate Protein Calorie Malnutrition


Problem List
Care Coordination Note
Search for new problem
Add
DxReference
View Drug-Disease Interactions
Show: Past Problems
Diagnosis
Hospital
Principal
Sort Priority
Updated
Hospital (Problems being addressed during this admission)
NSTEMI (non-ST elevated myocardial infarction) (CMS/HCC)
Create Overview
High
Today
Rodriguez, Jaime, MD
Abdominal pain
Create Overview
Medium
-3 days
Abdu, Manasik, MBBS
ACS (acute coronary syndrome) (CMS/HCC)
Edit Overview
Medium
-3 days
Abdu, Manasik, MBBS
Overview
Symptoms concerning for ACS with unstable angina/NSTEMI. Demand ischemia from uncontrolled hypertension also possible etiology.
BP control im...
Acute renal failure syndrome (CMS/HCC)
Create Overview
Medium
-3 days
Abdu, Manasik, MBBS
CAD (coronary artery disease)
Create Overview
Medium
-3 days
Abdu, Manasik, MBBS
Chronic kidney disease (CKD) stage G3a/A1, moderately decreased glomerular filtration rate (GFR) between 45-59 mL/min/1.73 square meter and albuminuria creatinine ratio less than 30 mg/g (CMS/HCC)
Create Overview
Medium
-3 days
Abdu, Manasik, MBBS
Elevated troponin
Create Overview
Medium
-3 days
Abdu, Manasik, MBBS
Essential hypertension
Create Overview
Medium
-3 days
Abdu, Manasik, MBBS
Fusion of spine of lumbar region
Create Overview
Medium
-3 days
Abdu, Manasik, MBBS
Positive cardiac stress test
Create Overview
Medium
-3 days
Abdu, Manasik, MBBS
S/P AVR
Edit Overview
Unprioritized
-3 days
Abdu, Manasik, MBBS
Overview
Prior bioprosthetic AVR
Echo pending
No clinical evidence of severe dysfunction
Uncontrolled type 2 diabetes mellitus with hyperglycemia (CMS/HCC)
Create Overview
Medium
-3 days
Abdu, Manasik, MBBS
Other
Carotid bruit (From Hx)
Chronic kidney disease, stage 3 (CMS/HCC) (From Hx)
Chronic pain (From Hx)
Coronary artery disease (From Hx)
Diabetic retinopathy (CMS/HCC) (From Hx)
History of ST elevation myocardial infarction (STEMI) (From Hx)
Hyperlipidemia (From Hx)

Impact of MCCs and CCs on a Neurosurgery DRG

V24 DRG

Intracranial Vascular Procedures
DRG 528
Weight 7.0543

MS-DRG 20 Intracranial Vascular Procedures With A PDX of Hemorrhagic (with a major co morbid condition)

Coma

-Weight
7.7073

MS-DRG 22 Intracranial Vascular Procedures With A PDX of Hemorrhagic (without a major co morbid condition or co morbid condition)

-Weight
5.6085

Case Review

- Patient presents with 1 week of increasing SOB and wheezing. Has PMH of COPD with chronic O2 use (2L), history of chronic heart failure with reduced EF, CKD3b and diabetes
- On exam patient with wheezing and fine crakes at bases of lungs, no evidence of respiratory distress on home O2 of 2L , + JVD and 3+ pitting edema in legs
- Labs: creatinine at baseline 1.83, glucoses are elevated at over 200+ , magnesium is 1.2 and potassium is 2.9

Documentation Impact

- Baseline
  - COPD Flare
  - CHF exacerbation
  - HTN
- Final after CDI team review
  - Acute exacerbation of COPD
  - Chronic hypoxic respiratory failure
  - Acute on chronic systolic heart failure
  - CKD stage IIIb
  - Hypomagnesemia
  - Hypokalemia
  - HTN

Documentation Impact

- Baseline
  - GMLOS: 2.4 days
  - Weight: 0.6956
  - Reimbursement: $ 4, 395.69
- Final after CDI team review
  - GMLOS 3.6 days
  - Weight: 1.1251
  - Reimbursement: $8,709.83

Closing Remarks

- CDI is a team effort
- When you read a chart does it accurately reflect how the patient appears and the intensity of work up and treatment received