Cleveland Clinic Health System

- **Locations**
  - US: Ohio, Florida, Las Vegas
  - Canada
  - Abu Dhabi UAE
- **11 Hospitals**
- **Children's Rehabilitation Hospital**
- **Home Health Care**

- **Total Revenue: $ 6 billion**

Cleveland Clinic Main Campus

- **1,300 Hospital Beds**
- **Children's Hospital (100 beds)**
- **17 Family Health Centers**
- **8 Ambulatory Surgery Locations**
- **~2,800 Employed Physicians & Scientists**
- **Total patient visits over 5 million**
- **Acute care admissions ~53,000**
- **Surgical cases ~80,000**
- **Case mix index 2.33**
- **Average length of stay 6.6 days**
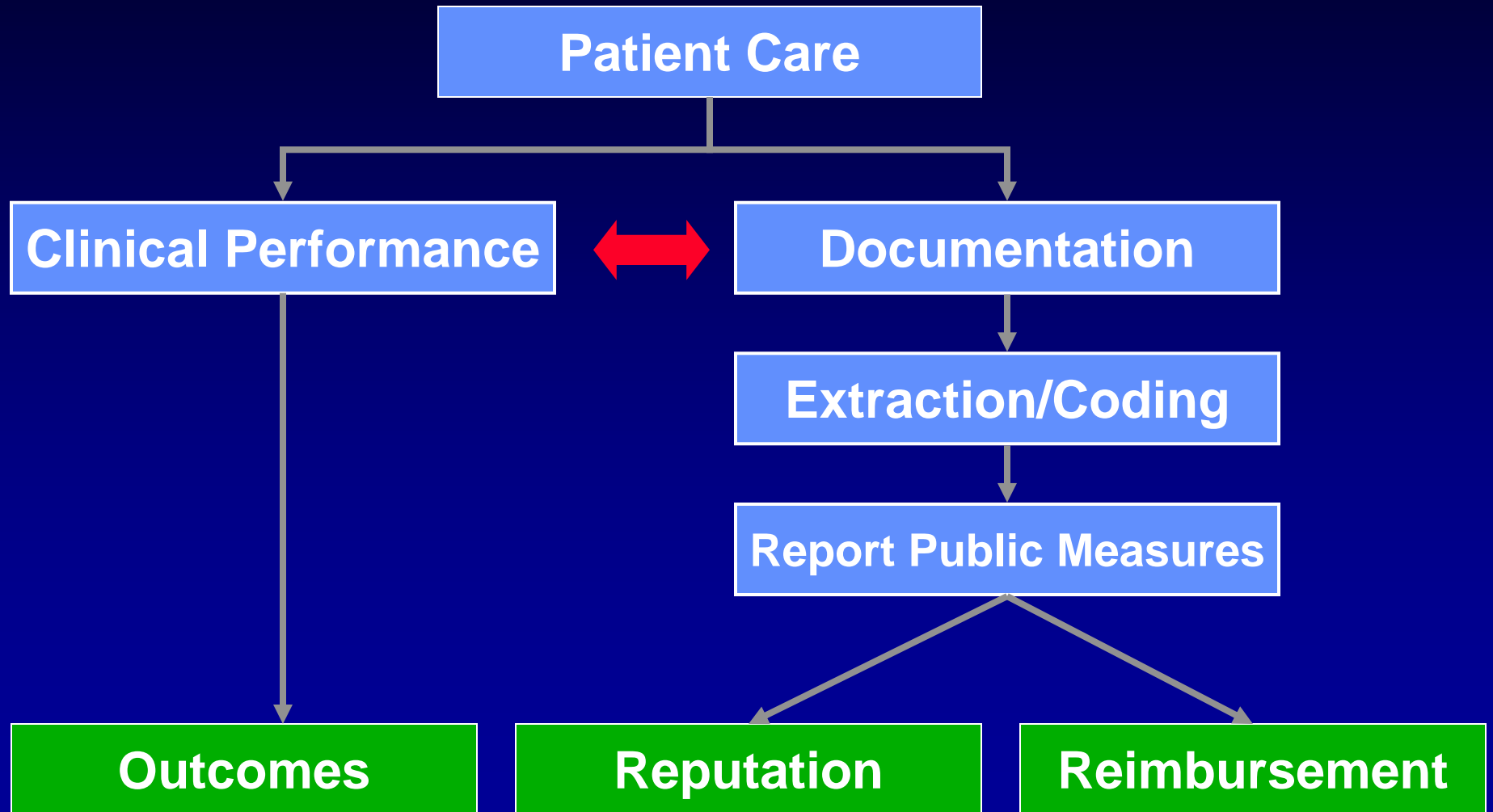- **Research Funding: $252 million**
- **Residents/ Fellows: 1,001**

How are Clinical Outcomes Generated?

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

Sponsorship

Stakeholder Identification

FINANCE

Quality

ADMINISTRATION

Residents

Medical Operations

CODING

IT

Regional Hospitals

CDIS

Nurses

Physicians

Continuous Improvement

Compliance

Steering Committee

Where
Do
We
Start?

Key Drivers and Approach

| Clinical Care | → | Documentation | → | Extraction | → | Reporting | → | Quality |
| | | | | | | | | Financial |

⬅
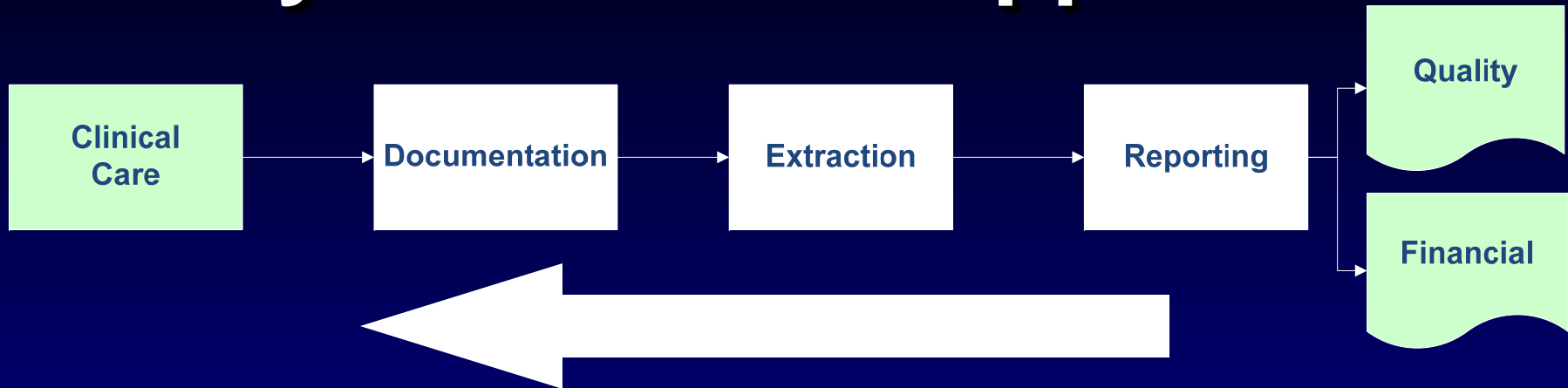
Key Drivers from Discovery
- **Fragmentation of financial data systems**
- **Suboptimal alignment of clinical frontline and coding**

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

Project Chartering

Project Name

Team

Project Lead-
Project Manager-
Team Members-

Goal

• What goal are we trying to accomplish with this project?

Measures of Success

1.

2.

3.

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

Project Status

Start Date	MM/YY
End Date	MM/YY
Health	G / Y / R

- **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**
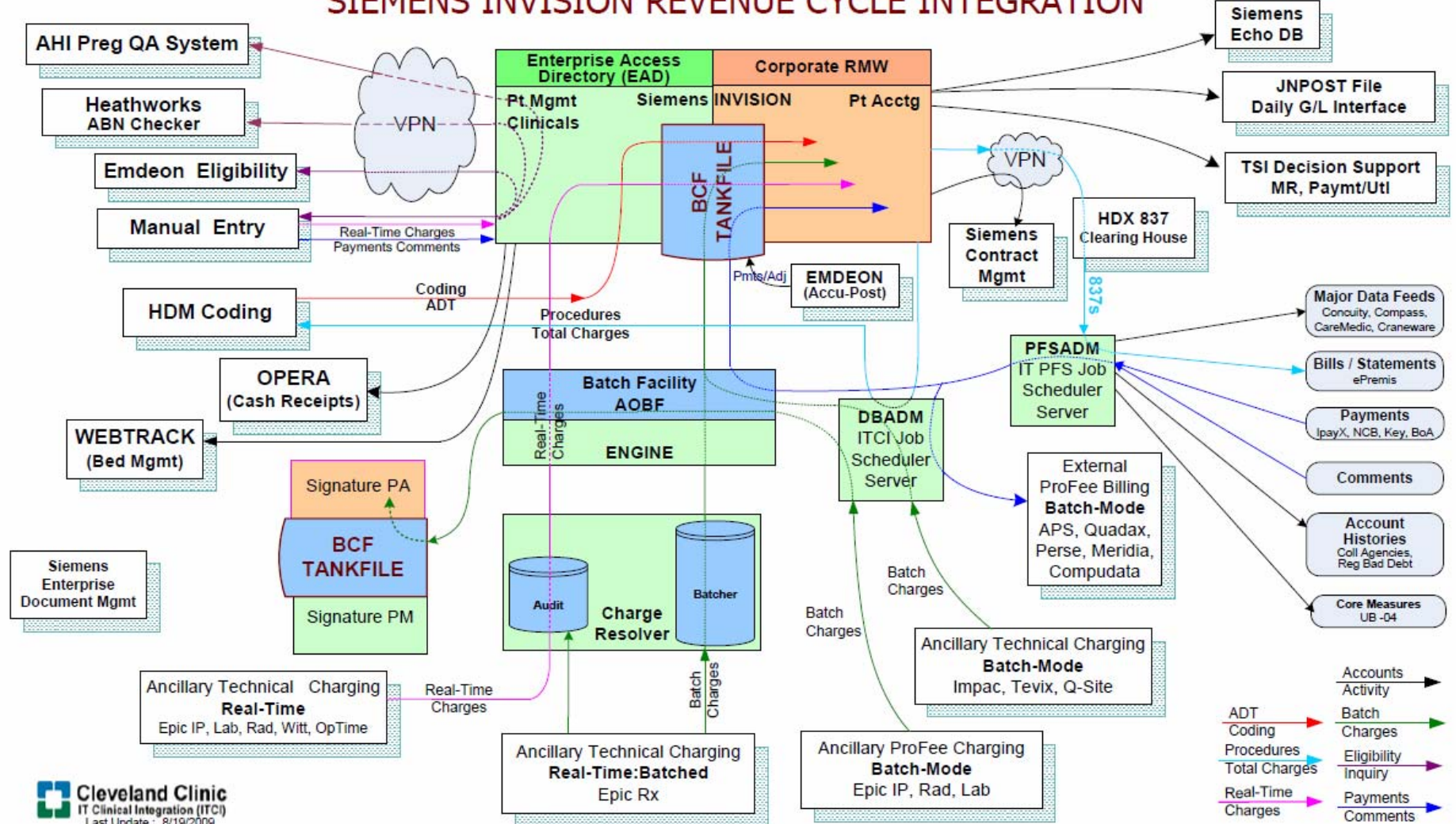- **Steering committee environment "safe"**

Project – Systems Mapping
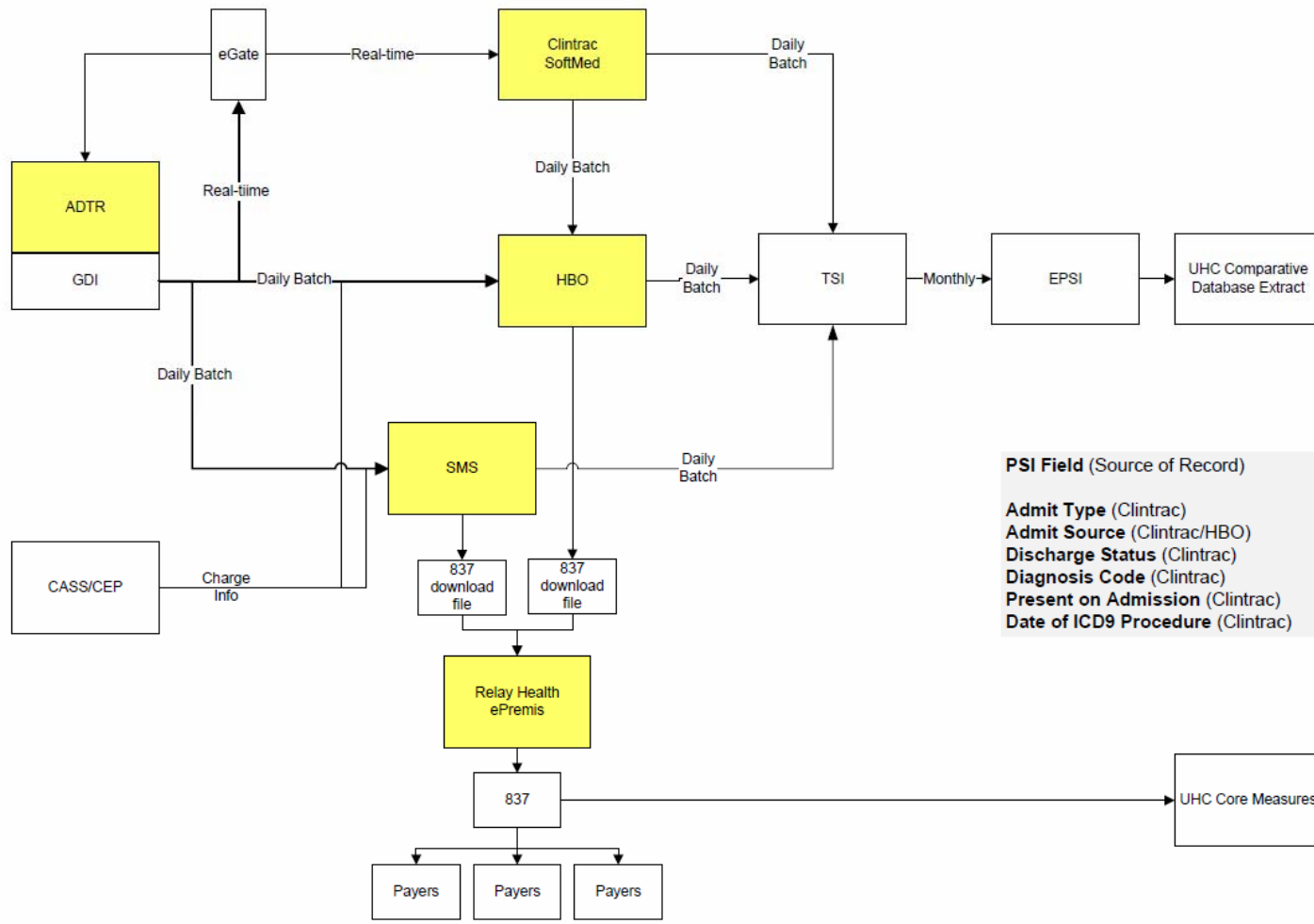
Project – Systems Mapping

Discovery
Case Review
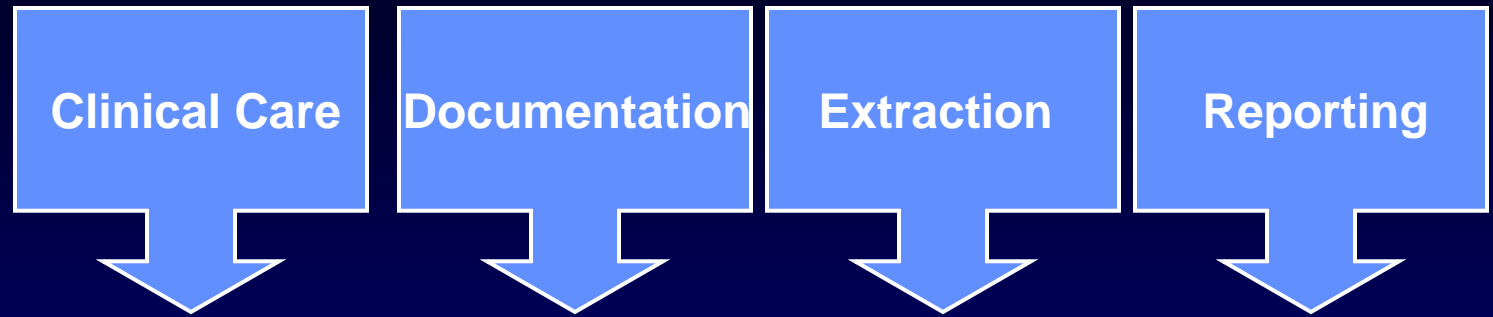
	Clinical Care	Documentation	Extraction	Reporting
PSI 3 Pressure Ulcers N=32	9%	25%	13%	53%
PSI 6 Pneumothorax N=55	35%	18%	9%	38%
PSI 15 Accidental Puncture and Laceration N=68	40%	49%	11%	?

Discovery
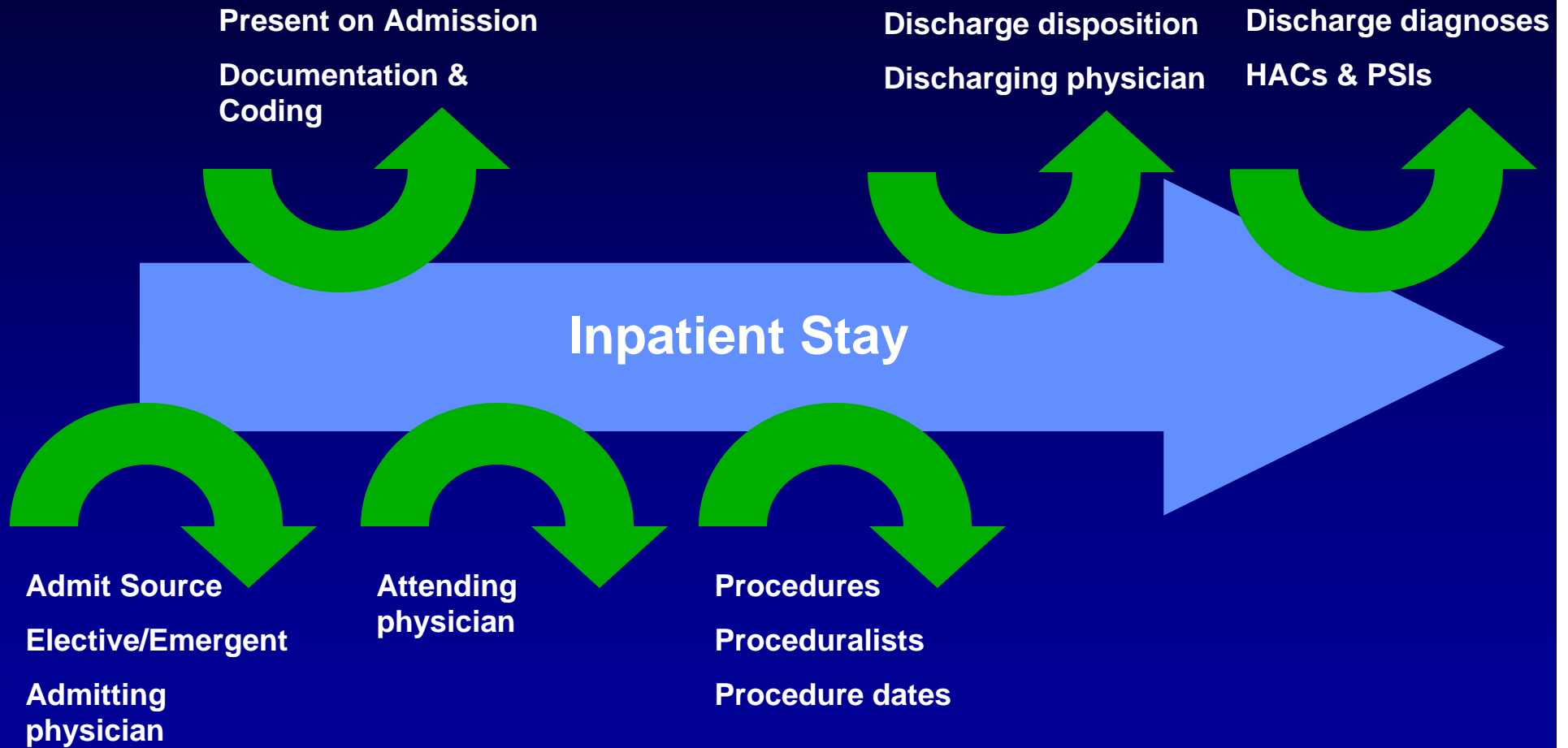## Clinical Care: Tip of the Iceberg

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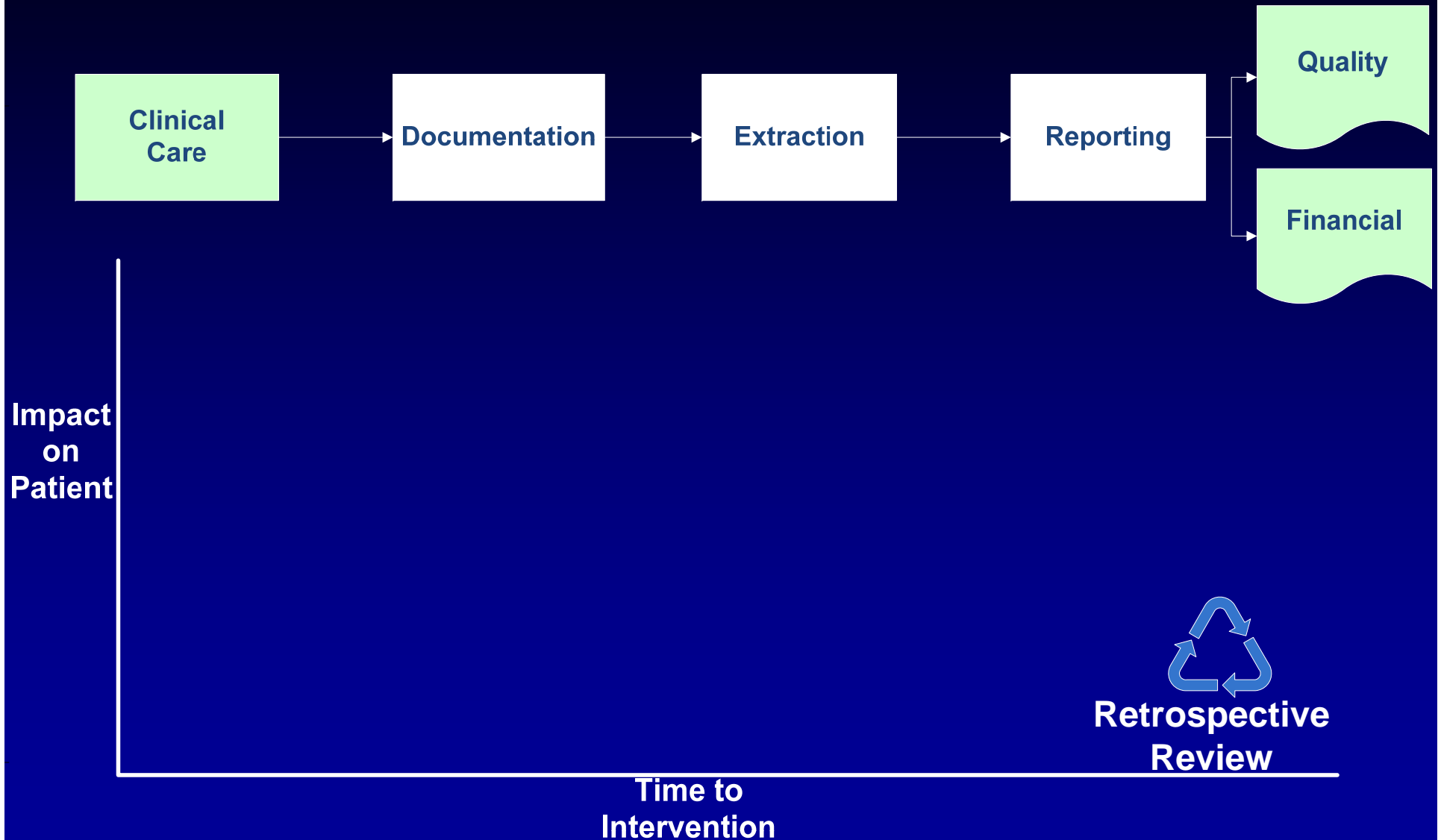 - 1 Cardiac Stenographer

19 Coders/Extractors
5 Quality
6 others

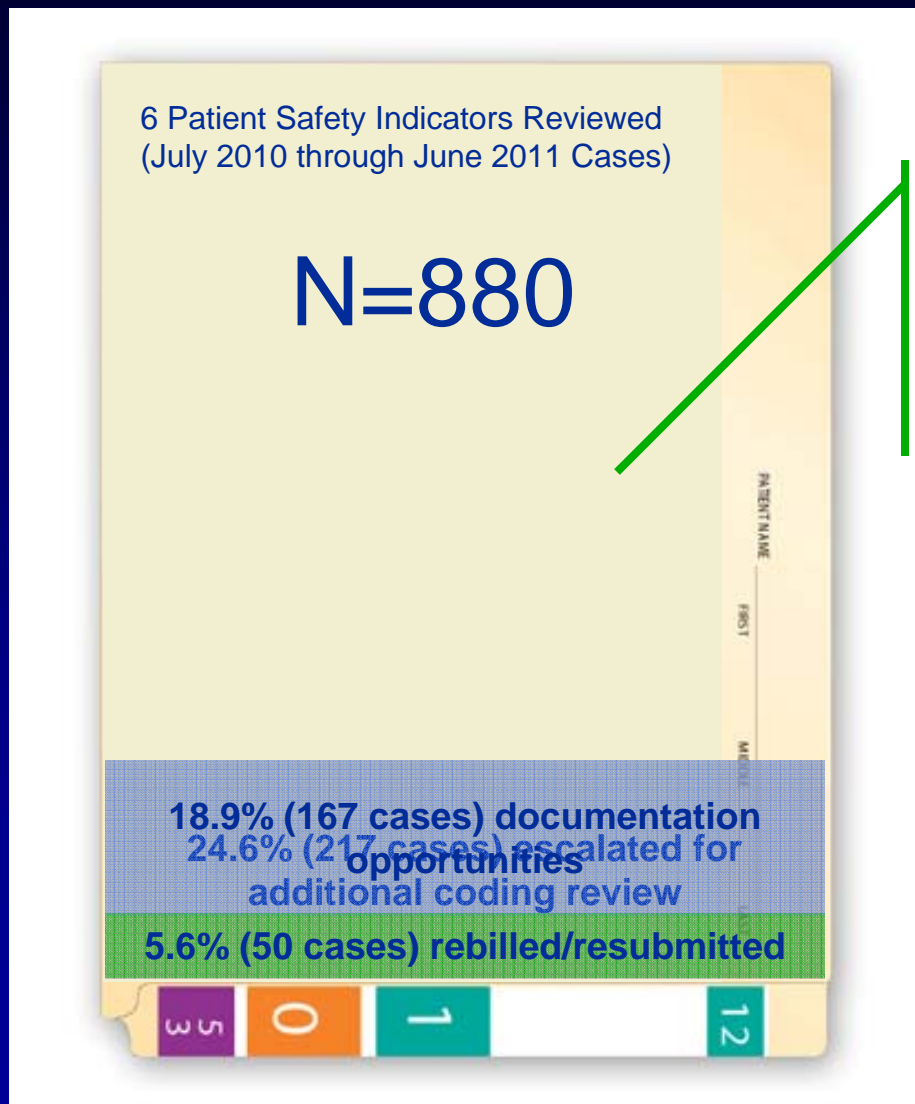Clinical Care 32%

Non Clinical Care 68%

DERT: Retrospective Review

Clinical Care	→ Documentation	→ Extraction	→ Reporting

Quality

Financial

Impact on Patient

Retrospective Review

Time to Intervention

Project - 1 Year Retrospective Review

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

N=880
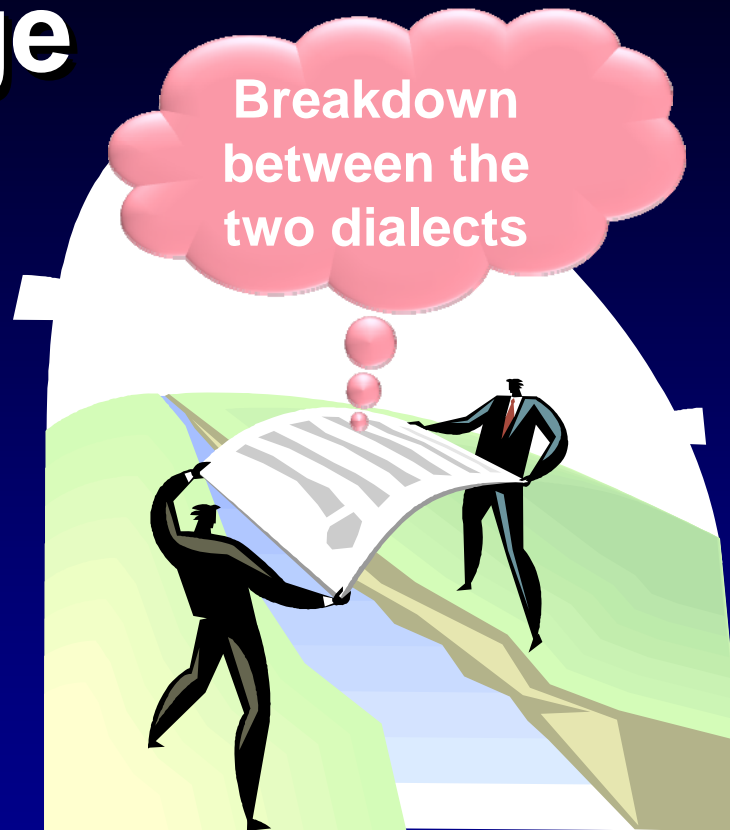
- PSI 03 Hosp. Acq. Pressure Ulcers (St. III/IV)
- PSI 06 Iatrogenic Pneumothorax
- PSI 07 CLABSI
- PSI 09 Post-op Hemorrhage/Hematoma
- PSI 11 Post-op Respiratory Failure
- PSI 12 Post-op PE/DVT

18.9% (167 cases) documentation opportunities

24.6% (217 cases) escalated for additional coding review

5.6% (50 cases) rebilled/resubmitted

Examples of PSI 15 Documentation

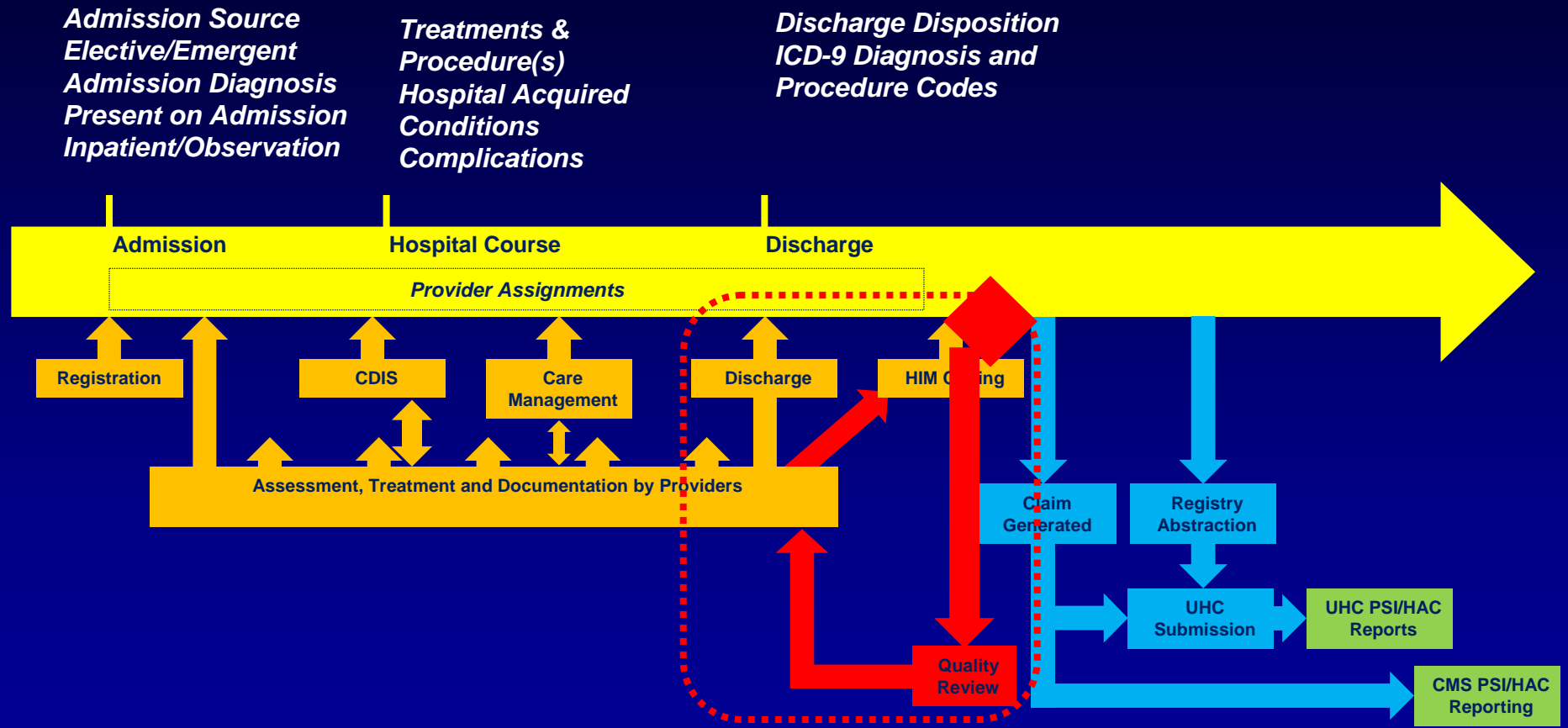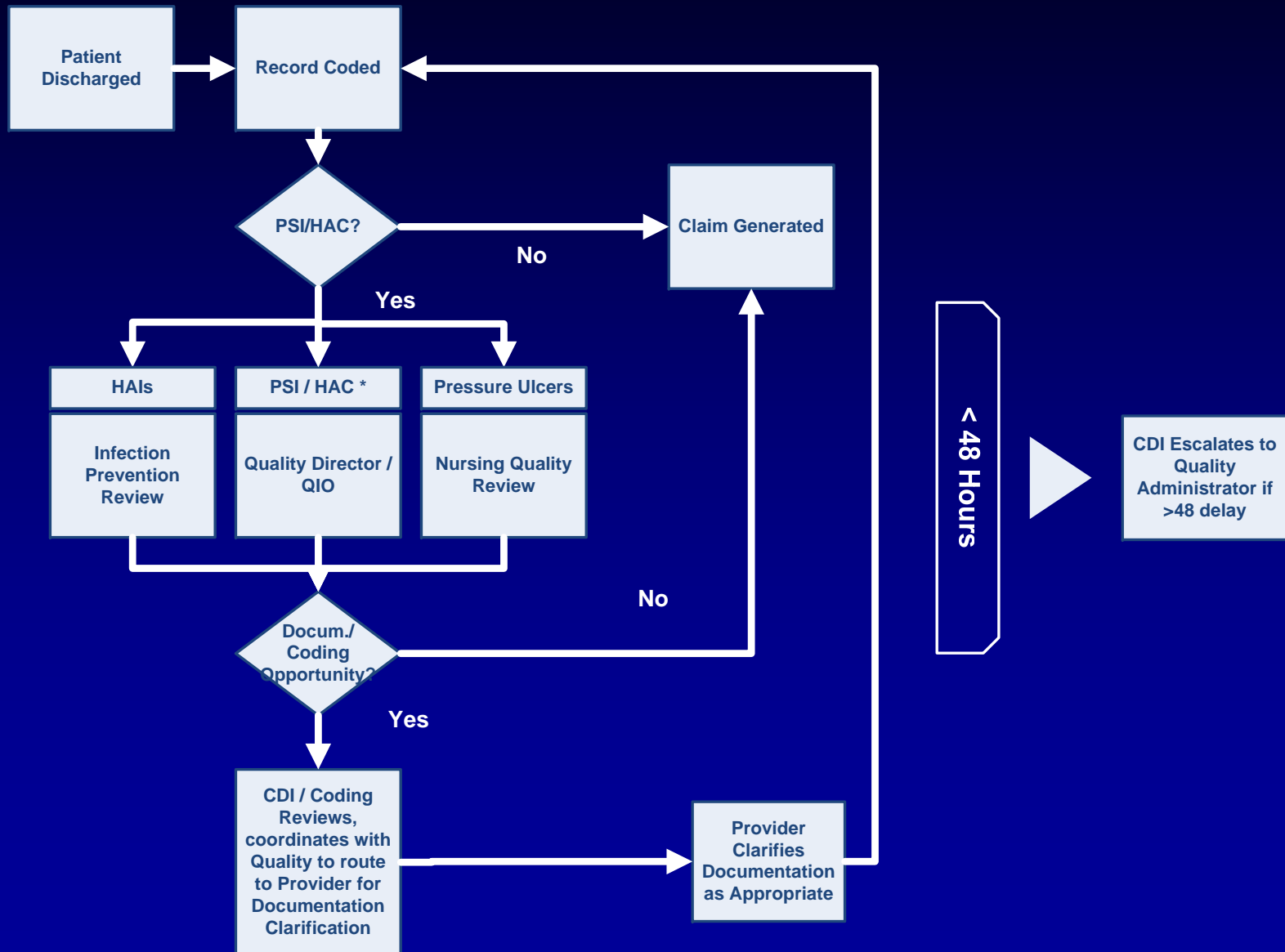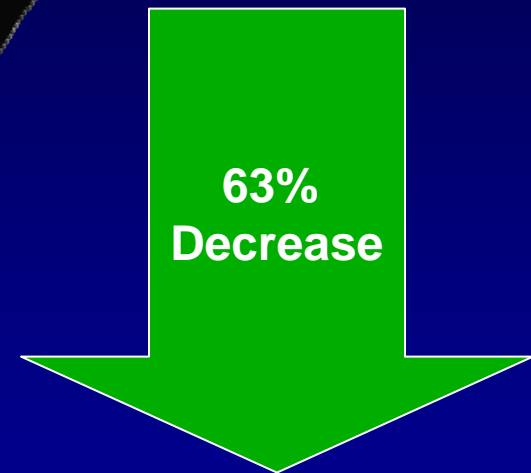| Coded as PSI 15	Not Coded as PSI 15
• The spleen was densely adherent to the retroperitoneum, in trying to peel it off the retroperitoneum, a large intact capsular tear occurred. For this reason, the splenic artery and veins were cross-clamped, divided, and suture ligated. The spleen was removed. • **This documentation is reported with ICD-9 diagnosis code 998.2.**	• Op Note amended on 9/15: "At this point, we noted that there were a couple deserosalizations, which were inherent to the procedure and not clinically significant. They were oversewn with 3-0 silk in a Lembert fashion." • **Documentation was amended, so ICD-9 diagnosis code 998.2 was deleted.**

DERT: Moving Upstream

Clinical Care → Documentation → Extraction → Reporting → Quality / Financial

Impact on Patient

Time to Intervention

Bill Hold Safety Net ← Retrospective Review

Project – Bill Hold Process

Admission Source
Elective/Emergent
Admission Diagnosis
Present on Admission
Inpatient/Observation

Treatments &
Procedure(s)
Hospital Acquired
Conditions
Complications

Discharge Disposition
ICD-9 Diagnosis and
Procedure Codes

Admission · Hospital Course · Discharge

Provider Assignments

Registration · CDIS · Care Management · Discharge · HIM Coding

Assessment, Treatment and Documentation by Providers

Claim Generated · Registry Abstraction

Quality Review

UHC Submission · UHC PSI/HAC Reports

CMS PSI/HAC Reporting

PSI/HAC Capture

Bill Hold Workflow

Results - First Five Months

419 Cases Reviewed ➡️ **330 PSI/HAC cases** ➡️ **21% Corrected**
➡️ **Avg. workdays held: 2.3**
➡️ **Cases/day: 2.7**

Other, 32

HAC CAUTI, 16

PSI 7 / HAC CLABSI, 18

PSI 13 Post Op Sepsis, 18

PSI 9 Post Op Hem, 21

PSI 3 / HAC PU, 47

PSI 11 Post Op Resp Fail, 74

PSI 12 / HAC VTE, 118

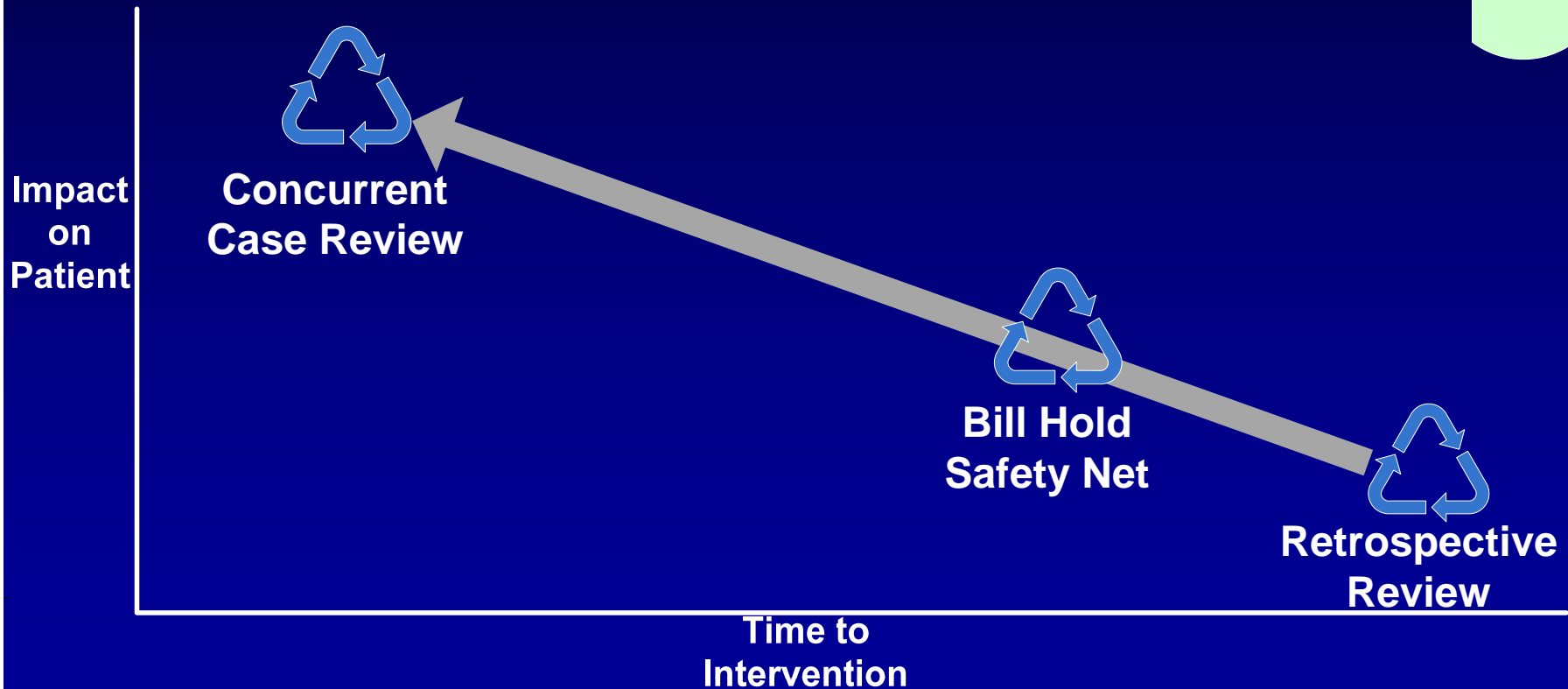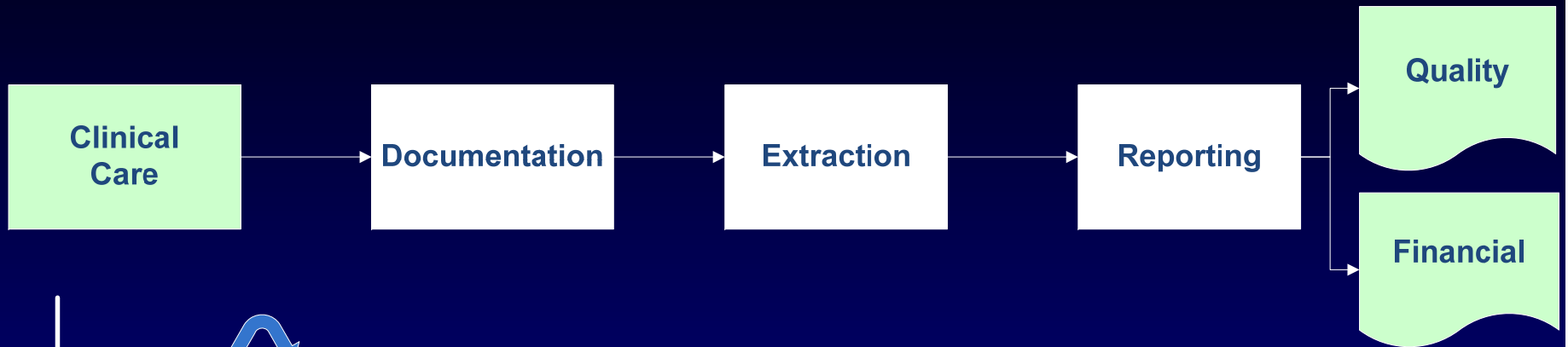PSI 15 Acc. Punct/Lac, 75
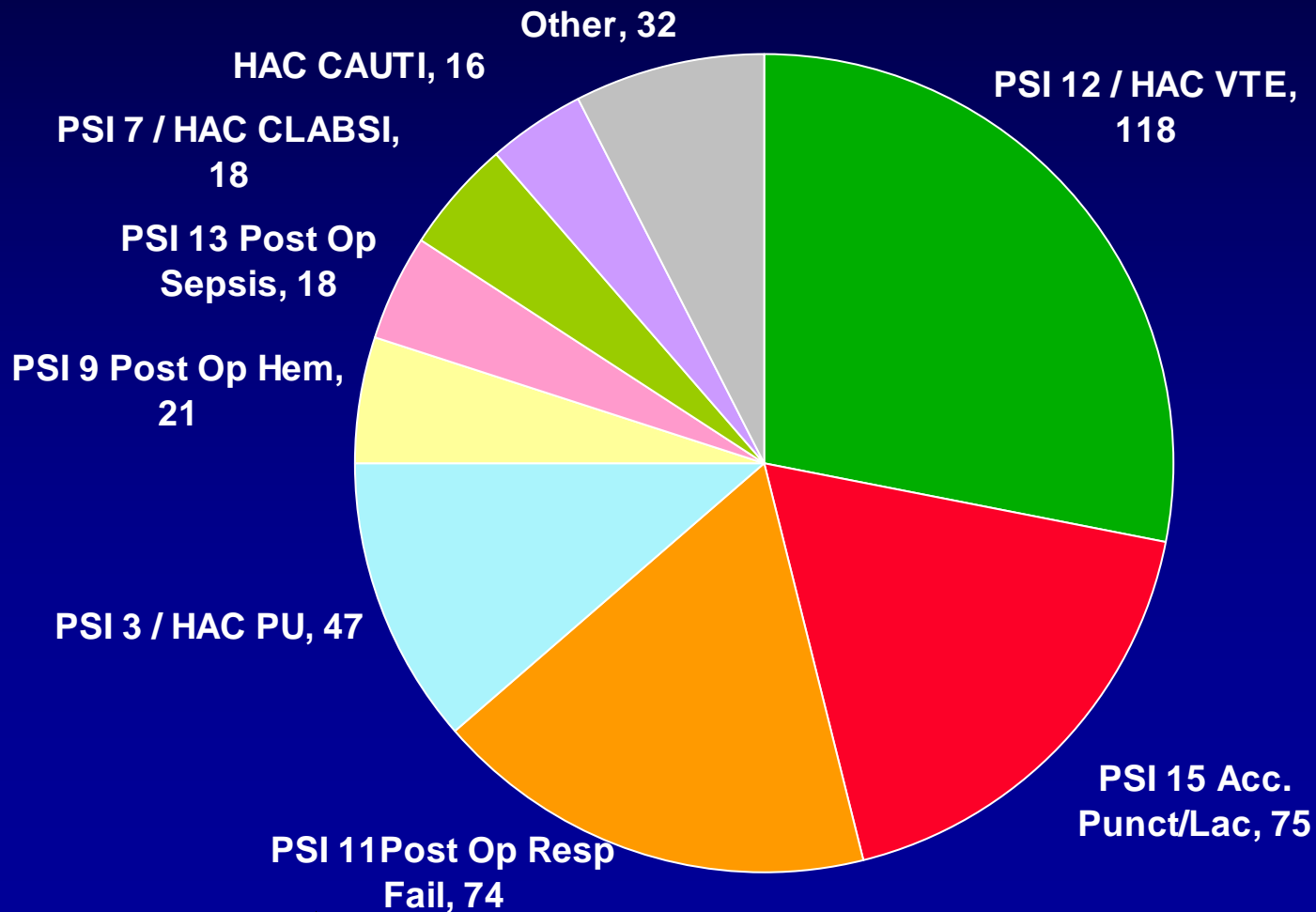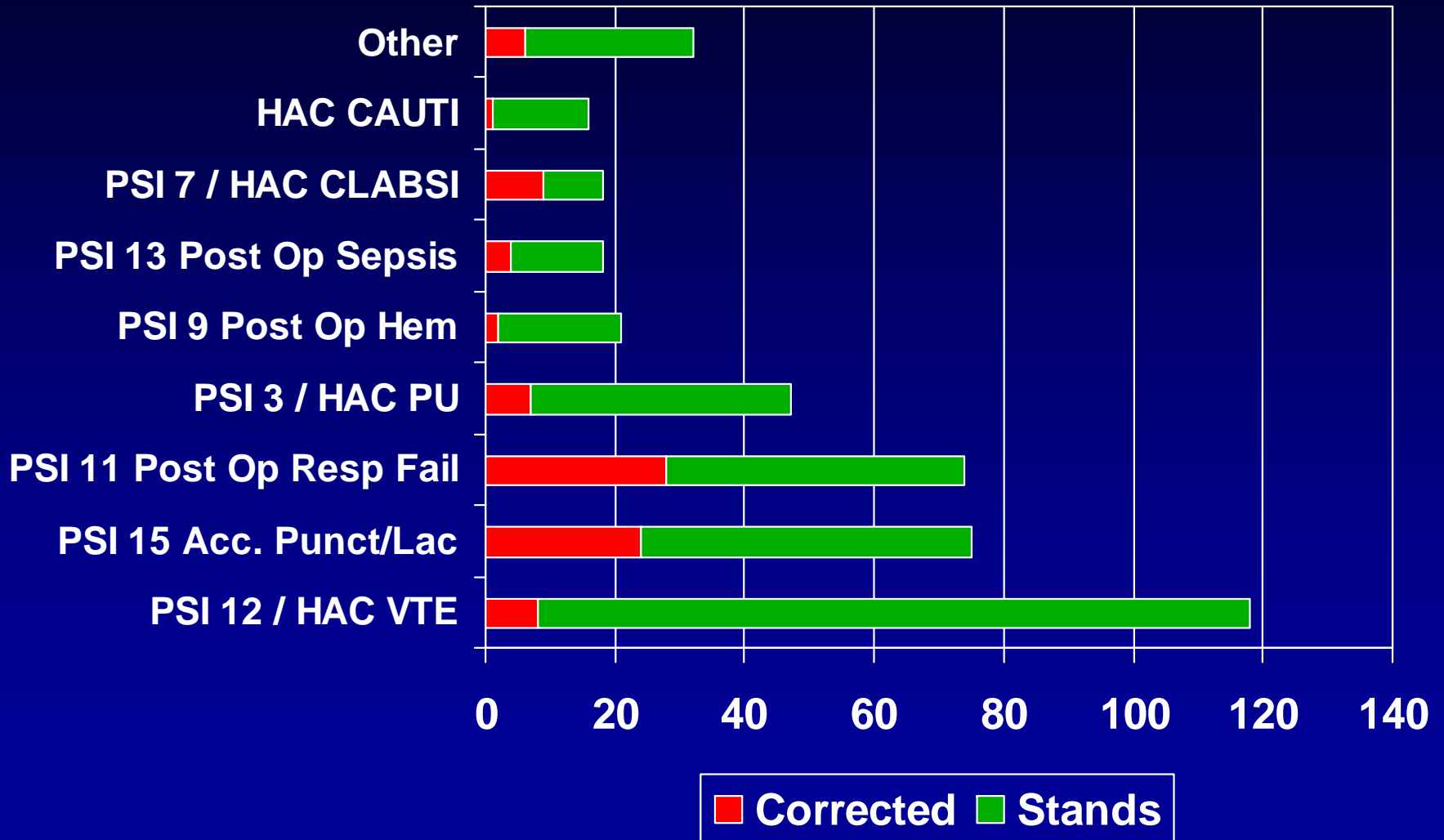
U Chart of CC Main PSI Count
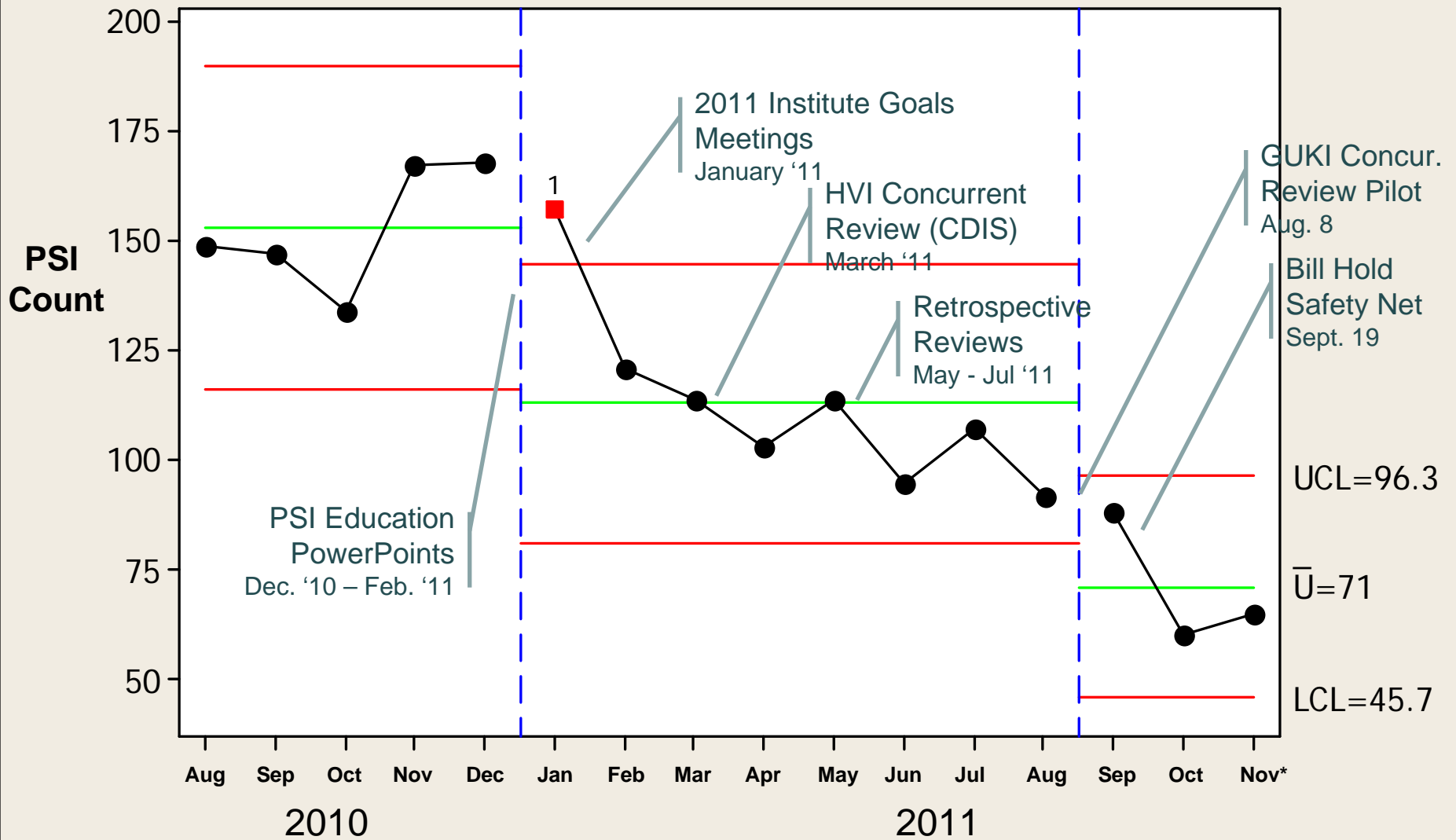
Reward and Recognize

DERT 2012

- **Build on Foundation**
  - Focused
  - Collaborative
  - Action oriented
- **Manage in Complex Environment**
  - Enterprise Information Management
  - ICD-10
  - Technology Changes
  - Operational Changes

DERT: Moving Upstream

Clinical Care → Documentation → Extraction → Reporting → Quality / Financial

Impact on Patient

Concurrent Case Review

Bill Hold Safety Net

Retrospective Review

Time to Intervention

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 >>