

CLINICAL SAFETY & EFFECTIVENESS
COHORT # 18



**Decreasing Reported Potentially
Preventable Complications in
Obstetrics at UHS**

June 3, 2016

THE TEAM

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- Sponsor Department:

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AIM STATEMENT

The aims of this project are (1) to establish standards of documentation amongst obstetric physicians of expected and routine estimated blood loss in vaginal and caesarean deliveries, and improve documentation of such blood loss and (2) decrease reported potentially preventable complications (PPC 55&56) by 25% by May 1, 2016.

Improving this measure will accurately reflect quality of care at UHS and potentially decrease hospital penalization.

PROJECT MILESTONES

- Team Created February 1, 2016
- AIM statement created February 2, 2016
- Weekly Team Meetings February-May
- Background Data, Brainstorm Sessions, Workflow and Fishbone Analysis Feb -March
- Interventions Implemented Feb-May
- Data Analysis May 18-20, 2016
- CS&E Presentation June 3, 2016



BACKGROUND

- State legislation requires Texas Health and Human Services Commission to track potentially preventable complications (PPC) for inpatient Medicaid/CHIP population.

<http://aprdrgassign.com/PPCWeb/defman.jsp>

- Due to a high actual-to-expected PPC rate for FY 2014, UHS experienced a 2.5% reimbursement reduction (approx \$1.6 million)
- Public reporting of quality of services will change the way consumers choose institutions and providers of their care.
- Significant portion of PPCs are related to documentation rather than quality of care



TEXAS

Health and Human Services Commission

Provider documents postpartum hemorrhage in Sunrise

Coder processes record using 3M software

Potentially preventable complication flagged by 3M software?

yes

Coder places hold for QMIT review

QMIT Review

True complication?

yes

QMIT Review Team determines if complication code can be resolved by Coding discussion or Provider query

no

Query sent to Provider

Provider agrees but does NOT document

Provider disagrees; no documentation change

Provider agrees and documents

Coding disagrees, provides validation, and chart is unchanged

Discussion with Coder and Coding Director

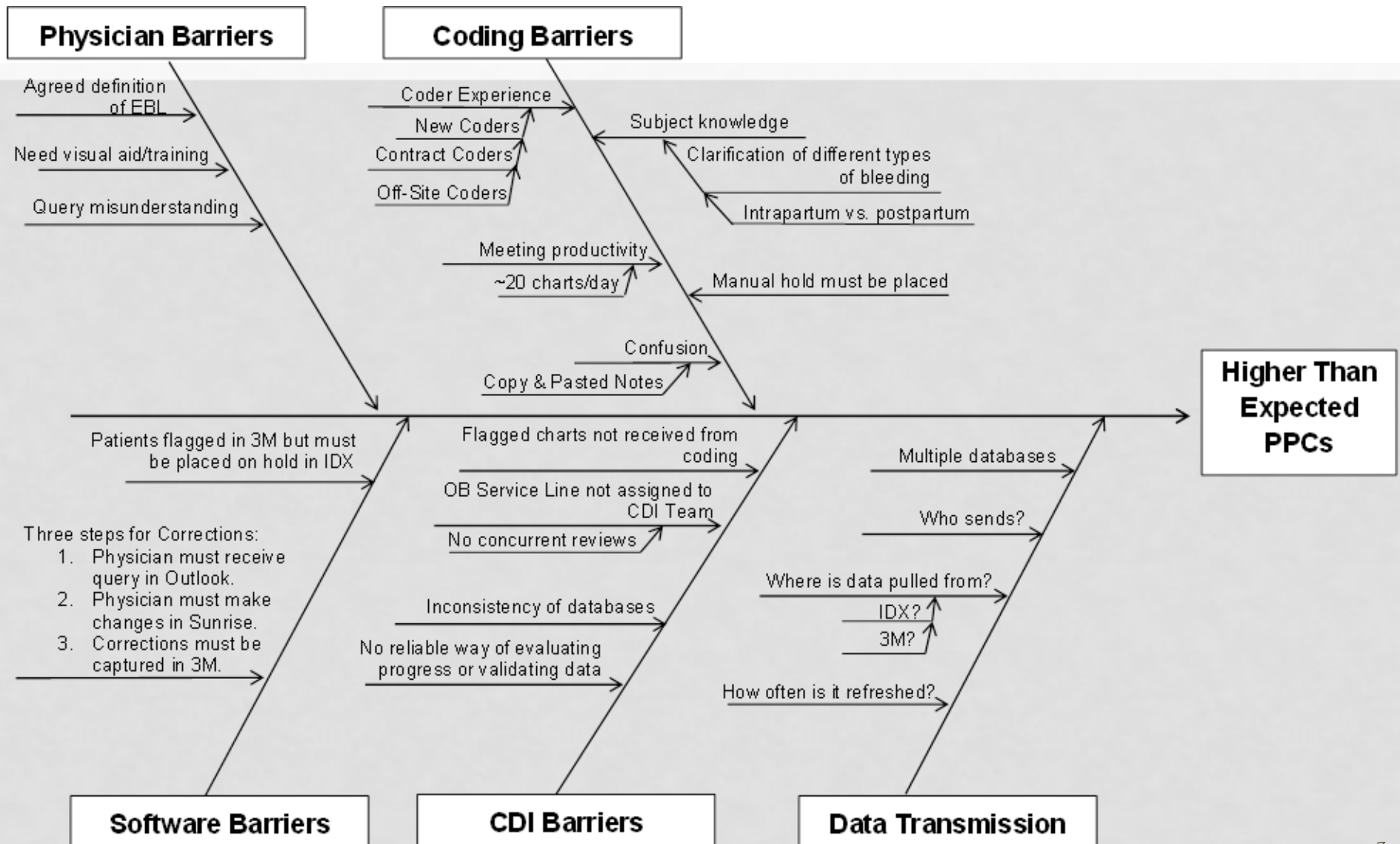
Coding agrees and makes change

Record finalized WITH complication

Record finalized WITHOUT complication

Flowchart

FISHBONE DIAGRAM



THE WORKING WALL..



PHYSICIAN BARRIERS

Time Occurrence of hemorrhage

- Ante
- Intra
- Post

- AGREED DEFINITION OF EBL
- NEED VISUAL AID / TRAINING
- Query misunderstanding

Feb 10 ✓ Vascular

BEST FORM OF CONSISTENCY THROUGH COMMUNICATION

CODING

- ### CODER EXPERIENCE
- NEW CODERS
 - CONTRACT
 - OFF-SITE

- ### SUBJECT KNOWLEDGE
- by comparison of different patient diseases
 - Intraoperative vs. postoperative
 - manual hold must be placed
 - CONFUSION (COPY PASTED NOTES)

*Sheet of work 2-20
Placement of codes? Feb 2-20*

MEETING PRODUCTIVITY ~ 20 charts / day

Is there a way CDI can help?

PATIENTS FLAGGED IN 3M BUT MUST BE PUT ON HOLD IN IDX

- ### THREE STEPS FOR CORRECTIONS
1. PHYSICIAN MUST RELIEVE QUERY IN OUTLOOK
 2. MAKE CHANGES IN SURVEIL
 3. CORRECTIONS MUST BE CAPTURED IN 3M

SOFTWARE BARRIERS

CDI BARRIERS

- FLAGGED CHIEFS NOT RECEIVED FROM CODING
- DBS NOT SERVICE LINE ASSIGNED TO CDI TEAM
- NO CONCURRENT REVENUES
- INCONSISTENCY OF DATA BANKS
- NO RELIABLE WAY OF EVALUATING PROGRESS OR VALIDATING DATA

PPC REPORT SYNTHESIS 2-20 2-21

PHYSICIAN PROBLEMS

DAILY

MULTIPLE DATABASES

Who sends?

Where is Data pulled from?

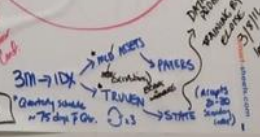
- IDX ?
- 3M ?

How often is it refreshed?

HIGHER THAN EXPECTED PPCs

meet w/ team? Wednesday 10:30 follow up

DATA TRANSMISSION



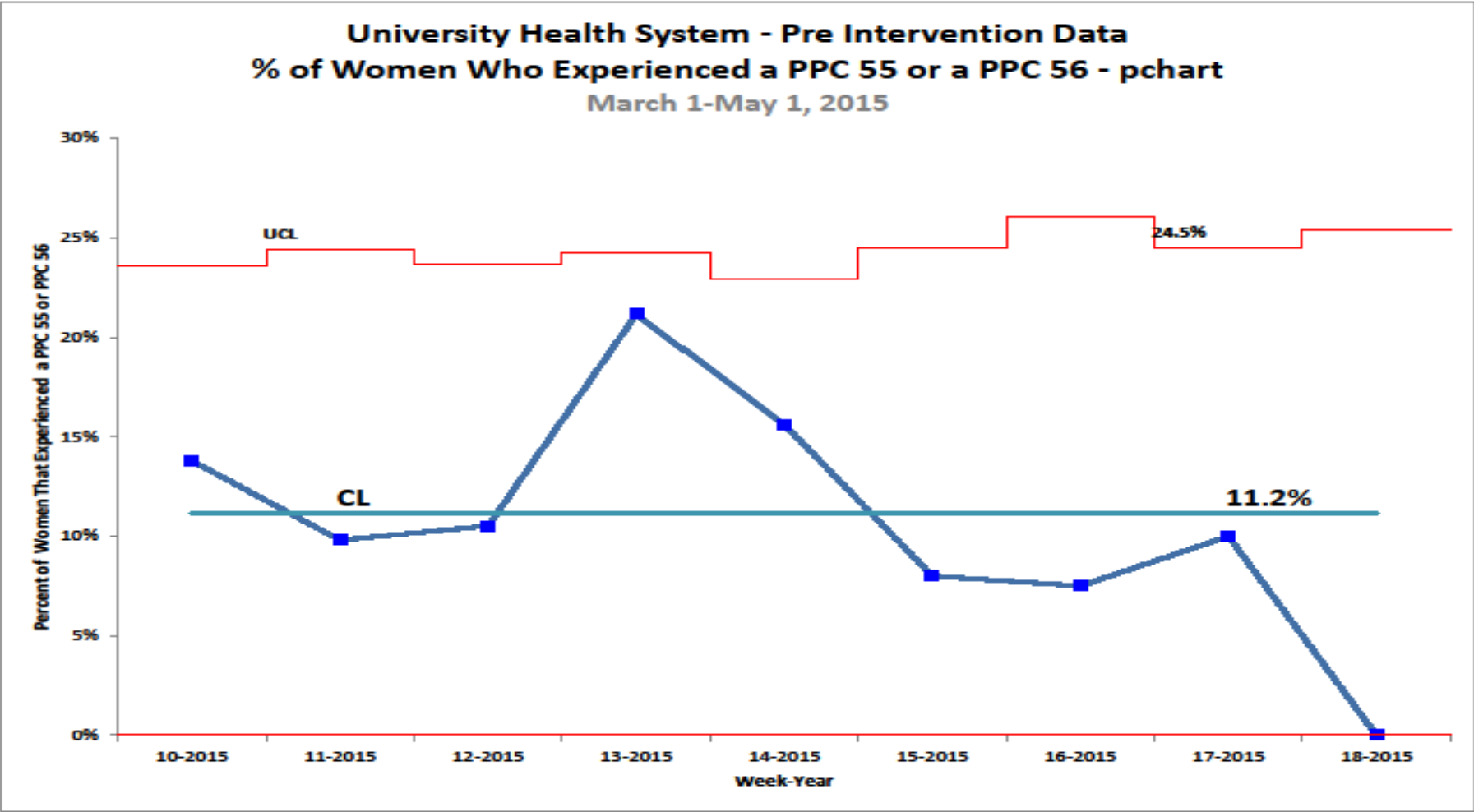
TIMELINE:

- TEAM CREATED
 - AIM STATEMENT CREATED
 - WEEKLY TEAM MEETINGS
 - BACKGROUND
 - BRAIN STORM SESSION
 - WORK FLOW / FISHBONE ANALYSIS
 - INTERVENTIONS IMPLEMENTED
 - DATA ANALYSIS
 - CS + E PRESENTATION
- NEED SPC CHART FOR RETURN ON INVESTMENT*

INDEXING FLOW:

- 1. Record finalized
- 2. MIDNIGHT DATA FEED
- 3. 2-3 bill hold (Standard 4 changes)
- 4. Bill goes out if no hold.

Pre-Intervention Data



PLAN: INTERVENTION

- Consensus of Estimated Blood Loss (EBL) by physicians
- Physician education
- Charts flagged by coding department for review when PPC 55 & 56 identified
- Query physicians for clarification of documentation as necessary and appropriate



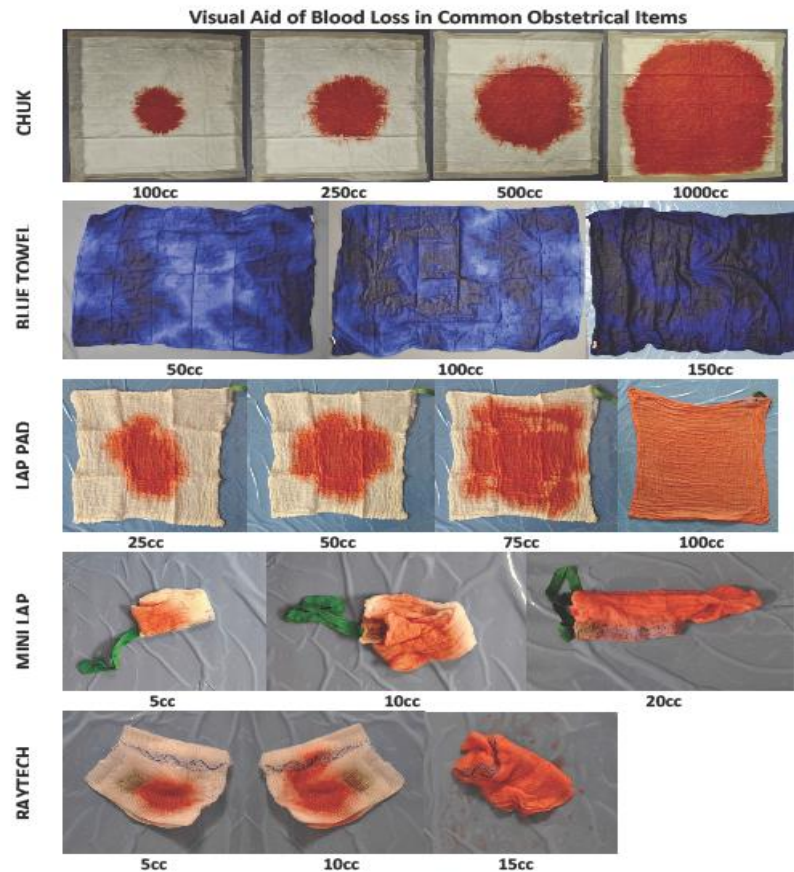
IMPLEMENTING THE CHANGE



Feb 10:

- Dr. Jacob Venesky provided education of blood loss amounts and proper documentation of hemorrhage.
- Mock blood loss simulation; MDs participated in pre and post assessment of their EBL.

VISUAL AID



- Dr. Venesky ensured each resident and faculty attached aid to badge to have readily available for deliveries

Feb 10: MD
education

Feb 26: First
physician query
to clarify
documentation.
PPC removed

Feb 29:
Weekly PPC
report
changed to
daily run

February

March

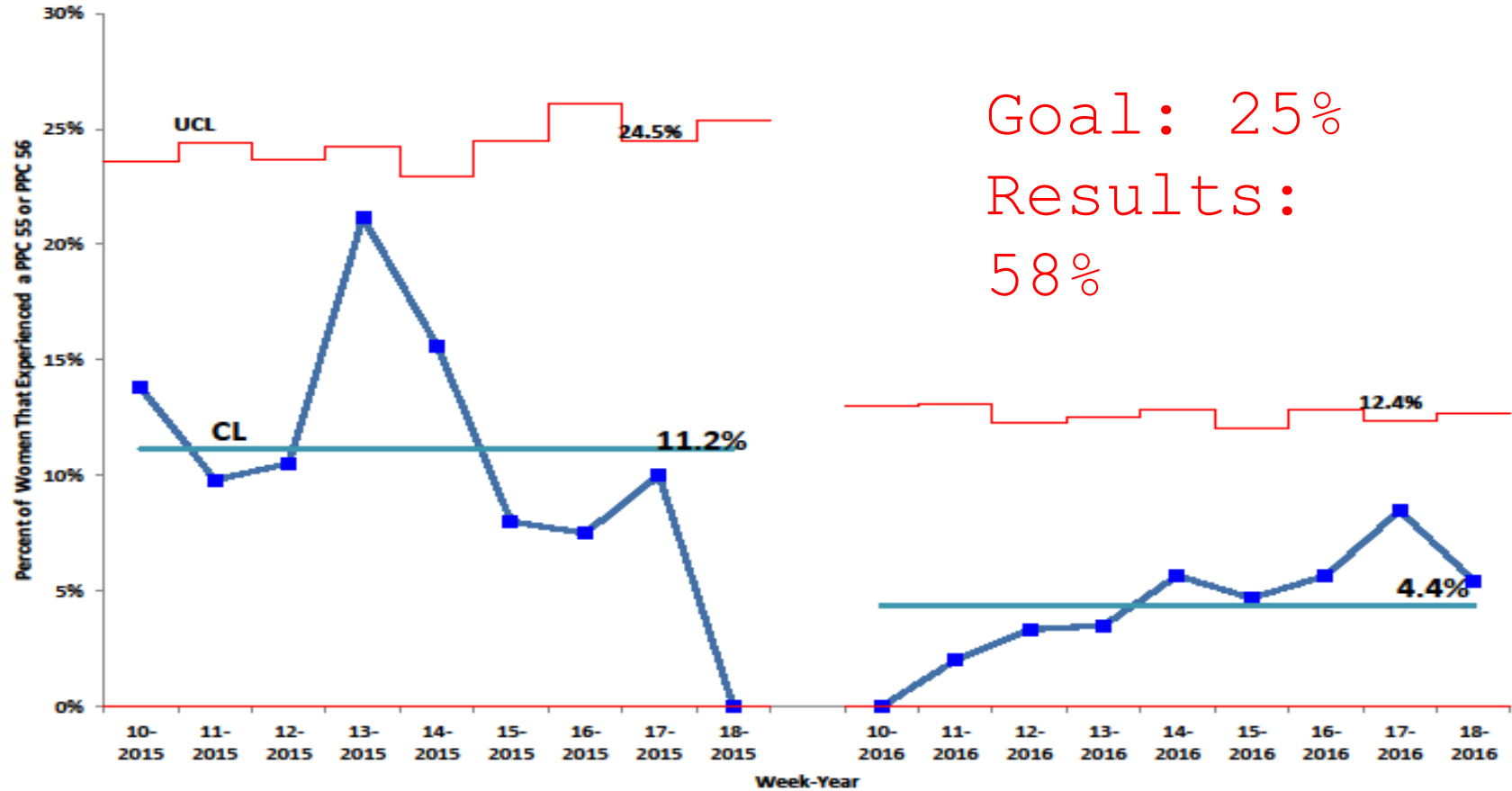
Feb 22: OB
added to CDI
list of reviewed
service lines

Training with
author of
data
transmission

Implementing the Change

RESULTS/IMPACT

University Health System - Pre & Post Intervention Data
 % of Women Who Experienced a PPC 55 or PPC 56 - pchart



Goal: 25%
 Results:
 58%

ACT: SUSTAINING THE RESULTS

- Daily PPC report reviews
- Records with a flagged complication will be placed on hold for CDI review and intervention as appropriate
- Physician education will continue as needed during monthly meetings



RETURN ON INVESTMENT



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- Cost of personnel/software: \$0
- Costs associated with these PPCs during measurement period in 2015: \$34,408
- Costs associated with these PPCs during measurement period in 2016: \$8,548
- Reducing these rates represents a savings of \$25,860.
- In addition, the Obstetrical complications group accounted for nearly 51% of Total hospital PPCS in 2014 when UHS experienced the reimbursement reduction.

CONCLUSION

- Process change and chart reviews has been beneficial for all 65 PPCs, not just PPC 55 & 56
- Continued education/communication between inpatient coders, physicians and CDI is highly valuable to the organization
- Summer/Fall 2016- continuing education of physicians



THE TEAM



Thank you!

