University of California San Francisco

UCSF Health

Clinical Documentation Integrity

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Clinical Documentation Integrity - CDI

Mission

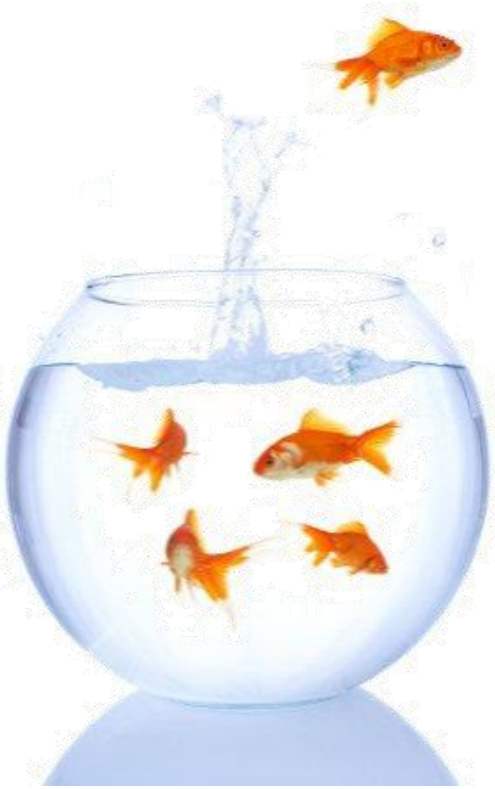
- Provide education to improve clinical documentation that accurately represents the patients severity of illness, medical complexity and associated care.
- Supports clinicians to bridge the gap between clinical terms and CMS required language (coded/administrative data).
- Develop collaborative partnerships with providers to improve Quality metrics for risk adjusted outcomes.

Why documentation is important?

- Inadequate documentation gives a false impression of less patient complexity, overutilization of resources, longer LOS, higher re-admissions & mortalities

- Documentation = objective representation of the complexity of your patients
- Coded data = publicly reported, risk adjusted quality outcomes, including mortality ratings
- Precise language required; CDI assists in reducing ambiguity & error risk in the medical record
- Communication tool for providers

Hospitals are judged by



$$\frac{\text{Observed Mortality}}{\text{Expected Mortality}}$$

Those that actually die

Those that were expected to die, based on severity of illness – successful outcomes.

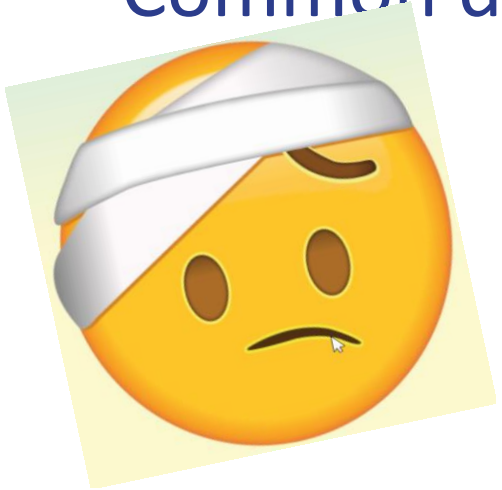
Common documentation

68M, hx HTN, CHF, CAD, transferred from OSH w/SAH 2/2 ruptured L PCA aneurysm, unresponsive, arrived intubated on mechanical ventilation with weak gag, no cough, R side flaccid, no commands. +MLS, given mannitol, decadron, repeat HCT

Based on the documentation CDI clarifications would include:

- ✓ Coma present on admission
- ✓ *Respiratory failure 2/2 loss of protective reflexes requiring mechanical ventilation*
- ✓ *Cerebral edema and or brain compression in the setting of MLS requiring decadron, mannitol*
- ✓ *R hemiparesis*

Common documentation



48M, hx HTN, ETOH abuse with prior admission for withdrawal, admit from ED w/creatinine 1.71 (baseline 0.8), combative w/ withdrawal symptoms. Fever, tachypnea, WBC 16, productive cough; intubated in ED as unable to protect airway.

Based on the documentation CDI clarifications would include:

- ✓ AKI
- ✓ *Encephalopathy, Toxic*
- ✓ *Alcohol dependence with withdrawal*
- ✓ *Sepsis, POA*
- ✓ *Respiratory failure*
- ✓ *Pneumonia, aspiration*

Ambulatory CDI

Medicare Shared Savings Program (MSSP)
Hierarchical Condition Categories (HCC)
- Risk adjustment

- HCCs are the patient's chronic condition(s) that providers manage throughout the year
  - Each HCC is assigned a "weight" which is added to the patient Risk Adjustment Factor (RAF) score when documented and coded properly - Demographics + Chronic Conditions = Risk Adjustment Factor

- Add some MEAT(S) to your Documentation
  - **M**onitor - signs, symptoms, disease progression, disease regression
  - **E**valuate -test results, medication effectiveness, response to treatment, physical exam finding
  - **A**ssess - ordering tests, discussion, review records, counseling, document status or level of condition
  - **T**reat - medications, therapies, referrals, plan for management of condition
  - **S**pecificity - of chronic condition(s)

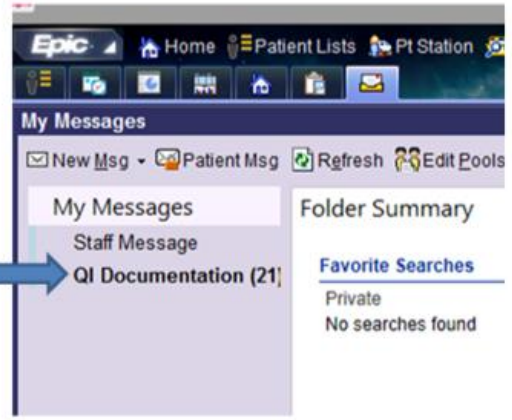
Hierarchical Condition Categories (HCC)

No Conditions Coded		Some Conditions Coded		All Chronic Conditions Coded	
98-year-old-male Dual eligible	1.077	98-year-old-male Dual eligible	1.077	98-year-old-male Dual eligible	1.077
		Congestive Heart Failure	0.306	Congestive Heart Failure	0.306
		Peripheral Vascular Disease	0.312	Peripheral Vascular Disease	0.312
				Cirrhosis of the liver	0.426
				Atrial Fibrillation	0.267
				Chronic Kidney Disease-Stage 3	0.038
				Disease interaction CHF/Renal	0.234
				Disease interaction CHF/Specific cardiac arrhythmia	0.132
Total RAF	**1.077**	**Total RAF**	**1.695**	**Total RAF**	**2.792**

APeX: QI-CDI Documentation In-basket

Please Check for clarifications in the APeX In Basket

QI Documentation Folder

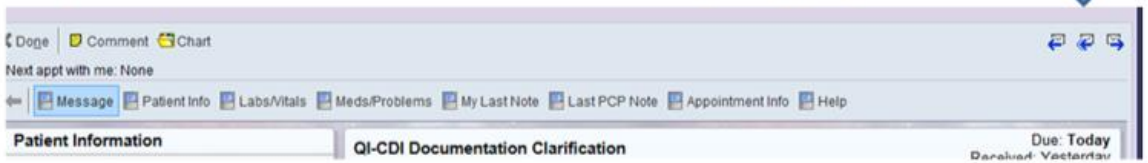


If you AGREE:

Please document the diagnosis in a Progress Note AND Discharge Summary

If you DISAGREE:

Respond to the email in the APeX In Basket by Replying to all here:



UCSF CDI Clinical Documentation integrity

thank you
gracias
danke
arigatô
grazie
merci
obrigado
hvala
dankie
shukran
köszönöm
dank u
faleminderit
благодаря
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Спасибо
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благодарам
спасибо