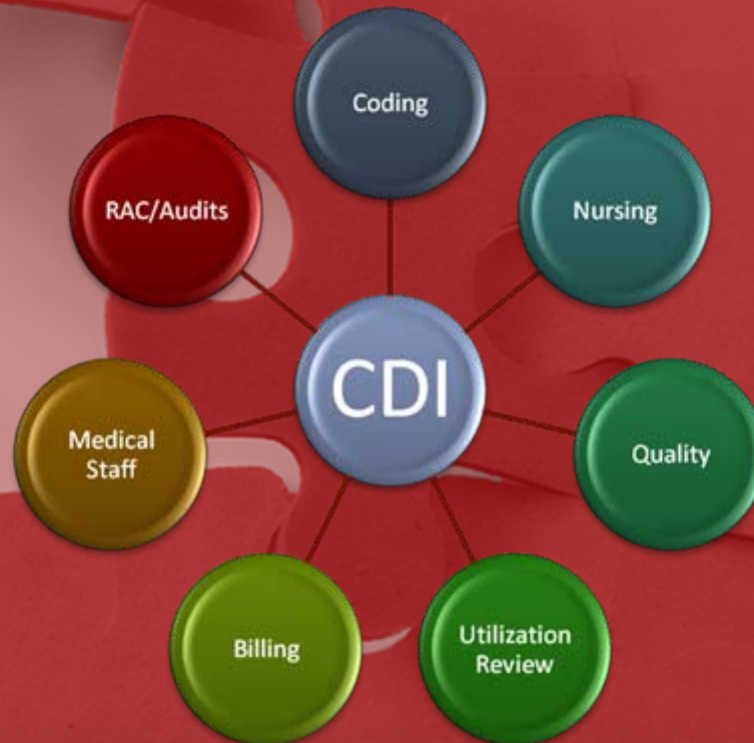


TAKING BABY STEPS: INTEGRATED CDI AN INDIANA CASE STUDY

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Program Development

- Team growth
- Coding education
- Manual process
- Traditional CDI program
- RACs
- Case Management
- Onsite CDI education



Why Integration?

- RAC and other audit denials
- Inconsistent or erroneous UR screening
- Patient Status Errors
- Missing status orders
- Coding errors
- Billing Errors
- Lack of motivation/focus by others



OUR WORK

CDI Focus

- UHDDS, Coding guidelines, coding clinic
- Conditions of Participation
- Working DRG
- DRG Reconciliation
- Coding appeals
- CDI and coding team meetings
- UR committee

- Regulatory Guidance
- Medical necessity documentation
- UR screening documentation, no UR intuition
- Weekly Case Management/UR, CDI, chart auditing, RAC coordinator and physician advisor meeting
- Referrals for URC reviews
- CDI learns UR screening
- Audits for UR, Quality, MARC, MEC

- Nursing documentation to support inpatient care
 - Documentation by exception
- Clarifying inconsistent documentation
- Mortality
- Core Measures committee
- EMR Superuser
- Create/evaluate templates

- RAC, CDI, and inpatient documentation discussion required when credentialing and re-credentialing providers
- HIM Delinquency prevention
- Assist with RAC appeals
- Audit Education
- Documentation By-laws



OUR TEAM

Staffing

- Informal leaders
- Self-motivated
- Relationships
- Education
- Change Agents
- Understand hospital culture
- Behavioral interview vs clinical aptitude



CONNECTING THE DOTS

How do we measure up?

- 100% inpatient review
- 25% Query rate
- 98% query answer rate
- 7% self denial
- 93% Coding appeal success
- Decreased Observation rate from 30% to 23%



WORKING OUT THE BUGS

- CDI medical necessity education/learning curve
- UR documentation
- Nursing engagement
- Manual process
- Continual process improvement

Keeping Up With the Joneses

- ACDIS
- CMS
- MLN Matters
- RAC Monitor
- MAC publications
- RAC Summit

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