Baptist Hospital Revamps Clinical Documentation—with Bottom-Line Results

By Ann Corbin and Laura Jacquin

Since the tertiary care hospital implemented a clinical documentation improvement initiative in 2006, net revenue has increased by more than $8 million.

A significant gap can exist between the language physicians use and the terminology required by coding and billing systems. This gap creates numerous challenges for hospitals and health systems trying to achieve accurate and complete clinical documentation. Healthcare reform promises to add a new layer of complexity to this age-old problem as healthcare providers explore new value-based models of integration that may affect the structure and level of reimbursement.

In this environment, it is becoming increasingly important for providers to review their clinical documentation processes for opportunities to improve efficiency and compliance. Capturing the full range of patient care provided and resources consumed requires bridging the documentation gap between clinician and coder.

Baptist Hospital in Pensacola, Fla., offers an example of how one organization was able to revitalize and transform its clinical documentation program with industry best practices. This 492-bed tertiary care hospital is the flagship of Baptist Health Care, a community-owned, not-for-profit system of four hospitals, two medical parks, and other affiliated healthcare organizations.
In the three years since Baptist undertook its clinical documentation improvement (CDI) initiative, the hospital has improved communication with physicians about documentation, captured more accurate clinical data, and created a more robust and efficient CDI program that has been implemented successfully at other hospitals within the Baptist system.

The Challenge

In 2006, the health information management (HIM) team at Baptist Health Care decided to take a fresh look at Baptist Hospital’s revenue cycle for areas of potential improvement. Although Baptist had previously implemented a CDI program, other organizational initiatives had taken precedence.

Baptist’s HIM leadership team knew that “re-implementing” CDI within the context of broader revenue cycle management with the help of a consultant would help them realize the maximum compliant reimbursement possible and improve the hospital’s and physicians’ profiles. To do so, the team needed to ensure that the hospital’s medical record documentation accurately reflected the severity of the illnesses of the patients being treated at Baptist, and that the organization’s case mix index accurately reflected the acuity level of patients.

Assessing Opportunities for Improvement

The initiative began with a detailed assessment of all of Baptist’s processes related to clinical documentation. This review helped the Baptist leadership team determine the areas of greatest opportunity from a quality and compliance perspective.

The assessment phase included both chart reviews and data analysis. Inpatient discharge data were examined to determine the projected benefit that could be realized by improving clinical documentation. This analysis involved comparing Baptist’s discharge data with third-party, industry benchmarks. Coding and clinical experts—seasoned professionals with extensive healthcare experience who had worked in CDI, case management, and quality improvement—examined the data closely. The analysis demonstrated that there was opportunity for Baptist to more accurately reflect the severity of illness.

The assessment phase also involved defining and developing the program’s overall scope. This phase included interviewing key stakeholders in the organization to help determine the best way to roll out the CDI initiative and assign accountability.

Program oversight is of critical importance and will vary from organization to organization. The program should report to the manager or director who is most committed to the program’s success. In Baptist’s case, this was the HIM department. However, each organization should consider its own hierarchy and history.

The final step of the assessment involved creating a comprehensive project plan that outlined all of the tasks to be undertaken as part of the initiative.

The Transformation

Success of a CDI improvement initiative depends upon having the right team in place and training staff.

Hiring the right team for the job. The new focus on improving CDI created a need to add dedicated staff to Baptist’s team, ensuring that they had the right people to be responsible for daily program tasks. In general, clinicians, coders, or a combination of the two groups can staff a CDI program. At a minimum, potential candidates should be clinically astute critical thinkers and problem solvers. They should have managerial experience and good deductive reasoning skills. The work also obviously requires basic computer skills, as well as strong organizational, analytical, and writing skills. Candidates should be dependable and self-directed and have excellent interpersonal skills.

Intensive, hands-on training. In Baptist’s case, management decided to staff their department with HIM professionals. Once hired, the new team began an intensive seven-week training period with expert clinicians and coders from the consulting team. The training consisted of intense classroom education in the morning covering all medical diagnostic categories and key coding clinics, and clinical rotations in the afternoon. The goal of this training was to teach the team to review a record to make sure that it accurately reflects the care that was rendered and the severity of illness. The training also ensures that the team stays cognizant of coding clinic guidelines. The new Baptist
The clinical documentation specialists were also taught how to “query” physicians. A query can be written or oral, but the purpose is to ensure that the documentation supports the care rendered to the patient. If a clinical documentation specialist reviews a medical record and has a question about the completeness of the documentation, the specialist needs to initiate a physician query. The query should include:

> The patient’s name
> Admission date
> Medical record number
> Patient account number
> Date the account number was generated
> Name and contact information of the documentation specialist
> The question about what is at issue

The question should be supported by clinical indicators from the patient’s medical record and should also note the date of the clinical indicators—such as lab values, radiology findings, and nursing notes—referenced in the report and the query.

Baptist was given a set of standard queries that were then modified to meet the organization’s specific needs. In addition to educating the clinical documentation specialists, the consultants worked with Baptist’s chief medical officer to provide comprehensive medical staff education.

Medical staff education is often best received when it is presented in a peer-to-peer format. In this case, a practicing physician with extensive experience in CDI, case management, and quality led the sessions. In addition, to encourage attendance, Baptist provided continuing education credit to the physicians who attended the training.

### Establishing Process, Metrics, and Measuring Methodologies

While the CDI training was being completed, Baptist’s HIM leadership team worked to map out a CDI process, outlining each step and responsible party. Combined with new policies and procedures, this map was used to support the training and promote the program’s long-term sustainability.

One of the crucial components of the CDI process is reconciliation, which is completed after the coder has assigned the final Medicare severity diagnosis-related group (MS-DRG). Baptist found it helpful to assign one of the HIM supervisors to function as a quality liaison between the inpatient coders and the clinical documentation associates. The quality liaison reviewed what the clinical documentation associate anticipated to be the final MS-DRG and what the coder actually assigned. Any discrepancies were tracked and monitored so they could be used for ongoing education.

In addition, an automated tracking tool was used to support the program by tracking the number and type of physician queries, the name of the physician who was queried and the physician’s response, and the case mix index for the cases reviewed. The tool also captured clinical documentation associate productivity metrics and the program’s overall financial impact.

Establishing ongoing data tracking and monitoring of the CDI program allows an organization to make adjustments when necessary and provides a foundation for long-term sustainability. Baptist’s HIM leadership team, for example, tracks the CDI program metrics monthly and shares this information with the organization’s senior leadership.

### Results

Beginning with the project start in 2006, and through the rollout to three additional hospitals within the Baptist Health Care system over the following two years, Baptist Hospital has realized ongoing improvement in its case mix index and an increase of more than $8 million in net revenue. Baptist now averages a 75 percent physician response rate on queries, up from its 50 percent response rate when the project began. The team continues to improve toward its goal of achieving 80 percent response rates.

Baptist’s ongoing success with its CDI initiative has been the result of the following:

> Administrative support
> Teamwork
> An educated and experienced clinical documentation staff that works collaboratively with the medical staff
> Unit-based documentation specialist assignments
> Ancillary support

The CDI program Baptist Hospital implemented is a recognizable presence in Baptist’s hospitals. The clinical documentation specialists strategically work on their physician relationships to maintain open lines of communication to discuss documentation challenges and to provide ongoing education. With this strong foundation, the Baptist system is well positioned to maintain and continue to improve on its positive CDI performance.

Ann Corbin is HIM corporate director, Baptist Hospital, Pensacola, Fla. (acorbin@bhcpns.org).

Laura Jacquin is a managing director, Wellspring+Stockamp, Huron Healthcare, Chicago (ljacquin@huronconsultinggroup.com).