Decreasing Reported Potentially Preventable Complications in Obstetrics at UHS

June 3, 2016
THE TEAM

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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](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
Provider documents postpartum hemorrhage in Sunrise

Potentially preventable complication flagged by 3M software?

Coder processes record using 3M software

QMIT Review

True complication?

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

Coding agrees and makes change

Coding disagrees, provides validation, and chart is unchanged

Provider agrees and documents

Record finalized WITHOUT complication

Record finalized WITH complication

Query sent to Provider

Provider disagrees; no documentation change

Provider agrees but does NOT document

Flowchart
FISHBONE DIAGRAM

Physician Barriers
- Agreed definition of EPR
- Need visual aid/training
- Query misunderstanding

Coding Barriers
- Coder Experience
  - New Coders
  - Contract Coders
  - Off-Site Coders
- Subject knowledge
  - Clarification of different types of bleeding
    - Intrapartum vs. postpartum
  - Meeting productivity
    - ~20 charts/day
  - Manual hold must be placed
  - Confusion
    - Copy & Pasted Notes

Software Barriers
- Patients flagged in 3M but must be placed on hold in IDX

CDI Barriers
- Flagged charts not received from coding
  - OB Service Line not assigned to CDI Team
  - No concurrent reviews
  - Inconsistency of databases
    - No reliable way of evaluating progress or validating data

Data Transmission
- Multiple databases
  - Who sends?
  - Where is data pulled from?
    - IDX?
    - 3M?
  - How often is it refreshed?

Higher Than Expected PPCs
THE WORKING WALL..
University Health System - Pre Intervention Data

% of Women Who Experienced a PPC 55 or a PPC 56 - pchart

March 1-May 1, 2015
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
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.
• Dr. Venesky ensured each resident and faculty attached aid to badge to have readily available for deliveries
February

Feb 10: MD education

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

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

Feb 29: Weekly PPC report changed to daily run

March

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

- 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!