The Big News---ICD-10 is delayed again!

What happened?
The short version is that last month Congress passed a bill which included a proposal to delay ICD-10 for at least another year. The soonest ICD-10 can be implemented is Oct 1, 2015.

What does this mean to me?
For those of us who were already prepared, it is not necessarily a welcomed delay. The monies may already have been spent to get ready for ICD-10 which may have included additional employees, computer programs, committees, etc. It now presents a dilemma as to how to proceed from here. Choices include continue as planned, slow down and stretch the remaining chores over a year's time, delay until a new date is set, or stop preparation altogether. At Salem Health, our decision is closest to the second choice....slow down and stretch the remaining chores over a longer period.

For those who were ill prepared, it may be welcomed indeed. The delay will provide at least an additional year to prepare.

Will I ever have to convert to ICD-10?
At this time, it is most likely that ICD-10 will be implemented at some point, but the verdict is out as to when. I will give updates in this newsletter when there is any news concerning a new date.

What about the clinical documentation improvement effort? Will that continue?
The clinical documentation improvement (CDI) effort has been in place in one form or other, for about 8 years at Salem Health. It is still valuable regardless of whether ICD-10 ever comes because the purpose of CDI is to get our documentation to accurately describe the patient's condition in words a coder can use to code the chart. Whether ICD-10 or ICD-9, this effort is still necessary.

Please feel free to send me any questions you may have concerning the delay of ICD-10, the CDI effort, etc.

Clinical Documentation Tip of the Month
UTI and Catheter Associated UTI (CAUTI)

**UTI:** A symptomatic bacteruria--usually referred to as UTI since a clinically significant infection is inferred. It usually includes one or more of the following: fever (38 degrees C or 100.4 degrees F), suprapubic tenderness or costovertebral angle tenderness, and/or otherwise unexplained systemic symptoms such as delirium or hypotension (if hypotension, consider sepsis), together with one of the following laboratory profiles: Urine culture with 100K cfu/ml irrespective of urinalysis results OR urine culture with 10K cfu/ml with evidence of pyuria (dipstick positive for leukocyte esterase and/or nitrite), microscopic pyuria or the presence of microbes seen on Gram stain of unspun urine).

**NOTE:** Patients who are taking oral or IV antibiotics at the time the urine sample is taken are not likely to have positive culture results in which case the physician should document this as an exception.

**CAUTI:** Patients who have a UTI and had an indwelling urinary catheter for a period of >/= 2 days prior to symptoms are considered to have a catheter associated UTI (CAUTI) if they have at least one of the following: fever (38 degrees C, or 100.4 degrees F), suprapubic tenderness, OR costovertebral angle pain or tenderness AND positive urine culture >/= 100K with no more than 2 species of bacteria (not 'mixed flora'). If not 100K colonies, then at least one of the following: positive dipstick, leukocyte esterase and/or nitrite, pyuria (/>= 10 WBC/mm3 unspun, or 5 wbc/mm3 if spun), microorganisms seen on Gram stain, positive urine culture (between 10K and 100K with no more than 2 species--not mixed flora). If the catheter was already removed, but was present within 2 days prior to the time symptoms occurred, it is likely a CAUTI and should be documented as such. A new catheter placed less than 2 days prior to the development of symptoms would not likely have caused the UTI and so does not meet the definition of CAUTI.

**Documentation tip:** please be aware that CAUTI does not necessarily indicate a hospital acquired UTI unless the catheter was placed during the hospital stay and had been indwelling for >/= 2 full days prior to the onset of symptoms. It is not a CAUTI unless the physician documents CAUTI. Lack of documentation, may generate a query for clarification.

**Documentation Faux Pas:** Remember that UROSEPSIS codes only to UTI, not to sepsis. You must document sepsis due to UTI for it to be coded as sepsis.

**NOTE:** Please be aware that UTI is not considered a reason for inpatient admission in and of itself. When UTI patients are admitted, there are usually other concerns--like suspicion of sepsis, delirium, comorbidities, etc. that would be the underlying reason inpatient status was chosen. Please document this carefully.

**TIP of the Hat! (from CDIS and Coders)**
Both CDIS and Coders can and do send queries to providers. The CDIS send real time queries prior to discharge and coders query post-discharge. When the queries go unanswered, the final bill cannot be completed and sent and/or the final DRG may not be decided or may be incorrectly assigned due to lack of documentation. The correct LOS, SOI and ROM may be under-represented which makes providers appear to have kept well patients in the hospital too long. Please answer the query if you possibly can to help move this process along!!

**This month we recognize:**

**Dr. Guillermo Sanchez de la Cruz**
Dr. Sanchez de la Cruz is so easy to work with and eager to learn. We want to thank him
for his willingness to engage with us and for his uplifting attitude. He is much appreciated.

Dr. Bradley Warner
Dr Warner has been wonderful in responding to queries. His responses are always appropriate, well thought out and timely. Thank you Dr. Warner!

Dr. David Bishop
Dr. Bishop rarely gets a query, but when he does, he is quick to respond. Most recently he amended his H&P in answer to a query. Thank you so much Dr. Bishop!

Dr. Bradley Warner
Dr Warner is so good that he documents the answers to potential queries before they are ever written! WOW! We salute you Dr. Warner!

Ask your CDS in Person....
They are now out on the floor at the physician’s elbow, so you may ask in person!!!
(CDS mean clinical documentation specialist)

Our CDSs are now out on the floor at your elbow (with a couple of exceptions): Coleen Elser (on ICU), Jennifer Winslow (covers 3 West and float but stationed in HIM), Karen Gray (on IMCU), Patti Moore (on NTCU), Terryn Spragg (on 6th floor bld B), Landis Reed (on 5 south), Robben Morin (on 4 south), Catherine Trevis (on CVCU), and Toni Salchenberg (covers 5 NE but located in HIM as no space has yet been secured on the floor for her)....updates to come. They are available for you to ask questions, learn the process and potentially answer queries in the moment. Please feel free ask them any documentation related questions you may have.

For ICD-10 Tools and Resources, visit:  www.salemhealth.org/icd-10

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