Salem Health

ICD-10 NEWS

and CLINICAL DOCUMENTATION IMPROVEMENT

October 2013

Tip of the Month

Minor SOI Minor ROM No CC, No MCC	Moderate SOI Minor ROM CC Documented	Major SOI Moderate ROM MCC Documented
Weight Loss LOS 3.6 RW 1.78	**Malnutrition NOS** LOS 5.9 RW 2.6	**Severe Malnutrition** LOS 11.4 RW 5.09

**SOI--severity of illness, ROM--risk of mortality, LOS--length of stay, CC--complications and/or comorbidities, MCC-- Major complications and/or comorbidities. These were added to the diagnosis of 'major chest procedure' as an example. RW is the relative weight.

The patient represented above was admitted for 'Major Chest Procedure' (there are a variety of chest procedures in ICD-9 that fit under this DRG). The patient was in poor health and had lost 30 lbs unintentionally over the past 6 months. If the attending physician documents only *'weight loss'* there is no change in the DRG and no affect on the length of stay or severity of illness for this patient. If the physician documents *'unspecified malnutrition'*, the LOS, ROM, and SOI all are increased as you see in the chart above. If '*severe malnutrition'* is documented (assuming this is the appropriate diagnosis) the LOS goes to 11 days, SOI and ROM are also greatly increased. RW is almost 3X the value when only weight loss was documented.

Correction: Physicians must write the full malnutrition (severe, vs non-severe vs NOS) diagnosis in their note. Coders may not document from the dietician's note. Physicians may use their note as a tool to help us document appropriately. The smartphrase .cenmalnut may be helpful in getting the correct verbiage into your note.

Did you know...There is an APP for documentation tips?

There is an APP that you can use to help you document better. It is free and easy to find and download to your mobile device. It works with Android and with Apple (both I-phone and I-pad) and perhaps with other devices as well. Search for 'Precyse University' to find it. It is called "The ICD-10 Physician Mobile Doc Guide". You

enter the diagnosis you want and documentation tips appear for you to use.

Example: enter pneumonia
you are prompted to specify the type (bacterial, viral, aspiration, etc), indicate any aspirated substances when appropriate, confirm the causal organism, and link any underlying disease causing the pneumonia.

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!!

TIP OF THE HAT THIS MONTH GOES TO:
Michelle Lewis, PA (for Dr. Pressman): Michelle rescued a chart for which documentation could not be coded. She documented "left closed radius and ulna shaft fractures" as the location of a fracture and the bones affected. This documentation allowed the DRG to be assigned appropriately, and then the chart could be completed and billed, etc. Thanks Michelle. Your documentation saved the day.

Dr. Anda Yangson: Dr. Yangson is noted to have been doing an excellent job documenting each problem (in the A/P) by adding a bullet for each problem and then explaining it. She gave an excellent description of SIRS and explained how it was inflammatory and not due to infection. It made the diagnosis crystal clear. Thanks for your excellent work.

Dr. Melrose: Dr. Melrose wrote an outstanding discharge summary that included all the elements of the patient stay. Because of her strong documentation, we were able to code an 18 day stay with the correct DRG and all the appropriate CCs and MCCs.

Dr. Heidi Bours: Dr. Bours is doing an awesome job of answering her queries. Thank you Dr. Bours, we appreciate you every day.

Ask your CDIS in Person....

.....yes, you heard me! They are now out on the floor at the physician's elbow, so you may ask in person!!!

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Their names are: Coleen Elser (in ICU) , Jennifer Winslow (CVCU and float), Karen Gray (4S), Chaouki Alloui (5S but not yet located there), Patricia Moore (NTCU), and Terryn Spragg (6th floor bld B). Most of them are now stationed on the floors so that providers may ask them questions, learn the process and potentially answer queries in the moment. Isn't that so much better than getting queried? Please ask them any documentation related questions you may have. They are there for you.

EVENTS:

Our ICD 10 website is really growing in popularity. It is being updated constantly so visit often to

get the latest new in ICD-10 and documentation improvement.

Our knowledge expert, Linda Dawson continues to give training sessions on ICD-10 once monthly through December. These are very informative and are recorded (1st session was in March). go to this link on the ICD-10 website to see details (website below)

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

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