Strategizing Clinical Documentation Improvement: Tracking the Right CDI Measures, Data Can Impact Multiple Healthcare Areas

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Clinical documentation requirements are expected to increase as healthcare systems are challenged with complex new audits, ever-changing compliance rules, and a transition to ICD-10-CM/PCS. All of these initiatives will specifically challenge clinical documentation improvement (CDI) professionals to ensure accurate data exists to support CDI programs and influence patient care.

The core components of a successful CDI program are the operational measures that define key metrics for the organization-or just how the organization will manage and measure their CDI program. Key metrics can often be reviewed prior to implementation of a CDI program, but should continue throughout the lifecycle of the program once they are in place. The continuous data review process allows for clear demonstration of the program's effectiveness. In addition, it promotes high-quality documentation that will consistently transfer into coded data, quality measures, and other secondary data use. Although each organization will define key data elements, there are some that should be considered standard for all programs.

Recommended CDI Data Elements

The first data element to be determined is the record review rate-how many records, or what type of records, will be reviewed and in what time frame. For example, will the organization review 100 percent of all Medicare patients, 75 percent of all admissions over 72 hours, or a specific service? This data element becomes the denominator in ongoing overall review activities.

During this process, an organization should define whether their CDI documentation review process will be retrospective (following discharge) or concurrent (during admission). Typically retrospective reviews are completed by coding professionals, and concurrent reviews are completed by CDI professionals.

The second data element that should be determined is the query rate (queries placed/overall charts reviewed). Organizations must determine what percentage of records that are reviewed are expected to result in queries. This data element may be determined from the initial assessment. For example, if the initial assessment revealed that documentation clarification is needed on 10 percent of all admissions, the organization may set a baseline expected query rate of 10 percent. This data element becomes the baseline measurement for the program. Using the example above, if the medical service routinely has a query rate of 40 percent, the organization would drill down to determine why there is a variance.

From the query rate, additional data elements can be generated. Response and validation rates may be data elements that organizations choose to demonstrate the program's effectiveness. Any of these rates can be further defined as overall or individual rates. For instance, organizations can review both the overall query response rate as well as individual rates by a physician or CDI professional.

The query response rate (number of physician responses/total queries placed) is different from the overall query rate because it involves the physician's participation. The organization should clearly define these rates and the expected target, and educate CDI professionals and physicians regarding how the rates will be calculated.

The last key data element will measure the degree of the CDI staff's effectiveness in placing appropriate queries. This data element is the query validation rate. The query validation, or query agreement rate, identifies the number of times the physician agrees with the query placed on the health record. For example, a CDI staffer places a query on the record for the physician stating "please document a diagnosis that addresses the elevated potassium level found within the laboratory results." The

physician responds that the "potassium levels are consistent for this patient with congestive heart failure." In this instance, the physician did not validate, or agree, with the query placed on the record.

Aim for Strategic Data Elements

Although some key metrics will remain the same throughout the lifetime of a CDI program, operational data elements are determined as the program matures and additional metrics are needed. Operational data elements will vary by organization and may change over time. For example, when developing a CDI program, key metrics such as principal and secondary diagnoses may be reviewed to determine gaps in documentation. Over time this generic metric may be discontinued and focus on specific diagnoses such as acute blood loss anemia.

Organizations may choose to track strategic data elements throughout the life cycle of the CDI program. These data elements reflect information produced by the program such as case mix index. Strategic data elements can have a positive impact on the organization if used properly. For example, an organization would expect their case mix index to increase following the implementation of a CDI program.

Managing Increased Documentation and Data

There is an enormous amount of information and data generated from a CDI program. Every organization must plan for information capture, reporting, trending, and analysis. By choosing key metrics, organizations can demonstrate a direct correlation between documentation and patient care. After all, it is up to CDI professionals to lead organizations through the data analysis and define success.

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