Kentucky Hospital System Improves Documentation for Pulmonary Diagnoses

PEPPER helped identify underpayments, opportunities for improvement

Norton Healthcare, a system of four short-term acute care hospitals and a children's hospital in Kentucky, is in an area of the country that has higher than normal pulmonary issues for patients. However, after reviewing their PEPPER data, the hospital system saw that the data unexpectedly reflected a healthier population in regard to pulmonary diagnoses than their peer hospitals.

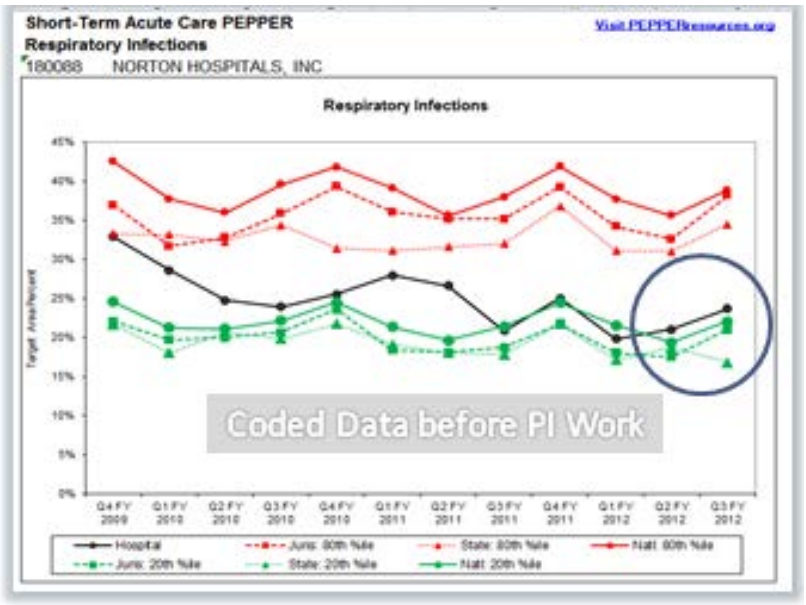
Dee Banet, RN, MSN, CCDS, CDIP, director of the hospital system's clinical documentation improvement (CDI), said the mismatch identified by PEPPER alerted them to potential problems in specific areas and sparked process improvement efforts.

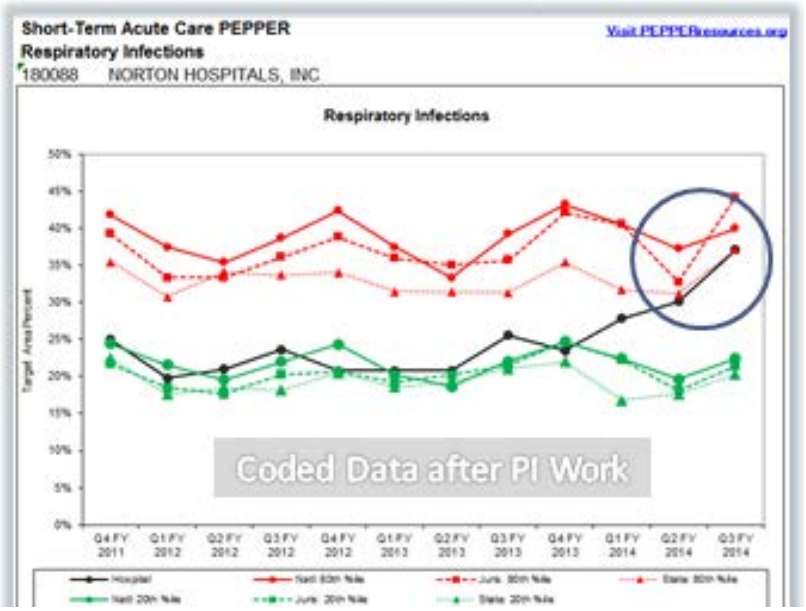
The Program for Evaluating Payment Patterns Electronic Report (PEPPER) is a quarterly comparative data report that summarizes a hospital's Medicare claims data statistics for areas prone to abuse/improper Medicare payments.

Banet has been using PEPPER for approximately eight years.

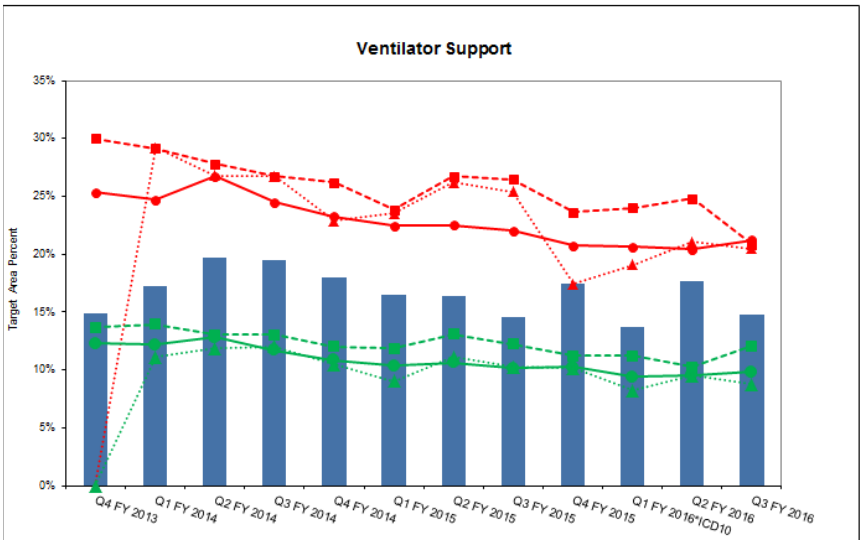
"From the documentation improvement perspective, PEPPER is a great tool to identify areas of opportunity," she said. She described two process improvement initiatives identified through review of their PEPPER statistics.

1. Respiratory infection – The CDI team identified that their statistics were low as compared to their peers for this target area, and they knew this was not representative of their patient population. A team comprised of CDI, coding staff and an infectious disease physician studied this issue and found the root cause was ambiguity of the required documentation to support correct coding of the patient's condition. Complicating this was that the process of capturing complete physician documentation was cumbersome and time-consuming. The solution was to create a tool in the electronic health record (EHR) to assist physicians with documentation and communicate identified issues to staff and educate on documentation requirements. This resulted in improved documentation, which then accurately reflected acuity and severity of the patients.





2. Documentation of ventilator support time – Upon reviewing their PEPPER, the team discovered they were low as compared to their peers for the "ventilator support" target area. Banet said they knew the hospital had many patients with 96+ hours of ventilator support, however the hours were not captured in the documentation. Once again, a team was assembled, this time comprised of respiratory therapy, nursing, CDI, coding, anesthesia and information systems support. After study, the team found two contributing factors: lack of ownership/accountability in the documentation process, and EHR viewing and documentation challenges. The team assigned ownership and accountability for documentation of ventilator support and implemented changes in the EHR to allow accurate capture of hours and viewing by all parties. Their most recent PEPPER illustrates the expected statistics for this target area.



“Post process improvement (PI) efforts, our PEPPER data was used to track and monitor the progress and quickly reflected improvement, and was more reflective of our patient population. Monitoring the PEPPER is part of the control plan for the PI work,” Ms. Banet said.

Another important outcome was accurate reimbursement. Before the PI efforts, in many instances, the hospital was underpaid due to the lack of complete documentation to accurately capture ventilator hours. Reimbursement for DRGs driven by the number of ventilator support hours can result in a loss of approximately $20,000 to $28,000 per discharge if documentation does not accurately reflect ventilator support.

In addition to reviewing their PEPPER, in order to monitor the impact of PI efforts more closely, Banet coordinated with their internal information systems staff to recreate the statistics using their internal information system. This allowed Norton to track/trend their statistics more frequently and in advance of the PEPPER release.

“We found our internal monitoring results matched what was in our PEPPER, so it was a good way to validate the data,” she said. “As an added benefit, we were able to attribute the statistics to each of our four hospitals, since we bill under one provider number; in the PEPPER they are rolled together.”

What advice does Banet offer to someone just starting to review PEPPER? – “Take the time to understand how the report is put together. Know how the numerator and denominators are calculated. Then you can answer questions and help others understand what the statistics mean.”

“This is great data. It’s free. And we’ve found it very beneficial,” she added.

For more on PEPPER, visit PEPPERresources.org.

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