

Diagnosing
the
Documentation Problem

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Is it a Problem?

- Just the fact that you have opened this file tells me it is.
- Even in hospitals in the 80th and 90th percentiles we still miss opportunities for improvement.

Common Scenarios to Indicate Documentation Problems

- Higher than expected mortality rates in diagnostic groups such as pneumonia, urinary tract infections, congestive heart failure and acute myocardial infarction.
- Case Mix Adjusted LOS at 4 or more days!
- Lower than expected Patient Net Revenue with non clinical expense metrics at or near goal.
- A strong desire to base contracts on Per-Diem rates.

Symptom Excess Disorder©

A hospital chart with many symptoms (and signs) such as:

- pain,
- chills,
- fever,
- low BP,
- demand ischemia

but no actual diagnosis.

The disorder understates the patients severity of illness, risk of death and expected resource utilization.

Insurers love this disorder because they tie hospitals to DRG based symptoms rather than charge.

Physicians suffer because their profiles are fully loaded with high costs, long LOS, deaths, complications but no real diagnosis to justify their profiles.

**A Leading Cause
of
Documentation
Problems**

Symptom Excess Disorder©

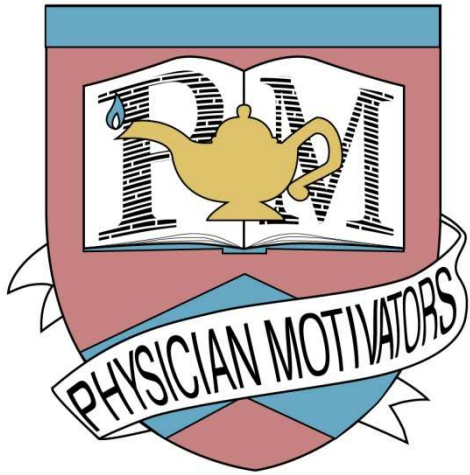
**Do more of your charts
suffer from
Symptom Excess Disorder
than
Coder Exhaustion?**

Goals of Clinical Documentation

- Educate physicians how profiles are generated.
- Demonstrate strategies to record the clinical words that demonstrate the patients severity of illness.
- Cover the most over looked opportunities of documentation.
- Help accurately demonstrate quality and utilization metrics by improving the coded charts numerical scores.

FAQs Answered

- Physician education sessions duration 50 minutes plus questions if for CME.
- Shorter versions available but the depth of knowledge will suffer.
- I have been involved in CDI for nearly a decade.
- It was our actual v. expected mortality that was our cause for my need to know.
- The hospital will benefit by
 - Improved overall profile
 - Adjusted Mortality numbers improve
 - Complication rates, failure to rescue rates will show improvement
 - DRGs will more accurately reflect true costs
- Physicians will benefit by having a more accurate IP profile and likely be included on more payer panels at lower co-pays



To find out if we can help
your existing process or
develop a Clinical
Documentation Program
contact

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