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[Include your abstract according to the headings below. Abstract body in Arial, font 12. Limit to 500 words, including text in tables and figures.]

Case Study: A Hospital in Melbourne, Australia – Benefits of Moving from Retrospective to Concurrent Query/Coding Process

Introduction

Today's presentation is based on a case study from The Alfred Hospital located in Melbourne, Australia. The Alfred hospital is a large tertiary facility with approximately 120,000 discharges annually, including Same Day episodes of care. In the past, the Coding and Case mix team have been active in pursuing additional hospital revenue through a retrospective coding query process. The retrospective query process resulted in significant revenue results. More recently, following the introduction of computer assisted coding software which provided workflow tools for clinical documentation improvement empowered the facility to introduce a concurrent CDI program. A pilot concurrent program was supported by the hospital executive team and a team of 1.2 FTE. Clinical Documentation Specialists are employed to support the general medicine units in the hospital. These teams also received a consistently high volume of coding queries, primarily focused on clarifying documentation issues. A significant portion of these queries were related to determining the correct principal diagnosis. This highlights the complexity of clinical documentation and the need for ongoing clarification to ensure that diagnoses are accurately recorded, which in turn affects coding and hospital revenue.

Methods

Changing to a concurrent CDS program allowed the facility the ability to have real time knowledge of the hospitals financial position. A concurrent CDS program enables the CDS staff to have real time conversations with providers. CDS working closely with other clinicians allows for a greater understanding of the need for accurate and complete documentation. Clinical documentation is not just about revenue, but also about accurate data capture. The ability to complete coding in a concurrent process enabled coding to be completed on the first pass. The previous retrospective process was time consuming for the coding professional by writing the query, sending to the provider, and then waiting for a response. A concurrent program eliminated the burden of the process allowing for a quicker turn around in coding the visit.

To ensure a successful program a Clinician Engagement process was established. This involved meetings with the Head of Unit where the CDSs presented the findings regarding concurrent queries and also the benefits of real time review.

The CDSs were then invited to attend ward rounds. Prior to attending ward rounds the CDSs reviewed the medical record for each of the concurrent inpatients. This is done once a week and at this time the CDSs will take notes and follow up with the Medical Team directly post the ward round with any queries they may have.

CDSs try to work within the current medical workflows and are generally agile in the way they work. The CDS workflow tool is part of the computer assisted coding product. This workflow has been adapted to suit the Alfred team. Hospital wide education programs for Clinicians were introduced to support the program and it is expected that there will be an ongoing rollout of the program.

Results

Results are still being measured but anecdotal evidence would support positive changes with the concurrent program. More results should be available at the time of presentation.

Conclusions

Concurrent CDI program supported by appropriate workflow tools are understood to have greater benefits than retrospective systems

Commented [SC1]: While results are still being measured, anecdotal evidence suggests positive changes from the concurrent CDI program. More concrete results are expected to be available by the time of the presentation.

Commented [SC2]: The concurrent CDI program, supported by appropriate workflow tools, is believed to offer greater benefits than retrospective systems, providing more timely and accurate documentation improvements.