IMPROVING PHYSICIAN DOCUMENTATION COMPLIANCE IN THE IRF SETTING

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OBJECTIVES:

- Describe our facility in the context of our hospital and the community we serve.
- Identify ways to capture and trend timeliness of the Pre-Admit Screen, Post-Admission Physician Evaluation, Plan of Care, and Team Conference Note.
- Identify ways to capture and trend certain content elements of the Post-Admission Physician Evaluation.
- Discuss resources and methods to improve Physician Compliance with Medicare documentation standards.
WHO WE ARE – OUR HISTORY

The Mount Sinai Hospital

• Founded in 1855 in New York City as The Jews’ Hospital with 45 beds
• Changed our name to The Mount Sinai Hospital in 1872 and expanded to 120 beds
• Currently home to 1,171 beds
• The Mount Sinai School of Medicine, now The Icahn School of Medicine at Mount Sinai, was chartered in 1963
• Part of the newly formed Mount Sinai Health System which has 7 hospital campuses, 6,200 physicians, 36,000 employees and over 3,500 beds

Sources:  http://www.mountsinai.org/about-us/whe-we-are/history  retrieved on 02.02.15 and http://www.mountsinai.org/about-the-health-system/facts-and-figures  retrieved on 01.12.15
WHO WE ARE – OUR HISTORY

Mount Sinai Rehabilitation Center

• The Department of Physical Therapy of the Mount Sinai Hospital Dispensary was established on December 5, 1910, making us one of the oldest, if not the oldest, physical therapy departments in the country.
WHO WE ARE – OUR HISTORY

In 1938 our Department expands and opens its inpatient facility.
WHO WE ARE – CURRENT LEADERSHIP

Dr. Kristjan T. Ragnarsson
named Department Chair (PM&R) of Mount Sinai Rehabilitation Center in 1986

Our facility grew from 8 beds in 1986 to our current total of 50 beds.

Specialty programs include Brain Injury, Spinal Cord Injury, Stroke, and Amputee.

Ranked #14 in the Nation for Rehabilitation by *US News and World Report*

Source: [http://www.mountsinai.org/profiles/kristjan-t-ragnarsson](http://www.mountsinai.org/profiles/kristjan-t-ragnarsson)
retrieved on 02.03.15
WHO WE ARE – 2014 DATA

MOUNT SINAI REHABILITATION CENTER

Case Mix: Department Wide Summary
(January – December 2014)

- 24% Stroke
- 25% Orthopedic
- 17% Brain Injury
- 23% Spinal Cord Injury
- 5% Neurological
- 3% Other
- 2% Amputee

Source: Uniform Data System for Medical Rehabilitation
Just as important as collecting and analyzing our outcomes data, it is also crucial to have a way to capture and trend physician documentation compliance with CMS regulations as they are outlined in the *Medicare Benefit Policy Manual* and *The IRF-PAI Training Manual*. 
“**A preadmission screening** is an evaluation of the patient’s condition and need for rehabilitation therapy and medical treatment that must be conducted by a licensed or certified clinician(s) within 48 hours immediately preceding the IRF admission.” *Medicare Benefit Policy Manual, 110.1.1*

“In addition, the rehabilitation physician must document that he or she has reviewed and concurs with the findings and results of the **preadmission screening** prior to the IRF admission.” *Medicare Benefit Policy Manual, 110.1.1*

“A **post-admission physician evaluation** of the patient must be performed by a rehabilitation physician.” *Medicare Benefit Policy Manual, 110.1.2*

“In order for the IRF stay to be considered reasonable and necessary, the **post-admission physician evaluation** must be completed within the first 24 hours of admission to the IRF and must support the medical necessity of the IRF admission.” *Medicare Benefit Policy Manual, 110.1.2*

CMS DOCUMENTATION REQUIREMENTS

The required **individualized overall plan of care** will be completed by a rehabilitation physician “within the first 4 days of the IRF admission.”

*Medicare Benefit Policy Manual, 110.1.3*

CMS requires that “periodic **team conferences**” occur “at least once a week.”

*Medicare Benefit Policy Manual, 110.2.5*

“The Impairment Group Code (IGC) represents the primary condition for which the patient requires treatment in the IRF.”

*IRF PAI Training Manual, Section 6: ICD-9-CM Codes Related to Specific Impairment Groups*

“The Etiologic Diagnosis is the problem that led to the condition represented by the IGC, …”

*IRF PAI Training Manual, Section 6: ICD-9-CM Codes Related to Specific Impairment Groups*

Sources: [http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf) and [http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/IRFPAI.html](http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/IRFPAI.html) retrieved on 02.03.15
HOW WE DO IT

• PPS Staff capture all cases upon admission to our facility to review timeliness of completion of the Pre-Admit Screen, the Post-Admission Physician Evaluation, and the Plan of Care.

• We select a number of cases to review for timeliness of our Team Conference Note. Monitoring of this indicator goes on throughout the patient’s entire stay.

• Review of admissions is categorized by physician for ease of communication.

• Our PPS Coordinators communicate with our physicians on an ongoing basis to make the doctors aware of any documentation issues in real-time whenever possible.

• PPS Coordinators record reasons for noncompliance on a separate sheet after communicating directly with Physicians. PPS Coordinators relay this information to the Program Manager who stays alert to patterns and reinforces education with the Physicians.

• Data is compiled on a monthly and quarterly basis and shared with physicians at monthly Clinical Affairs meetings and with clinical leadership at Quarterly Performance Improvement meetings.
## OUR QUALITY ASSURANCE TOOL

### Physician Documentation Compliance

<table>
<thead>
<tr>
<th>Floor</th>
<th>Name</th>
<th>MRN</th>
<th>Description of Etiology Provided in body of PAPE</th>
<th>All Comorbidities are Documented in PAPE</th>
<th>Medical Necessity for Acute Rehab Documented in PAPE</th>
<th>Etiologic Diagnosis Supports Selected IGC</th>
<th>Pre-Admission Screen Signed within 48 hours prior to Time of Admission</th>
<th>PAPE Completed within 24 hours of Admission</th>
<th>Plan of Care Completed by Day 4 of Admission</th>
<th>Admit Date</th>
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PRE-ADMIT SCREEN-RESULTS

MOUNT SINAI REHABILITATION CENTER

Pre-Admit Screens Completed within 48 Hours

Calendar Year 2014

January 2014, n=76
February 2014, n=68
March 2014, n=64
April 2014, May 2014, n=82
June 2014, n=73
July 2014, n=82
August 2014, n=77
September 2014, n=67
October 2014, n=71
November 2014, n=69
December 2014, n=79
PRE-ADMIT SCREEN-ANALYSIS

• Program Manager met with Physicians and Admissions Staff to construct a system for physicians to review and sign Pre-Admit Screens.

• As a team, we decided to set up a 5-day schedule where Attending Physicians are assigned specific days on which they are responsible for signing all Pre-Admit Screens. A second Attending Physician is then assigned to that same day as a back-up in case the Primary Attending Physician is out.

• In addition to having the Pre-Admit Screens routed to the Primary Attending on his/her day, we have elected to enable our Electronic Medical Record system to allow all physicians access to the inbox where the Pre-Admit Screens are waiting to be signed on any given day.

• We review our data on an ongoing basis to determine where our deficiencies may be.
  • Lack of an updated screen within 48 hours prior to admission.
  • Lack of physician’s signature and statement of agreement.
  • Pattern of physician time off and overlapping vacations.
  • Screens completed too close to admission time so physician did not have time to sign.
  • Screens completed after the patient has already been admitted.
POST-ADMISSION PHYSICIAN EVALUATION-RESULTS

MOUNT SINAI REHABILITATION CENTER

Post Admission Physician Evaluation Completed within 24 hours

Calendar Year 2014

100% 100% 98% 100% 90% 92% 94% 97% 99% 97% 99%
POST-ADMISSION PHYSICIAN EVALUATION-ANALYSIS

• **Timeliness**
  • Direct physicians where to look for the exact admission time within the medical record.
  • Instruct physicians that they must initiate and sign the Post-Admission Physician Evaluation within 24 hours of the patient’s admission time.
  • Look for patterns such as weekend admissions and physicians’ time off.

• **Content**
  • Educate physicians when they start on the inpatient rehab unit on all CMS Documentation standards.
  • Provide physicians with resources and tools that they can use as references when they are completing their documentation.
  • Do occasional full chart audits of selected required documents based on the *Medicare Benefit Policy Manual* to determine what areas could use improvement and add those indicators to your daily tool.
  • Provide ongoing education for PPS Staff so they can be an additional support for physicians for information on required documentation guidelines.
  • Contact physician while chart is still open and patient is still in-house so any coding queries can be dealt with immediately.
PLAN OF CARE - RESULTS

MOUNT SINAI REHABILITATION CENTER

Plan of Care Completed by Day 4
Quarterly 2013 - 2014

PLAN OF CARE - ANALYSIS

• PPS Coordinators contact physicians via e-mail if the Plan of Care is not present on Day 3.

• Our Electronic Medical Record has a checkbox column that indicates if the Plan of Care has been completed when physicians view their daily census. This is accompanied by another column that indicates whether or not the other clinicians initial assessments are complete and ready for review to include in the Plan of Care.

• Granted home access to the Electronic Medical Record system to the physicians so they can complete the Plan of Care for patients who arrive on the unit on Thursday.
## OUR QUALITY ASSURANCE TOOL – TEAM CONFERENCE

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Mount Sinai Rehabilitation Center - PPS Outcomes Division

Team Eval Conference Tracker (Concurrent Review)
TEAM CONFERENCE - RESULTS

MOUNT SINAI REHABILITATION CENTER

Team Eval Conference
Percentage of Documentation Completed Weekly

- Second Quarter 2013
- Third Quarter 2013
- Fourth Quarter 2013
- First Quarter 2014
- Second Quarter 2014
- Third Quarter 2014
- Fourth Quarter 2014
TEAM CONFERENCE - ANALYSIS

• Program Manager acts as scribe and works with Therapy Manager and Physician to schedule Weekly Team Conferences.

• Program Manager communicates with Physicians to make them aware of upcoming holidays that may interfere with the scheduling of Weekly Team Conference. Physicians keep in contact with Program Manager to make her aware of their vacation days so she can reschedule the Conference with Therapy Manager and Clinical Staff to meet the compliance standard for timeliness.

• Two Physicians share the same day of Team Conference so that when one is out the other can cover his/her conference.
WHAT WE’VE LEARNED

Concurrent review by PPS Coordinators of the Pre-Admit Screen, the Post Admission Physician Evaluation, the Plan of Care, and the Team Conference Note allows for real-time improvement opportunities with compliance.

Compiling that data into easy-to-read, digestible graphs that show trends over time effectively communicates to physicians, clinical leadership, and administration where to focus performance improvement initiatives.

Continued monitoring of the data shows trends and allows us to maintain consistently high compliance over time.
MAKE IT WORK FOR YOU

- Open communication between PPS Staff and Physicians is key.
- Educate new physicians to your facility on CMS documentation requirements when they start seeing patients on your inpatient rehab floors.
- Daily monitoring promotes awareness of the importance of compliance to both timeliness and content standards.
- Develop a Quality Assurance Tool that works for you.
- Determine a regular forum in which graphs can be shared with administration, clinical leadership, and physicians so everyone is aware of challenges and achievements.
DISCUSSION

Questions?

Suggestions?

Let’s keep the dialogue going!

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