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## Financial Stewardship Through Appropriate Critical Care Documentation

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## Background

- Critical care is frequently provided in the emergency department (ED) but adequate documentation is inconsistently performed.
- Critical care (CC) notes are indicated for care if “the failure to initiate these interventions on an urgent basis would likely result in sudden, clinically significant or life-threatening deterioration”. Eligible patients require  $\geq 30$  minutes of care by a single physician, excluding separately billable procedures and teaching time. (CMS Medicare Claims Processing Manual, Publication 100-04, Chapter 12.)
- We used admissions to the intensive care unit (ICU) as a proxy for eligibility.
- CC notes were documented for 20% of eligible visits during the baseline period. Missed \$264,000 in potential revenue (\$675 charge per critical care note for 392 visits).
- Appropriate documentation would help optimize charges for the services provided.

## Objective

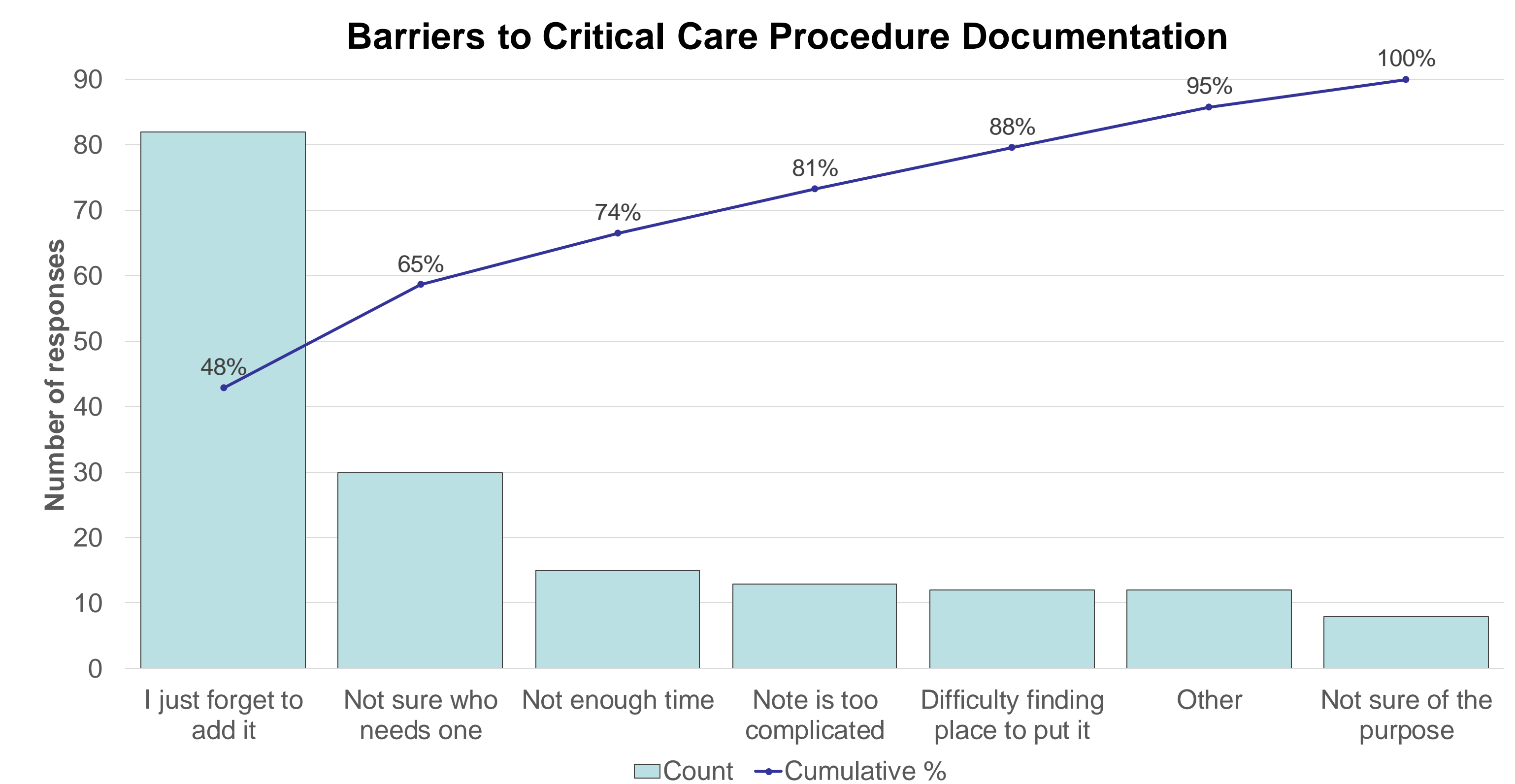
- To increase CC note placement for eligible patients by at least 66% (to 30%) over 9 months.
- Process measures: CC note placement (a) per 1000 ED patient visits, and (b) specifically for status asthmaticus.
- Balance measure: number of ICU admissions.

## Methods

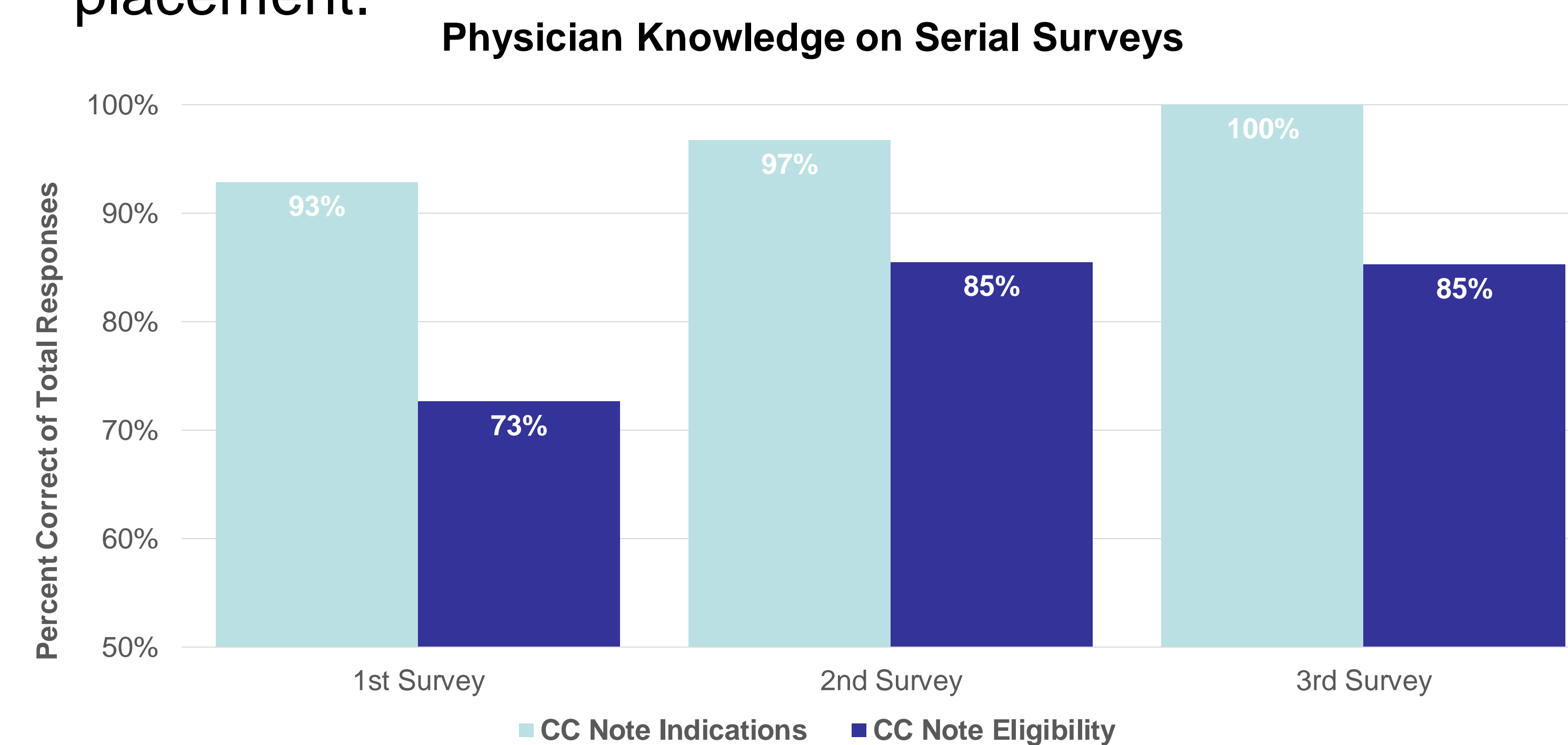
- With IRB exemption, we performed this project simultaneously at 2 tertiary EDs - combined volume of 120,000 visits/year, 12% admission rate, 0.5% to the ICU.
- Improvement team included quality improvement (QI) and medical informatics physician champions, data analyst.

## Methods

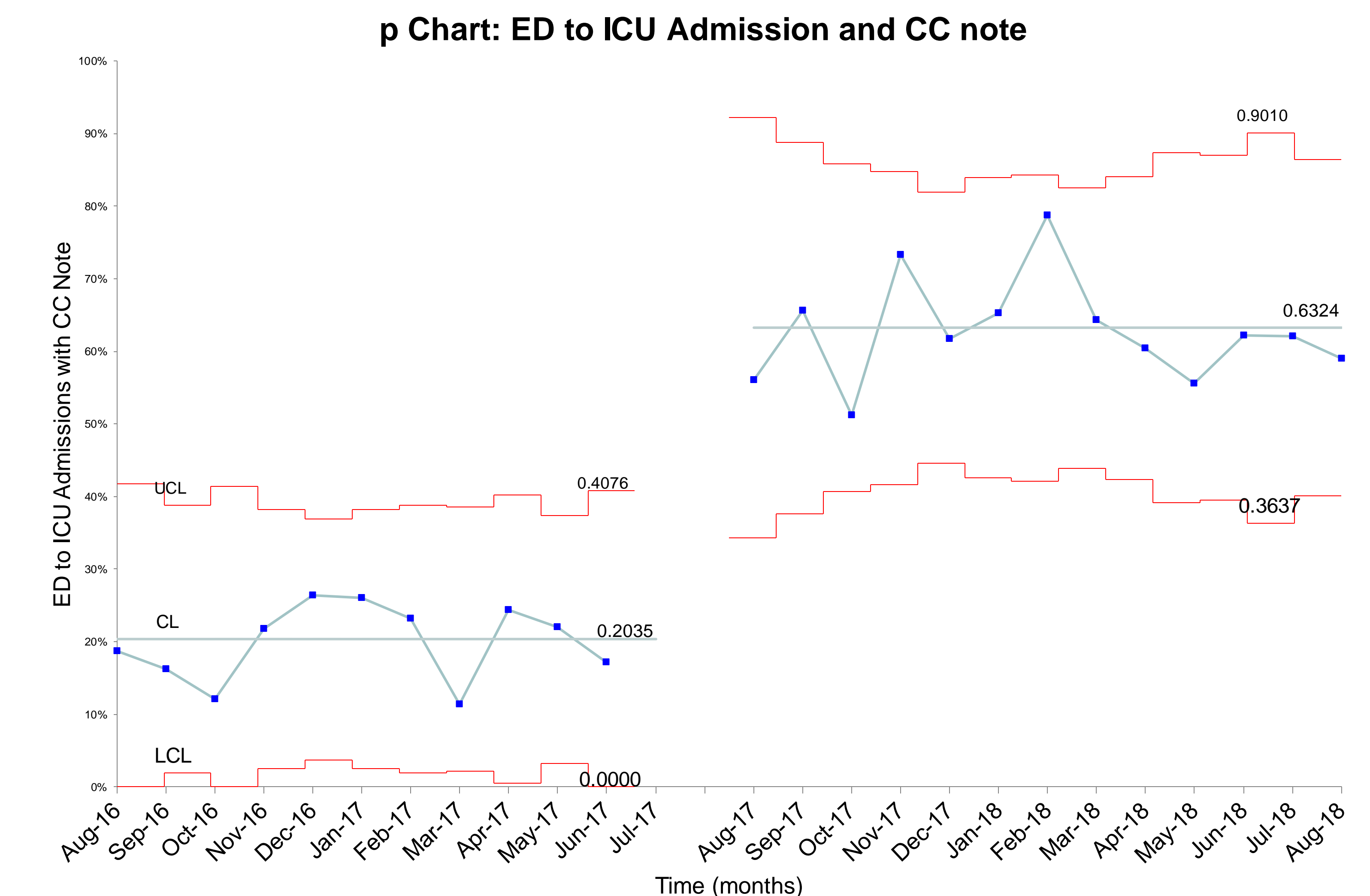
- We utilized MOC points and pre-existing salary bonus for completed QI work to obtain buy-in for the project.
- We analyzed data for the preceding 18 months.
- We conducted an electronic survey of all physicians and used a Pareto chart to determine our interventions.



- Serial interventions with PDSA cycles: (1) CC note simplification, (2) education, (3) surveys, and (4) additional location for placing CC note.
- We reviewed sample charts to confirm appropriate documentation.
- We serially measured knowledge about CC note placement.



## Results



- CC note placement for patients admitted from ED to the ICU increased by 100% (20% to 40%) in 4 months.
- CC notes/1000 visits increased from 4 to >14, and notes for status asthmaticus patients increased from <5% to 45%. The improvements have remained sustained for 6 months.
- There has been no significant change in the number of ICU admissions from the EDs, 42 per month on average.

## Conclusions

- Our project resulted in sustained improvements in CC note completion exceeding our initial goal.
- We believe education, simplification of the process, and incentivizing optimal documentation were vital to success.
- As a next step, we have increased our target and expanded the project to include trauma activations.

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