Financial Stewardship Through Appropriate Critical Care Documentation

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Financial Stewardship through Appropriate Critical Care Procedure 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 ≥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
- 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.

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 goals.
- 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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