

Lowell General Hospital
Department of Family Medicine
October 15, 2021

Zoom Attendees: Lourdes Ada, MD; Ashley Adams, BSN, RN; Eleanor Bueno, DO; Cindy Cheng, MD; Joseph Dulac, MD; Christen Fragala, MD; Laura Federico, RN; James Kuin, MD; Raymond Lewis, MD; Clea Moore, MD; Dan Nguyen; Frank Osborn, MD; Sangita Pillai, MD; John Ragucci, MD; Christine Smith, RN; Catherine Trinh, MD.

Guest: Keisha Downes, BSN; Patty Dente

I. CALL TO ORDER

The meeting was called to order at 8:02 AM by Dr. Fragala

II. MINUTES

The minutes from the previous meeting were accepted as written.

III. GUEST SPEAKER – CLINICAL DOCUMENTATION

Keisha Downes, CDI Director for Wellforce, shared presentation introducing the Clinical Documentation Program which is intended to assist in bridging the gap between physician documentation and coding. Clinical diagnoses must be as specific as possible for appropriate coding, profiling and compliance documentation. Appropriate coding affects several aspects i.e. reimbursement, length of stay, etc (see slides). Clinical documentation specialist role is to work collaboratively with multiple disciplines within the organization to “ensure that documentation maintains the integrity of the medical record, supports accurate code capture and accurately reflects the care provided during an inpatient stay.” CDS will reach out to appropriate parties if medical record is in need for further diagnoses documentation, diagnoses validation or quality assessment for PSI/HAC. Hospital CMI data was presented and sorted by physician specialty (see slide), as well as 3 case studies exemplifying importance of appropriate clinical documentation relative to specific diagnoses codes.

Dr. Kuin raised the question about hospital documentation vs outpatient documentation.

Ms. Downes noted at this time, they are not focused on outpatient documentation, however a new CDI outpatient manager has been hired to start in two weeks and with the implementation of the new EMR, EPIC, other software improvements/upgrades will allow for better assessment and communication regarding outpatient documentation.

Dr. Lewis asked if there is a real-time review of maternity service documentation. Ms. Downes stated the current EMR system is unable to capture data for outpatient physicians unless patient is being treated inpatient on maternity.

Dr. Osborn raised a concern regarding the incorrect coding of chronic conditions over multiple hospital admissions i.e. acute CHF vs chronic condition. Ms. Downes noted that the focus for CDI is the integrity of the EMR; if a condition is present on admission, it should be coded, however, there is a difference between coding CHF as a chronic condition

versus an admission for an acute exacerbation; she further noted it is important to capture all diagnoses (chronic and acute) to help accurately reflect the acuity of the patient. For any questions regarding CDI, please feel free to reach out to Ms. Downes directly:

Questions about this presentation? Please contact:
Keisha Downes BSN, RN, CCDS, CCS
Director of Clinical Documentation Integrity
keisha.downes@wellforce.org
617-636-0071

IV. Readmission Data

30 Day readmissions by provider data presented. However, with current systems, data only reflects inpatient admissions by discharging providers associated with Family Medicine. Dr. Osborn asked attendees what type of data they would find valuable for presentation and discussion. Ensuing discussion included:

- Questions asked if there is a way to tie readmission directly to PCP. At this time, with systems available for data mining, Ms. Smith is not aware of a way to do this, however, will work with the department nursing informaticist to see if that data can be mined through other hospital repositories and if so, will aim to bring to the next meeting.
- Dr. Kuin asked if there is a way to sort data by insurance plans: Medicare, commercial plans, etc. Yes, we can show data based on insurance plans but the link to PCP is still missing. Dr. Kuin also asked if we can find data related to patients seen by PCP in between hospital admissions? Ms. Smith is not aware of any reports that can provide this data but will look into it and report back at the next meeting.
- Dr. Lewis offered that it would be helpful to get data on readmissions broken down by zip code, race/ethnicity. Additional discussion about the usefulness of data on ethnicity and the difficulty in obtaining that from the EMR as it is not necessarily accurate.
- Dr. Osborn asked if disposition information regarding readmissions was possible; we do have the ability to show that data; it will break down to home vs. SNF vs home with services (VNA).
- Ms. Smith noted there is a group within the hospital currently working on readmissions and various initiatives exist including LACE scoring (to identify patients at high-risk for readmission), setting follow-up discharge appointments, etc. Ms. Smith will invite the team leader to November's meeting to provide a brief summation of activities the hospital is engaged in to reduce readmissions.

V. COMMITTEE REPORTS

1. Med Exec Committee

Dr. Fragala has no update since last email disseminated. Dr. Osborn added an update on COVID vaccination status; Medical Staff is at almost 100% compliance; within the hospital and satellite sites, there are employees who have chosen not to be

vaccinated and therefore there are some staffing shortages that providers need to be aware of as they schedule/send their patients in for services, i.e., imaging, labs etc.

2. Labor and Delivery Committee

Deferred

3. Cancer Committee

Deferred

4. Credentials Committee

No update; meets at the same time as Family Medicine

5. Infection Control

Deferred

6. Morbidity and Mortality Council

Dr. Pillai reports no update

7. Perinatal Committee

Deferred

8. MCH Updates

Deferred

VI. Next Meeting

- Scheduled for Friday, November 12, 2021.

VII. Adjournment

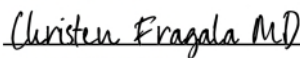
The meeting adjourned at 09:00 AM

Respectfully submitted,

Christine Smith, RN

Date

Approved:

DocuSigned by:

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Christen Fragala, MD

1/21/2022

Date