Improving PSI & HAC Reporting Accuracy: A Quality Improvement Initiative

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BACKGROUND

Improving hospital-acquired conditions (HACs) and patient safety in (PSIs) is crucial for enhancing healthcare quality, reducing patient has optimizing organizational performance. Accurate reporting of these metrics is essential, as they have a significant impact on a hospital's financial health and reputation, including its publicly reported data for the Leapfrog Hospital Survey and Safety Grade and CMS Star Rating. According to the CDC, hospital-acquired infections cost U.S. hospitals at least \$28.4 billion each year. They also account for an additional \$12.4 billion in costs to society from early deaths and lost productivity.

PURPOSE

The project aim was to explore systematic strategies and processes to improve the accuracy of HAC and PSI reporting. It also examines how these improvements can positively impact the reduction of patient harm events, financial outcomes and organizational reputation.

METHODS

A concurrent review process was implemented in collaboration with Health Information Management (HIM) to enhance the accuracy of HAC and PSI reporting through continuous monitoring and proactive management. The pre-bill concurrent review process was redesigned in July 2022 and further optimized in 2023.

Process Overview:

- **1. Case Identification:** Cases were identified through an EPIC work queue following coding completion. Accounts flagged for potential HACs and PSIs were placed on a bill hold until a thorough clinical review was conducted by the Quality team.
- **2. Timely Review:** To facilitate a timely and accurate bill release, the Quality team completed a clinical review of flagged events within one day of the cases being added to the Epic work queue.
- **3. Collaborative Workflow:** The workflow was designed to efficiently review all cases with potential HACs and PSIs, requiring close collaboration between Quality and HIM, including coders and clinical documentation improvement (CDI) stakeholders. This ensured that pre-bill reviews were comprehensive and identified any missed opportunities, maintaining accurate documentation and coding.
- 4. Clinical Insight & Re-evaluation: The Quality team shared Clinical insights with the HIM - CDI Director to re-evaluate potential HAC and PSI events for coding opportunities or to initiate a physician query if necessary.
- 5. Confirmation & Billing Release: Upon completion of any necessary coding opportunities, documentation clarifications, or physician query the HAC or PSI was either confirmed or overturned. The bill was released once all reviews were finalized.

	l	Impact on External B		
	Program	2021		
indicators harm, and	Leapfrog	С		
	CMS Star Rating			

2023 Top 10 PSI & HAC Overturned

Car		
	PSI 11 Postoperative Respiratory Failure Rate/PSI 90	3
	PSI 07 Central Venous Catheter Related Blood Stream Infection Rate	7 4 3
	HAC 05 FALLS AND TRAUMA	6 3 3
	PSI 04 Death Rate among Surgical Inpatients with Serious Treatable Complications	5
	PSI 03 Pressure Ulcer Rate/PSI 90	9 4 5
	HAC 06 CATHETER-ASSOCIATED URINARY TRACT INFECTION (UTI)	8 5
е	HAC 04 STAGE III AND IV PRESSURE ULCERS	6 1 5
,	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate/PSI 90	7
	PSI 15 Abdominopelvic Accidental Puncture or Laceration Rate/PSI 90	11 3 8
	HAC 07 VASCULAR CATHETER-ASSOCIATED INFECTION	8 8 0 5 10
:h	VASCULAR CATHETER- ASSOCIATED VASCULAR ic Accidental Puncture or Deep Vein	4 STAGE ND IV SSURE TRACT RACT RACT RACT RACT RACT RACT RAC
5	INFECTIONLaceration Rate/PSI 90ULC Thrombosis Rate/PSI 90	CERS INFECTION (UTI)

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Prebill PSI/HAC

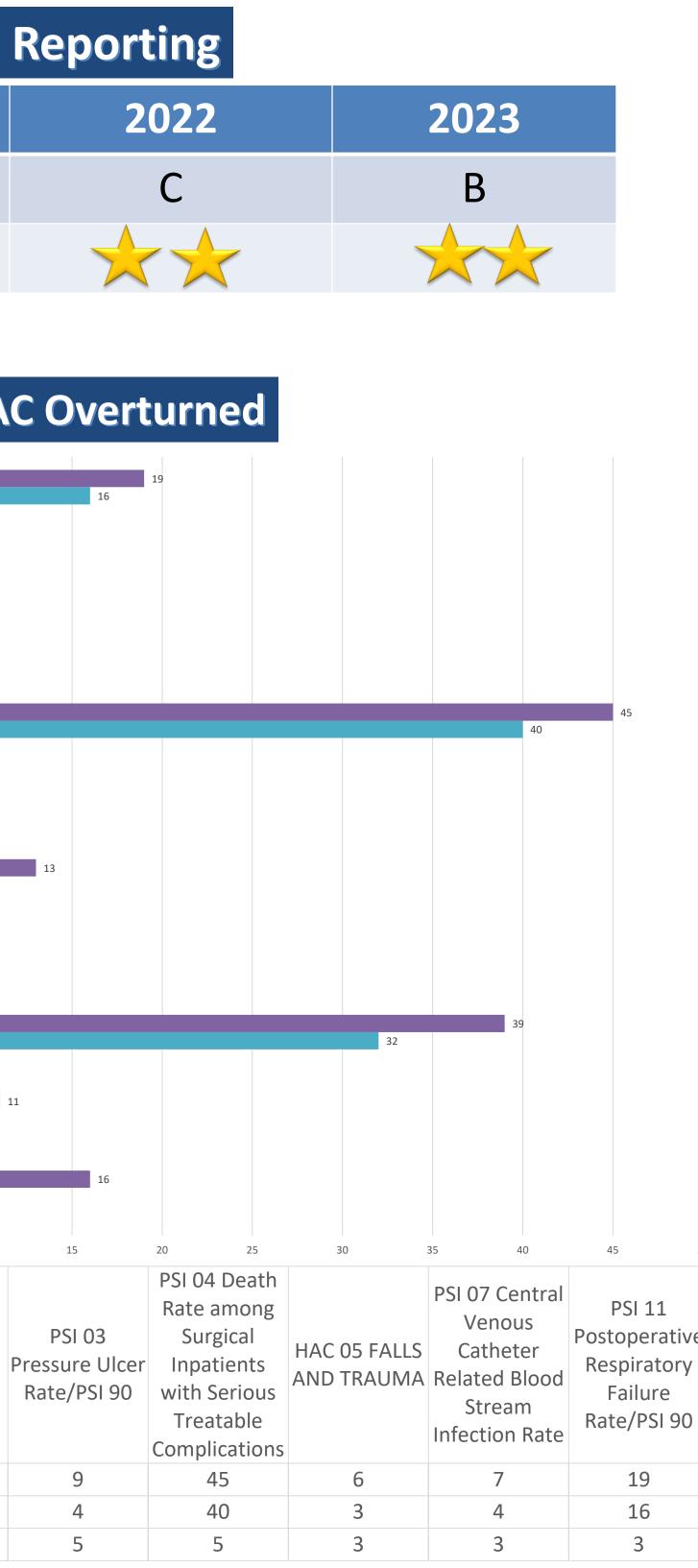
Confirmed

Overturned

Quality		Health Information Management	Quality/HIM
 Post-bill identification of Adverse Events identified Clinical review of Events Identify opportunities for documentation and/or coding Email clinical insights to HII 	V	 Accounts reevaluated for documentation and/or coding opportunities found by Quality Edit or add coded- if appropriate HAC or PSI confirmed or overturned Email revision or feedback Quality Rebill case 	 Ongoing education regardin Adverse measure specification, documentatio clarification and coding opportunities to all stakeholders- Quality reviewer, physicians and coders.

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		New Process- Concurre	ent pr
ts	<section-header><list-item><list-item><list-item><list-item></list-item></list-item></list-item></list-item></section-header>	 Ouality Adverse Events identified per Epic Work queue Clinical review of events within 1 day Identify opportunities for documentation and/or coding Email clinical insights to HIM 	Health Manag



New Process- Concurrent Pre-bill Review

Information

- Accounts reevaluated for documentation and/or coding opportunities found by Quality
- Queried Provider- if appropriate • Edit or add coded- if
- appropriate • HAC or PSI confirmed or overturned
- Email revisions or feedback to Quality
- Bill released

Quality/HIM

 Ongoing education regarding Adverse measure specification documentation clarification and coding opportunities to all stakeholders-Quality reviewer, physicians and coders. requiring physician query.

Based upon the AHRQ's estimated additional cost for HAC and PSI events, the cost avoidance was calculated utilizing the overturn rate of events. Estimated cost avoidance in the 60 cases overturned amounted to \$1,279,645.

Adverse Event

HAC 07 VASCULAR CATHETER-ASSOCI PSI 07 Central Venous Catheter Relate PSI 12 Perioperative Pulmonary Embo HAC 04 STAGE III AND IV PRESSURE UL PSI 03 Pressure Ulcer Rate/PSI 90 HAC 06 CATHETER-ASSOCIATED URIN PSI 15 Abdominopelvic Accidental Pur PSI 04 Death Rate among Surgical Inpa HAC 05 FALLS AND TRAUMA PSI 11 Postoperative Respiratory Failu PSI 06 latrogenic Pneumothorax Rate/ PSI 09 Postoperative Hemorrhage or H PSI 08 In Hospital Fall with Hip Fractur HAC 14 IATROGENIC PNEUMOTHORAX PSI 13 Postoperative Sepsis Rate/PSI 9 PSI 14 Postoperative Wound Dehiscer

Total Overturned

Accurate reporting, continuous monitoring and proactive management are essential for improving patient safety and hospital performance. This project demonstrates the impact of a systematic, concurrent review process through enhanced reporting accuracy and reducing HACs and PSIs. The 23% overturn rate achieved through this initiative reduced financial penalties, thus improving case reimbursement rates. The organization's Leapfrog Hospital Safety Grade and CMS Star Ratings improved, highlighting the value of rigorous quality review processes, which aims to reduce patient harm, improve financial outcomes, and position the organization for sustained growth.

For Access to References Please Scan QR Code



RESULTS

In 2023, the Quality team conducted 229 concurrent reviews, with 84 cases referred to the HIM - CDI Director for potential coding

opportunities, documentation clarifications, or physician query. Out of these, 60 cases were overturned from HAC or PSI reporting, with 40 identified as coding opportunities and 20 as documentation opportunities

Implementation of the concurrent review process led to measureable improvements by reducing associated HAC or PSI financial penalties. These improvements also contributed to reducing patient harm and enhancing organizational reputation, as reflected in higher Leapfrog Hospital Safety Grades and CMS Star Ratings, positioning the organization to attract more patients and partnerships.

	Overturned	To	tal Cost Avoidance
IATED INFECTION	8	\$	481,080.00
ed Blood Stream Infection Rate	3	\$	180,405.00
olism or Deep Vein Thrombosis Rate/PSI 90	7	\$	151,961.25
ILCERS	5	\$	90,662.50
	5	\$	90,662.50
ARY TRACT INFECTION (UTI)	5	\$	86,206.25
ncture or Laceration Rate/PSI 90	8	\$	57,460.00
patients with Serious Treatable Complications	5	\$	35,912.50
	3	\$	25,102.50
ure Rate/PSI 90	3	\$	21,547.50
e/PSI 90	2	\$	14,365.00
Hematoma Rate/PSI 90	2	\$	14,365.00
ire Rate/PSI 90	1	\$	8,367.50
X W/ VENOUS CATHETERIZATION	1	\$	7,182.50
90	1	\$	7,182.50
nce Rate/PSI 90	1	\$	7,182.50
	60		\$ 1,279,645.00

CONCLUSIONS

REFERENCES



