

**Quality and Productivity Commission  
31<sup>st</sup> Annual Productivity and Quality Awards Program  
"Celebrating Quality Service"**

**2017 APPLICATION**

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

**NAME OF PROJECT: CLINICAL DOCUMENTATION IMPROVEMENT**

**DATE OF IMPLEMENTATION/ADOPTION:** APRIL 2016  
(Must have been implemented at least one year - on or before July 1, 2016)

**PROJECT STATUS:**  Ongoing  One-time only

**HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT?**  Yes  No

**EXECUTIVE SUMMARY:** Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

1 In partnership with the clinical and administrative leadership of Olive View – UCLA  
2 Medical Center, Medical Administration conceived and implemented a comprehensive  
3 Clinical Documentation Improvement (CDI) Program aimed at improving the hospital's  
4 revenue cycle and the quality of physician documentation in the medical record. A  
5 strategic collaboration between hospital administration, Health Information Management  
6 (HIM), Utilization Management (UM), Information Systems, and the Dean's Office of the  
7 David Geffen School of Medicine at UCLA (DGSOM), the CDI Program was established  
8 to promote appropriate documentation of patient care activities, to accurately capture  
9 the complexity and acuity of patients seen in DHS, to ensure the long-term viability of  
10 the hospital by optimizing reimbursements for clinical services, and to prepare resident  
11 physicians and fellows in clinical training programs based at County facilities for  
12 professional practice after completing their training. Since its successful  
13 implementation, DHS has initiated an enterprise-wide clinical documentation  
14 improvement workgroup that draws on the experiences and successes of the Olive  
15 View program.

**BENEFITS TO THE COUNTY**

| (1)<br>ACTUAL/ESTIMATED<br>ANNUAL COST<br>AVOIDANCE | (2)<br>ACTUAL/ESTIMATED<br>ANNUAL COST SAVINGS | (3)<br>ACTUAL/ESTIMATED<br>ANNUAL REVENUE | (1) + (2) + (3) =<br>TOTAL ANNUAL<br>ACTUAL/ESTIMATED<br>BENEFIT | SERVICE<br>ENHANCEMENT<br>PROJECT |
|-----------------------------------------------------|------------------------------------------------|-------------------------------------------|------------------------------------------------------------------|-----------------------------------|
| \$                                                  | \$                                             | \$                                        | \$                                                               | X                                 |

**ANNUAL = 12 MONTHS ONLY**

|                                                                                                                                                                                                                                                              |                          |                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------|
| <b>SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS</b><br>Olive View – UCLA Medical Center<br>Medical Administration, Suite 2C-138<br>Sylmar, CA 91342                                                                                                       |                          | <b>TELEPHONE NUMBER</b><br>(747) 210 - 3025                                                |
| <b>PROGRAM MANAGER'S NAME</b><br>Shannon Thyne, Chief Medical Officer                                                                                                                                                                                        |                          | <b>TELEPHONE NUMBER</b><br>(747) 210 - 3025<br><br><b>EMAIL</b><br>sthyne@dhs.lacounty.gov |
| <b>PRODUCTIVITY MANAGER'S NAME AND SIGNATURE</b><br><small>(PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME)</small><br>Gerardo Pinedo<br> | <b>DATE</b><br>6/27/2017 | <b>TELEPHONE NUMBER</b><br>213-240-8104<br><br><b>EMAIL</b><br>gpinedo@dhs.lacounty.gov    |
| <b>DEPARTMENT HEAD'S NAME AND SIGNATURE</b><br>Mitchell H. Katz, MD<br>                                                                                                   | <b>DATE</b><br>6/27/2017 | <b>TELEPHONE NUMBER</b><br>213-240-8101<br><b>EMAIL</b><br>mkatz@dhs.lacounty.gov          |

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**1<sup>st</sup> FACT SHEET – LIMITED UP TO 3 PAGES ONLY:** Describe the **challenge(s), solution(s), and benefit(s)** of the project. What quality and/or productivity-related outcome(s) has the project achieved? Provide measures of success. Use Arial 12 point font.

The project was established with four primary goals aligned with the hospital's strategic priorities and the interests of its stakeholders. Through a series of tailored lectures and training events supplemented by custom-designed reference resources and job aides, the leadership of Olive View empowered clinical faculty to drive improvement in this area of critical need. By clearly communicating new expected practices and providing the tools for success, the Program achieved a paradigm shift in how care is delivered and billed at Olive View.

**CDI improves patient care**

First, the program aimed to promote appropriate documentation of patient care activities, reflecting the principle that better documentation leads to better clinical care. By promoting thorough, thoughtful documentation in the patient's chart, the program ensures that chronic conditions and comorbidities are appropriately captured, and that conditions that are present on admission are not incorrectly ascribed to deficiencies in hospital care. In addition to enabling more meaningful collaboration between care teams, this effort serves to limit exposure to litigation by ensuring that care decisions are accurately and appropriately documented.

**CDI improves revenue cycle and billing processes**

Second, the Program was founded with an eye toward ensuring the long-term financial viability of the hospital through revenue cycle optimization. Clinical care at Olive View is subject to reimbursement by the Centers for Medicare and Medicaid Services (CMS), which is determined solely by the content of the patient's medical record. All clinical services, diagnoses, conditions, procedures, and encounters with physicians are translated by Health Information Management into a standardized nomenclature (or "coding") based on the information collected from the physician's documentation. Broadly, CMS stratifies clinical services into one of five service levels based on the patient's acuity, each with varying requirements for clinical documentation and increasing reimbursement values. Historically, poor documentation contributed to less-than-optimal reimbursement rates – to address this, the Program introduced job aides and reference resources to guide clinicians through documenting encounters with patients with attention to ensuring that all required components and elements are captured. Each incremental increase to service level implies a concomitant increase in reimbursement of approximately 150% from the previous service level, representing a significant increase in revenue capture.

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**CDI... improves Health Systems**

Third, the Program sought to improve Olive View’s demographic profile by ensuring that the complexity of the patient blend seen in safety net institutions is accurately captured. In practice, this is described by a national metric called the Case Mix Index (CMI) based on aggregated data from hospital billing. This objective was addressed by ensuring that providers document all primary and secondary diagnoses, including chronic conditions and complicating circumstances, such as a history of drug abuse or homelessness. In addition, Olive View implemented new guidelines for documenting coordination of care and counseling activities, enabling these critical (and previously un-billed) services to be included in quality calculations. In turn, this strengthens the position of the Department of Health Services when negotiating with accountable care partners, insurance providers, and state and federal agencies by accurately reflecting the significant healthcare challenges faced by patients receiving care at Olive View.

Since implementation, Olive View has seen an increase in both the number of diagnoses captured at each patient encounter, as well as in the overall Case Mix Index.

**CDI... improves Clinical Training**

Fourth, the program aimed to enhance the depth and breadth of the academic training programs based at Olive View. An integral teaching hospital for UCLA-based residency and fellowship programs, preparing the physicians of the future is an important aspect of Olive View’s mission of service. At the conclusion of the 2015-16 academic year, an outcomes-based assessment of recent graduates identified significant deficiencies in non-clinical knowledge areas, including best practices for coding and clinical documentation. During the primary implementation, almost 100% of residents based at Olive View (over 225!) received customized training to improve familiarity and expertise in this critical area of professional practice.

**Outcomes**

Almost all clinical faculty members at Olive View received customized, venue-specific training in clinical documentation best practices, including hands-on training in operationalizing these principles in ORCHID, the electronic health record. At the outset of the project, a pre-intervention audit found that fewer than 30% of outpatient clinical encounters were coded correctly by providers – following the intervention, this improved to over 65% in 6 months. Further, we anticipate substantial growth in incremental service level improvement, thereby ensuring significantly higher reimbursement rates for clinical services *without* a corresponding increase in workload.

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**Linkage to the County Strategic Plan – 1 page only.** Which County Strategic Plan goal(s) does this project address? Explain how. Use Arial 12 point font.

The Clinical Documentation Improvement (CDI) Program aligns closely with each of the three strategic plan goals of the County of Los Angeles.

**Operational Efficiency/Fiscal Sustainability:** The Program maximizes the effectiveness of clinical operations and administrative processes by optimizing the hospital revenue cycle through timely and thorough clinical documentation. In addition to significantly enhancing the quality of documentation in the medical record, these efforts contribute to ensuring that patient services are reimbursed at the highest possible level of service – in most cases, this represents a tangible increase of more than 100% from the previous level of service. Improving the content and overall quality of clinical documentation ensures that chronic conditions and comorbidities that are “present on admission” are accurately captured, which in turn improves Olive View’s performance on national patient safety and performance measures that rely on aggregated clinical data from the Centers for Medicare & Medicaid Services. In addition, the Program has implemented new guidelines for documenting care coordination and counseling, ensuring an accurate accounting of physician time spent in these areas – previously, these efforts were poorly documented and seldom included in billing. Further, national studies have demonstrated a positive correlation between thoughtful, complete clinical documentation and patient safety, advancing Olive View’s mission of maintaining the highest measures of safety in delivering patient-centered care.

**Community Support & Responsiveness:** The Program reflects a spirit of collaboration with internal and academic partners, representing an unprecedented strategic partnership between Hospital and Medical Administration, Utilization Management, Health Information Management, Information Systems, and the Dean’s Office of the David Geffen School of Medicine at UCLA. This undertaking was informed, in part, by a survey of recent graduates from UCLA training programs based at County facilities, which identified significant deficiencies in non-clinical knowledge areas essential to professional practice, including familiarity with best practices for coding and documentation.

**Integrated Services Delivery:** The Program has demonstrated a measurable improvement in clinical quality performance indicators by enhancing the quality and specificity of clinical documentation. This has improved the hospital’s Case Mix Index (CMI), a key performance indicator for evaluating the volume and acuity of a given patient population, and has significantly reduced the response time to Physician Queries, an entrenched, historic challenge to timely and accurate billing for services.

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**COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY):** If you are claiming cost benefits, include a calculation on this page. Please indicate whether these benefits apply in total or on a per unit basis, e.g., per capita, per transaction, per case, etc. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12 point font

**Cost Avoidance:** Costs that are eliminated or not incurred as a result of program outcomes. Please indicate whether these are costs to the County or to other entities.

**Cost Savings:** A reduction or lessening of expenditures as a result of program outcomes. Please indicate whether these were expenditures by the County or by other entities.

**Revenue:** Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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|-----------------------------------------------------|------------------------------------------------|-------------------------------------------|----------------------------------------------------------------|-----------------------------------|
| \$                                                  | \$                                             | \$                                        | \$                                                             | X                                 |

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*Although we anticipate a significant increase in hospital revenue through improved service capture leading to higher reimbursement rates, downstream financial impact data is unavailable presently.*