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Case Management and the Documentation of Avoidable Days

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ABSTRACT

Purpose of Study: Avoidable Days/Delays (ADs) account for a large portion of dollars lost for many health care organizations, and with ongoing changes in health care reimbursement, available funds will become increasingly limited. Avoidable Days cannot be reduced or eliminated without accurate causal documentation. The purpose of this study was to determine whether a system upgrade with a change in documentation layout for AD tracking increased case manager compliance with AD documentation. In addition, staff perceptions and opinions on AD documentation were obtained to determine whether or not these perceptions could affect accurate documentation of ADs.

Primary Practice Setting: A large academic medical center.

Methodology And Sample: Quantitative data were gathered through a survey completed by the hospital's case managers, and raw data were obtained from the electronic health record system on the number of documented ADs before and after the system upgrade.

Results: The results indicated that the system upgrade did improve case manager documentation of ADs. Survey results suggested that more education was needed on ADs, including information on financial impact, importance of accurate documentation, and plans for performance improvement initiatives for frequently documented AD causes.

Implications for Case Management Practice: The majority of surveyed case managers felt that they would benefit from increased education on AD documentation. Recommendations for case management practice include (1) incorporating AD education into the orientation curriculum for new case managers, (2) readdressing the importance of AD documentation in case managers' annual review education, and (3) extending AD education to additional hospital staff to make AD tracking an organizational commitment.

Key words: *accurate documentation, avoidable days, case manager, delayed discharge, unnecessary hospital days*

Nurse case management, like all health care, is outcome-driven (McFolling, 2008). Nurse case managers are expected to evaluate and track outcomes such as readmission rates, proper admission status, and accurate utilization review. One important case management task is Avoidable Day/Delay (AD) tracking. An Avoidable Delay is "any barrier to facilitating effective, efficient, timely, and safe care" (McFolling, 2008, p. 3). At the evaluation hospital, the term Avoidable Day is used to describe barriers that prolong patients' hospital stays when they are medically ready for discharge. Because approximately 60%–85% of total hospital revenues flow through hospital payment systems based on diagnosis-related groups, ADs can be very costly to hospital systems (Quentin, Scheller-Kreinsen, Blümel, Geissler, & Busse, 2013).

Many have reported on the frequency, causes, and negative effects of ADs as well as on interventions to decrease their frequency (Becchi, Pescetelli, Caiti, & Carulli, 2010; Brooks, 2014; Butler Smith, 2010; Caminiti et al., 2013;Carey, Sheth, & Braithwaite, 2005; Hines & Randall, 2010; Hirsch, Sommers, Olsen, Mullen, & Mwinograd, 1990; Hwabejire et al., 2013; Jacobs et al., 2009; Majeed et al., 2012; Ouslander et al., 2011). Financial implications of excessive ADs are quite significant. Jacobs et al. (2009) found that over a 7-month period at Carolinas Medicare Center in Charlotte, NC, 7% of patients experienced delayed discharges, resulting in 580 excess hospital days that were associated with four million to 15 million dollars in excess patient charges. Hwabejire et al. (2013) reported that if discharge delays not related to clinical issues could be eliminated at their facility, it would save anywhere

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Patients, particularly geriatric patients, are at risk for poor outcomes as a result of ADs. In addition to any financial ramifications, prolonged hospital stays can lead to increased risk of infections, deconditioning, falls, deep venous thrombosis, disuse atrophy, adverse drug reactions, medication errors, and pressure ulcers (Caminiti et al., 2013; Carey et al., 2005; Hirsch et al., 1990; Hwabejire et al., 2013; Ouslander et al., 2011). These conditions can have negative impact on quality of life or could even cause death or permanent disability.

Nurse case managers play a vital role in the evaluation and prevention of ADs. Hines and Randall (2010) recommended that case managers review cases on a daily basis for instances of ADs and collaborate with physicians, the case management physician advisor, and the administrative liaison to address significant issues through performance improvement initiatives. Hines and Randall also recommended that hospital administrators and CFOs prepare for the longer-term impact of health care and payment reform by increasing the involvement of case managers in protecting the organization's financial performance.

McFolling (2008) performed a program evaluation at Rush Memorial Hospital, where they had developed a number of strategies for effective tracking and action plans for reductions of ADs. A few key elements to their plan to reduce ADs and the costs associated included the following:

1. developing an effective dictionary of causes of ADs to track the most common causes;
2. developing an action plan based on frequency analysis, trending, and benchmarking; and
3. reporting the data to the organization including its costs and outcomes (McFolling, 2008).

As a result, Rush Memorial Hospital was able to significantly decrease ADs and found that the key to their success was making AD reduction an organizational commitment (McFolling, 2008). This was accomplished through weekly meetings that included the chairman of the internal medicine department, the director of case management, the medical director, and the medical senior case managers (McFolling). This collection of hospital leaders reviewed patient cases and trends in delays as a group, and they worked together when opportunities for improvement occurred (McFolling).

A review of the literature revealed numerous strategies that can be used to reduce ADs, but the overarching drive behind the reduction is an organizational commitment to the goal (Hines & Randall, 2010; McFolling, 2008). McFolling reported that staff members are unlikely to accurately capture data if they have the perception that the data are not used or valued by the organization, which is why organizations must consistently and visibly use AD data.

The purpose of this study was to determine whether a change in documentation layout for AD tracking increased case manager compliance with AD documentation at a large academic medical center. In addition, case manager perceptions and opinions on AD documentation were obtained to determine whether or not these perceptions could affect accurate documentation of ADs.

Methods

At the evaluation hospital, ADs were previously categorized into four causes: (1) Admit Reason, (2) Discharge Reason, (3) Hospital Reason, and (4) Other Reason. The Other Reason category was used when the documenter did not feel that the delay was due to one of the reasons from the three main categories, and it was the only category that did not offer any subcategories to narrow down the cause of the AD. A thorough review of prior documentation revealed that many AD reasons subcategories were not being used at all, and the Other Reason category was being used too often. Although the Other Reason category was used only 3.9% of the time, it was leaving much-needed data unaccounted for because case managers are not required to document specific reasons for the AD when that category is used.

In 2015, the evaluation hospital implemented a new documentation program for ADs. The purpose

of the program was to better define the cause of each AD as well as to make the documentation process more user-friendly to the case managers. A workgroup was established in early 2015 to reorganize the AD documentation system. The workgroup included 10 case managers from various areas of the hospital. The goal of this workgroup was to review and revise the current system in addition to defining each AD reason to assist with consistency of documentation. The workgroup added six new AD subcategory reasons, deleted two reasons that had become obsolete, and changed wording in two of the remaining reasons.

The new documentation system was implemented on October 1, 2015. Prior to the change, all 22 subcategories were listed on the same page for the user to sort through to find the proper category to classify their AD reason. After the change, the user chose the category that their AD fell into (Admit Reason, Discharge Reason, or Hospital Reason). Once the user made the selection, a dropdown menu appeared with subcategories for the writer to choose from to categorize the AD. For example, the subcategory "physician" from the Hospital Reason category would indicate that a physician or consult team delayed the patient's hospital stay. Selecting the "patient/family" subcategory under the Discharge Reason category would indicate that a patient or family delayed the discharge, such as if the family refused to pick up the patient or if the patient refused to leave.

Evaluation Design

The design of the documentation program evaluation was a cross-sectional postintervention design. Quantitative data were gathered using (1) raw data collected from the hospital electronic health record (EHR) and (2) data collected from survey responses. In addition to the raw data on ADs found in the organization's EHR, investigating staff perceptions, opinions, and personal documentation practices assisted in identifying root causes of inconsistent documentation, areas for improvement in the documentation system, knowledge gaps, and opportunities for further education.

Measures

Raw data on AD documentation were collected using the hospital's EHR for a 10-month timeframe (April 2015 through January 2016). This allowed for comparison of preintervention data from months April 2015 to September 2015 to postintervention data from October 2015 to January 2016. In addition, data were collected on the total number of discharges for each of these months. The number of discharges per month was tracked because high census tends to lead to an increase in ADs due to an increase in patients requiring discharge planning while case management staffing remains unchanged.

The second method of data collection was through a Survey Monkey survey distributed 3 months after the documentation program implementation. The online survey was used to gather self-reported, quantitative data regarding perceptions and documentation practices from the nurse case managers at the evaluation hospital. An e-mail was sent to all 28 inpatient nurse case managers; the e-mail included a description of the study, an invitation to participate, and a link to the online survey. The e-mail advised potential participants that the survey was voluntary and confidential, and that no compensation would be given for participation. Two weeks later, a reminder e-mail was sent to encourage survey completion. A total of 3 weeks was allotted for completion of the survey.

Analysis

The raw data from the EHR were graphed to assess for an increase or a decrease in AD documentation through the evaluated time period. Avoidable Day/Delay documentation was analyzed along with the number of total discharges within the same time period. Survey data were entered into an Excel spreadsheet and imported into the Statistical Package for the Social Sciences (SPSS ; IBM SPSS Statistics for Windows, Version 21.0, IBM Corp, Armonk, New York) for data analysis. Descriptive statistics were generated from the SPSS analysis, and cross tabulations were performed between the participants' years in case management and responses to each of the survey questions.

Results

A review of EHR data revealed that prior to the documentation program change, there was an average of 448 ADs recorded per month. After the documentation program change in October 2015, there was an average of 602 ADs recorded per month, which is a 34% increase in ADs documented monthly (see Figure 1). At the same time, the average number of discharges per month prior to the documentation change was 2,430. After the documentation program change, average monthly discharges were 2,166 (see Figure 2). Although the total number of discharges for the studied time period trended downward, the number of documented ADs trended upward, indicating that the increase in AD documentation was likely not the result of an actual increase in ADs due to high census, but instead an increase in the documentation of ADs by case managers.

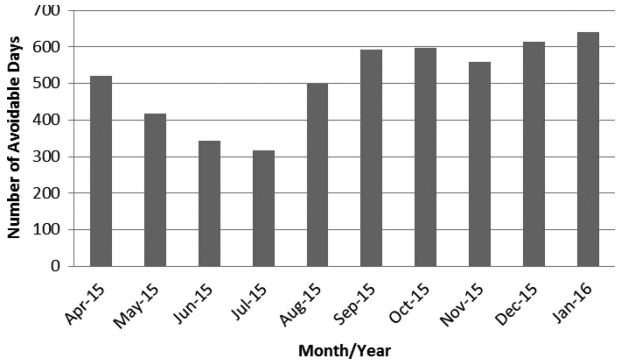

FIGURE 1
Avoidable days.

Of the 28 inpatient nurse case managers at the evaluation hospital, 13 (46%) participated in the e-mailed survey. The first survey item asked participants to document years of experience as a case manager. Five participants (38%) indicated that they had between 0 and 5 years of case management experience, zero participants reported 6–10 years of experience, three participants (23%) had 11–15 years of experience, three participants (23%) had 16–20 years of experience, and two participants (15%) indicated they had more than 21 years or greater years of experience as a case manager.

Several survey items asked participants to indicate the degree to which they agreed with a statement on a Likert Scale ranging from *strongly disagree* to *strongly agree*. In regard to the ease of use of the new documentation program, 10 participants (77%) agreed or strongly agreed that the new program for AD documentation was easy to use, and eight participants (62%) agreed or strongly agreed that the new AD documentation format and choices better met their needs for documentation of ADs. Despite this, only five participants (38%) indicated that because the tool is easier to use, they document on ADs more frequently.

When asked about the prioritizing AD documentation as a daily task, eight participants (62%) indicated that they consistently prioritize AD documentation as one of their daily tasks by agreeing or strongly agreeing, whereas three participants (23%) disagreed with this statement. Eight participants (62%) agreed or strongly agreed that they had received sufficient education on the financial impact of ADs on the organization, whereas four participants (31%) either disagreed or strongly disagreed with that statement. Comparing survey responses with years of case management experience using cross tabulation revealed that case managers with 11 or more years of experience accounted for all of the responses where participants agreed or strongly agreed regarding sufficient education.

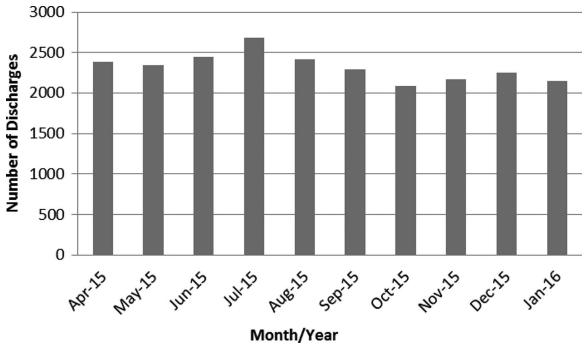

FIGURE 2
Discharges.

When asked how frequently they document on ADs, only three participants (23%) indicated that they "always" document on ADs. Four participants (31%) "usually" document ADs, five participants (38%) reported "frequently" documenting, and one participant "occasionally" documented ADs. No participants chose "never." Comparing survey responses with years of case management experience using cross tabulation revealed that case managers with 11 or more years of experience accounted for all of the "always" responses. When asked what time of day they document ADs, the majority of participants (69%) indicated that they document on ADs throughout the work day.

One survey item asked participants to indicate perceived barriers to consistently documenting ADs. The participants were asked to select all that apply. Participants were then asked to choose the most common perceived barrier to consistent documentation on ADs. Options for both items included the following:

1. insufficient time,
2. insufficient education on how to use the documentation tool,
3. I'm not interested in documenting this information,
4. I don't understand how to document ADs,
5. documentation of ADs has not been communicated to me as a priority,
6. I forget to do it,
7. N\A - I consistently document ADs, and
8. an "other" category to allow participants to write in an additional selection. Participant responses indicated that insufficient time (31%) and forgetting (31%) were the most common reasons for not documenting ADs.

When asked whether they felt they would benefit from additional training on how to document ADs, only four participants (31%) agreed or strongly agreed whereas seven participants (54%) disagreed or strongly disagreed. At the same time, when participants were asked whether more training was needed on why AD documentation is needed, seven

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participants (54%) agreed or strongly agreed. Eighty percent of participants with 0–5 years of experience agreed or strongly agreed with this statement.

When participants were asked whether they felt hospital leadership was aware of current AD data and trends, the majority of participants (62%) indicated that they agreed with this statement, and when asked whether they felt their documentation of ADs would be used for performance improvement efforts, seven participants (54%) agreed or strongly agreed.

The final survey item asked participants to indicate whether they feel they would benefit from additional education on the financial impact of AD documentation. Eleven participants (85%) agreed or strongly agreed with this statement, and 100% of case managers with 0–5 years of experience agreed or strongly agreed with this statement. All the Likert Scale questions were entered into a graph to show comparisons among responses (see Figure 3).

Discussion

The program evaluation demonstrated that documentation of ADs did increase after the documentation system upgrade in October 2015. This was reflected through the raw data collected from the EHR. The raw data collected from the EHR revealed that, despite a trend downward of discharges, there was a 34% increase in ADs documented after the program upgrade on October 1, 2015. In addition, 38% of the survey participants reported that they document more frequently on ADs after the documentation upgrade, and the majority of survey participants (62%) felt that the new AD documentation tool better meets their needs for AD documentation.

In the Coordinated Care Department at the evaluation hospital, AD documentation is expected to be completed every time an AD is noted. Despite this, survey responses indicated that less than a quarter (23%) of participants "always" complete AD documentation. Survey participants indicated that main reasons for the lack of documentation were "insufficient time" and "forgetting to document."

Survey responses indicated that nearly 40% of case manager participants did not feel that the documentation of ADs was a priority for them. At the same time, 85% of participants agreed or strongly agreed that more education is needed to understand the financial impact of

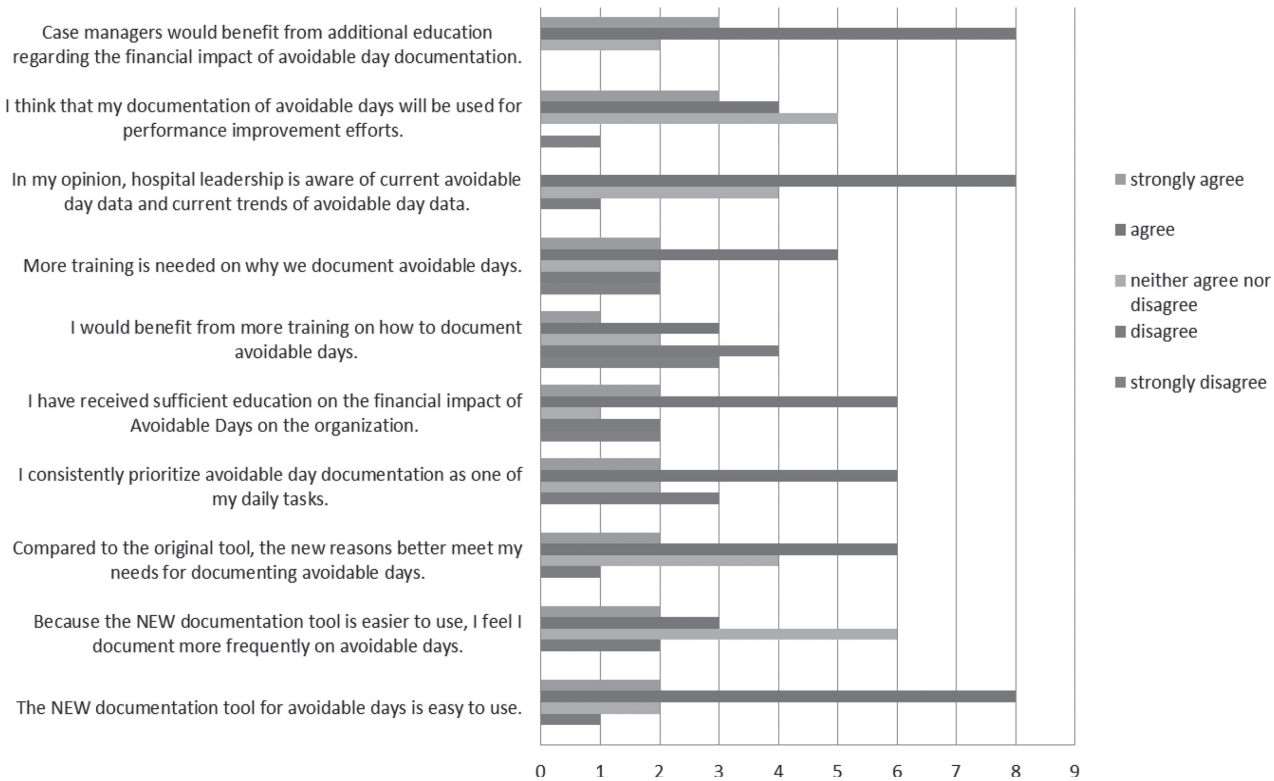

FIGURE 3
Likert Scale Survey Questions (n = 13).

Survey responses indicated that nearly 40% of case manager participants did not feel that the documentation of ADs was a priority for them. At the same time, 85% of participants agreed or strongly agreed that more education is needed to understand the financial impact of Ads, which suggests that more education is needed on ADs, especially for the less experienced case managers.

Ads, which suggests that more education is needed on ADs, especially for the less experienced case managers. This education should include information on financial impact, importance of documentation, and plans for performance improvement initiatives based on frequency of certain ADs documented.

As McFolling (2008) discovered, keeping AD data constantly visible with weekly leadership meetings and with consistent education as well as making ADs a valued organizational metric can lead to a change in mindset of the entire organization on successfully tracking ADs. It is difficult for staff to consider AD documentation a priority if they do not fully understand the value of the tracking or how the data are being used.

To develop performance improvement measures to decrease ADs, there must be accurate and diligent documentation. Organizations must actively and consistently use the data collected, which will motivate staff to continue to accurately capture the data (McFolling, 2008). Survey responses indicated that just more than half of case managers felt that their documentation of ADs would be used for performance improvement measures. This may contribute to the feeling from nearly 40% of case managers that documentation of ADs is not a priority in daily tasks. The system upgrade did improve documentation of ADs, but the human piece is still missing. Case managers need consistent education and training on how AD documentation is used and the financial ramifications for lack of documentation.

The study had two major limitations. One limitation was that the analysis of AD documentation in the EHR did not control other factors. It is possible that the increase in documented ADs after the documentation upgrade may be related to an actual increase in ADs in general; however, the discharges for that same time period went down, which makes this less likely. In addition, 38% of survey participants indicated that they document more frequently on ADs because the tool is easier to use. The second limitation to the study was the low response rate at 46%. Because of this, the survey responses may not reflect the case managers' opinions and practices as a whole, and the sample size for the study was small, with only 13 case managers participating.

Recommendations based on the results of this study were discussed with the director of coordinated care as well as the team of outcomes managers at the evaluation hospital, and a plan for improvement has been implemented. From an organizational standpoint, the director of the coordinated care department and other key organization leaders developed a work group to address AD causes. The organization's fiscal department financially quantified the cost of each AD to the organization, and this information was shared with the leadership team as well as with the case management staff.

The initial focus for quality improvement was placed on AD causes that were easily addressed by the organization. Based on the AD data collected by the case managers, one significant AD cause identified was the delay in magnetic resonance imaging (MRI) scanning for many patients. This was felt by leadership to be an easily modifiable AD cause, and the work group established an MRI quality improvement project with the outcome goals of (1) decreasing the cycle time from order to test, (2) reducing the average time for dictation of MRI results, (3) streamlining MRI scheduling which included assessing anesthesia needs for the procedures in advance, and (4) identifying causes for cancelled or changed orders.

The work group also identified delays related to initial physical and occupational therapy evaluations. The work group focused on (1) reducing the amount of time between the ordering of therapy consults and when the patient was evaluated, (2) reducing inappropriate orders for therapy consults, and (3) increasing therapy staffing on the most frequently affected patient care units.

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In addition to easily modifiable AD causes, organization leadership is actively working to reduce the burden of ADs that are more complicated in nature. For example, data collected by case managers indicated that 30% of ADs were related to a lack of skilled nursing facility (SNF) availability. The work group reached out to the local SNF coalition to propose a partnership to reduce patient placement delays. The work group also investigated possible alternatives to SNF placement such as patient placement in long-term acute care hospitals, rural access hospitals, and acute rehabilitation hospitals. Organizational leadership met with administrators at the local rural access hospitals and have developed a streamlined referral procedure to expedite the hospital discharge process based on patients' rehabilitative needs.

Moving forward, the organization's AD data will be shared with the case managers on a monthly basis, and this information sharing will include updates on administration's work to reduce the burden of ADs. Case manager staff will receive additional and then periodic education on ADs including information on proper documentation practices, the financial impact of ADs to the organization, and performance improvement measures that result from identifying frequent ADs. In addition, thorough education on ADs will be incorporated into the orientation program for new case managers. This will include education on what constitutes an AD, where and how to document ADs, and the financial impact of the ADs to the organization. Avoidable Day/Delay education will also be added to the department's annual educational review material. With this additional education and increase in focus on ADs within the department, the hope is that staff will possess the skills to accurately document ADs as well as consider AD documentation a high priority for the well-being of the organization.

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