

# ICD-10 Specialty Champion Case Study: Critical Care and the Problem List

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It's coming...

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## **How has your practice implemented Problem List best practices?**

We have incorporated a daily update of the Problem List for about two years in anticipation of the transition to ICD-10. Our group is divided into two teams. Each day, the attending physician on each team reviews the Problem List for every patient as a part of a daily rounding checklist.

## **How were you able to motivate your team to do this?**

To facilitate our compliance with this daily update, we had the Epic developers generate a report to document the number of Problem List updates made by date and team. There is a healthy competitiveness in our group and between these two teams, so physicians were highly motivated to make daily updates to the Problem List. We aim for 100 percent compliance. This practice is now second nature to us; it has become a habit.

Of course, if we don't do this right, the institution and our practice could be impacted financially through lower reimbursements. No one wants to be the reason for an error that generates a financial strain on the group.

## **What results have you seen so far?**

We had another report generated to review each patient's medical record for that day and determine whether we had either made updates or, at the least, reviewed the record. For example, out of 18 patients seen on a particular day, the report showed that 16 had been updated with an addition or a resolution to a problem. The report automatically calculated the ratio of updated to non-updated records.

Our report analyzed our doctors' scores every quarter. We had the system capture each doctor's activity twice a month--on a weekday and a weekend. Out of 12 physicians in our group, 11 scored greater than 90 percent overall. Seven of these achieved greater than 95 percent compliance. The one physician below 90 percent still scored higher than 86 percent compliant. When we started these



measurements, our group was averaging 50-55 percent, so we have seen tremendous change for the positive. Because we are achieving more accurate listing of diagnoses in our notes, we know this carries forward to help with coding and billing as well.

One frustration we have noted in the ICU is that we may not know all the specifics that ICD-10 requires when a patient gets admitted. However, the daily updates will allow us to drill down to the specificity required as more is learned about each patient. One solution is to change the diagnosis as I spend more time with the patient and uncover the details needed. Fortunately, we are able to revise our notes over time to result in the specifics needed once the patient leaves our care.

### **Are you pleased with the outcomes?**

Yes. For me, it has been a good tool to get a snapshot of a patient, especially one who has been here a number of days. Obviously, if our records are not correct, that snapshot becomes blurry.

When we have a large number of handoffs among physicians and residents, we see the tremendous benefits of accurate records. The specificity helps our routine care and provides useful information to cross-covering physicians—this is especially important for us because so many of our patients have more than one diagnosis. Our daily updates help our physicians operate with an up-to-date snapshot in the Problem List.

### **Do you have any final thoughts about the transition to ICD-10?**

Take this transition as a baby step. The world is not coming to an end with ICD-10. We took a very simple thing and added it to our daily checklist. In doing so, it became a habit. Once it's a habit, it doesn't take any prodding. Because this is now part of our daily routine, the transition doesn't seem as daunting.