

Supporting Practice Through Quality Nursing Documentation

Kentucky Public Health Leadership Institute Scholars:

<p>Kathy Fields, MPA, RN, CS <i>Director of Community Health Nursing</i> Cumberland Valley District Health Department</p>	<p>Karen King, RN <i>Community Health Nursing Administrator</i> Clark County District Health Department</p>
<p>Marla Jean Powell, RN <i>Community Health Nursing Supervisor</i> Madison County Health Department</p>	<p>Beverly Aldridge, RN <i>Community Health Nursing Supervisor</i> North Central District Health Department</p>
<p>Rinda Vanderhoof, RN <i>Community Health Nursing Supervisor</i> Laurel County Health Department</p>	<p>Sarah J. Wilding, RN, MPA, BSN <i>Chief Nurse</i> Department for Public Health</p>

Kentucky Public Health Leadership Institute Mentors:

<p>Beverly Siegrist, EdD, MS, RN <i>Professor,</i> Western Kentucky University</p>	<p>Margaret Stevens, RN <i>Nurse Consultant</i> Department for Public Health</p>
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 Libby Sammons, Supervisor of the Local Health Administration Systems Section,
 Division of Administration and Financial Management,
 Department for Public Health.

Executive Summary: Supporting Practice Through Quality Nursing Documentation

Nursing documentation provides the basis for accountability and funding for public health nursing services. Appropriate documentation includes a complete and accurate nursing note, assignment of the appropriate level of visit and identification of the appropriate primary and secondary diagnostic codes.

Observational site visits and interviews support that local health department nurses generally provide quality services. However, nursing documentation is not always consistent with care provided or the level of visit that could be coded. Caution to avoid fraudulent billing and failure to recognize the required components for appropriate documentation may lead to under-coding. This may result in decreased revenue for local health departments, underreporting of services provided, and poor results from audits.

This Change Master Project goal is to increase operational competency of local health departments by: 1) assessing knowledge of current coding, 2) clarifying appropriate documentation and coding to support nursing practice, 3) developing and recommending tools to assist with training of local health department nurses, and 4) promoting the availability of ongoing training.

The methodology includes surveying local health department nurses regarding their comfort level with coding and documentation and perceived barriers. Fifty one counties responded: over 35% reported never receiving training on coding and documentation and over 75% reported not having training within the year. Over 80% of respondents felt annual training and tools to assist with coding levels and diagnostic codes would be helpful. Interviews were conducted with state DPH staff to clarify requirements, identify barriers from a state and program perspective and explore strategies and resources. Group members met to develop a format for tools, explore resources, assign tasks, and develop a timetable.

Research identified the Evaluation and Management Level 8b Tool as an effective computerized aid to nursing documentation and coding. SOAP note format includes subjective, objective, assessment and plan information and provides documentation of the history, exam and decision-making that determine the appropriate service code. The CPT coding system assigns a service code that denotes the complexity of the service and the reimbursement level. The ICD-9 Code system is used to identify primary and secondary diagnoses. T.R.A.I.N. is a web-based learning management system for public health that can be accessed in the worksite and other sites with Internet connection.

Results/Products to be available for Local Health Departments include:

- CD ROM - Evaluation and Management Level 8b
- SOAP Note Guidelines to meet CPT Code Requirements
- List of Most Commonly Used ICD-9 Diagnostic Codes
- T.R.A.I.N. Module for Nursing Documentation and Coding

Introduction and Background:

Nursing documentation provides the basis for accountability and funding for public health nursing services. Appropriate documentation includes a complete and accurate nursing note, assignment of the appropriate level of visit and identification of the appropriate primary and secondary diagnostic codes.

Documentation must include 3 key components: history, exam and decision-making. SOAP notes are a widely accepted format for appropriate nursing documentation and include subjective, objective, assessment and plan components. The level of visit code reflected in the nursing documentation determines the appropriate reimbursement amount for public health nursing services. The Kentucky Department for Public Health (KDPH) system uses Current Procedural Terminology (CPT) Codes to categorize the level of visit, which can range from a comprehensive evaluation for a new patient to a brief follow up visit for a return patient. The International Classification of Diseases, 9th Edition (ICD-9) codes are used to categorize primary and secondary diagnoses. The Evaluation and Management (E & M) Level 8b is reported by local and state health department nurses to be a useful tool for providing basic training and ongoing quality assurance on appropriate documentation and level of visit coding.

Problem Statement:

Observational site visits and interviews support that local health department nurses generally provide quality services. However, nursing documentation is not always consistent with care provided or the level of visit that could be coded. This may result in decreased revenue for local health departments, underreporting of services provided, and poor results from audits. Nurses lack ongoing and consistent updates to enhance their nursing documentation.

Objectives:

1. Assess local health department nurses' perceptions regarding knowledge of documentation and coding requirements and potential strategies for improvement.
2. Clarify appropriate documentation and coding to support nursing practice.
3. Develop documentation tools to assist local health department nurses with appropriate documentation and coding for services provided.
4. Promote availability of ongoing training for nursing documentation and coding.

Timetable:

- June 2004 – Drafted a vision, problem statement, and objectives
- July 2004 – Met as a group to design project and draft tasks & timeline table.
- August 2004 – Identified descriptive documentation for multi-system exam.
- September 2004 – Researched ICD-9 coding, developed a social marketing plan.
- October 2004 – Met as a group with Administrative Section Supervisor (DPH).
- November 2004 – Survey distributed to local health department nurses.

- December 2004 – Survey results compiled and analyzed.
- January – March 2005 – Developed tools and format.
- February 2005 – Met with T.R.A.I.N. staff (DPH) for web-based development.
- March – April 2005 – Completion of project and deliverables.
- September 2005 – Post-project target for completion of T.R.A.I.N. module.

Methodology:

A social marketing plan was drafted to facilitate behavior change that will improve local health department nurses comfort and competency with documentation and coding. Improved compliance reviews and financial reimbursement for local health departments is another expected improvement. The primary target audience is local health department nurses and secondary audiences are local health department and KPDH administrators.

The desired behavior (product) is that nurses will use the E & M Level 8b and related tools to improve documentation and coding. The cost (price) is time for initial learning and regular reinforcement through quality assurance. Tools (promotion) are to be applicable to the work setting (place) and will help to provide structure for heightening awareness and strengthening knowledge.

A survey instrument was developed to a) assess local health department nurses level of comfort with coding, documentation and the E&M Level 8b Tool, and to b) solicit suggestions for quality improvement tools that they thought would be helpful. Surveys were distributed to a Nurse Listing through KDPH with instructions to return completed surveys to Kentucky Public Health Leadership Institute (KPHLI) for confidential recording and analysis. Returned surveys were submitted to Dr. Beverly Siegrist, Western Kentucky University, for data entry and analysis. The Change Masters Group received aggregate data in the interest of maintaining the confidentiality of the respondents. A total of 108 surveys were returned, representing 51 counties. Survey questions included:

1. Are you familiar with the Evaluation and Management Level 8b (E & M Level 8b) evaluation tool?

Yes No Not Sure

2. How long has it been since you received training on E & M Level 8b evaluation tool?

Never < 1 yr. 1-3 yrs. Other: Specify _____

3. How often do you use the E & M Level 8b tool?

Never Monthly Quarterly Other: Specify _____

4. Mark each item on a scale of 1 as the most comfortable and 3 as the least comfortable.

How comfortable do you feel with:

- Subjective (professional judgment, not objective) documentation
- Choosing the appropriate level of visit code
- Components of an Evaluation and Management visit
- Availability of training for coding
- Availability of technical assistance with coding

5. *The following tools would increase my level of comfort with coding (check all that apply):*

- None needed
- Annual training update
- SOAP (Subjective, Objective, Assessment, Plan) note tool
- Listing of most common diagnosis codes used in public health
- Assistance in deciding appropriate levels
- Other: _____

5. Computers are readily accessible for me to use for (check all that apply):

- General use
- E-mail
- CD-ROM
- E & M Level 8b Program
- Other: _____

6. List any comments, issues and/or concerns around nursing documentation and coding that you would like to have the KPHLI workgroup consider:

7. Demographic information:

- a. County: _____
- b. Age: _____
- c. Years as an RN: _____
- d. Years as a Public Health Nurse: _____
- e. Name (optional) _____

Survey results are summarized below:

- 80% reported being familiar with the E & M Level 8b tool.
- > 35% reported never receiving training and 25% reported receiving training within the year.
- 70% reported they do not use the E & M Level 8b tool.
- < 20% reported a high degree of comfort with selecting the level of visit code.
- < 10% reported a high degree of comfort with the components of an E & M visit.
- < 20% reported a high degree of comfort with the availability of training and technical assistance.
- > 80% reported that annual training and assistance with deciding appropriate visit level and diagnostic codes would be helpful.
- 60% reported that assistance with SOAP notes would be helpful.

- 75% reported having computers available for general use, including e-mail and CD-ROM.
 - 45% of respondents were between 41 to 50 years of age and 90% were between 31 to 60 years of age.
 - 8% reported 5 or fewer years as an RN and 75% reported 11 or more years as an RN.
 - > 30% reported 5 or fewer years as a public health nurse and > 45% reported 11 or more years as a public health nurse.
 - Comments included:
 - I would like to have a copy of the E & M Level 8b tool.
 - We need coding updates at least every year and when guidelines change.
 - A workshop on matching service, documentation and coding would be helpful.
 - Examples of documentation visits for different services along with appropriate level of visit for the reporting form would be helpful.
 - Training in the E & M Level 8b tool would be helpful for all CHNs.
 - We need something like flash cards as references.
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In October the Change Master Project group met with KDPH staff to clarify state requirements and explore interventions for quality improvement. Use of the E & M Level 8b tool as a training and Quality Assurance (QA) tool was universally acknowledged as an effective aid to improving documentation and coding.

Discussions topics included:

- The challenge of satisfying medical requirements (documentation) as well as financial requirements (coding).
 - Documentation needs to be clear and concise: more is not better.
 - Medical necessity needs to be documented.
 - The primary ICD-9 Code often identifies the primary funding source.
 - The reporting system only accepts up to 4 diagnostic codes.
 - Need to link documentation with administrative and practice reference requirements.
 - Documentation needs to include only approved abbreviations.
 - Most common diagnosis reports are available from KDPH.
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SOAP note format examples documenting subjective, objective, assessment and plan components of charting were drafted. Drafts were submitted to KDPH program contacts for approval or revision prior to final distribution.

Diabetes – Sample Notes

- S: In to clinic for diabetes screening. Risk factors: Pleasant 47 yr old single African-American female with family history of diabetes. Pt c/o urinary frequency for past two months. Pt concerned due to siblings with diabetes. No current meds. Nonsmoker.
- O: See CH-12, CH-13. Skin WPD. A&Ox4.
- A: Needs diabetes screening and counseling as appropriate. Elevated FBS in pre-diabetes range, > 100 fasting. BMI >25
- P: Explained risk factors r/t diabetes. Pre-diabetes information given in writing and verbally, discussed basic heart healthy diet, need for exercise at least 3 x per week for a minimum of 30 min., Referred to RD for MNT, follow-up appointment given for re-screening in 2 months. Pt verbalized understanding and demonstrated a desire for follow-up.

New Patient: Expanded

Established Patient: Expanded

- S: Pt in to clinic, referred per Md. Diagnosed 1 week ago with Type II DM. Md. requests pt to follow-up for self- management with HD. Pt verbalizes concerns, “I don’t know anything about diabetes”. States her brother has diabetes. Nonsmoker. NKDA. No current meds. Patient verbalizes desire to receive education.
- O: See CH-12, CH-13. Pt is alert and oriented x 4, skin WPD. BMI 25.
- A: Newly diagnosed with diabetes approximately 1 week ago. Knowledge deficit related to diabetes self care. Requires DSM educ. Goal is to control diabetes with diet and exercise.
- P: Counseled per PHPR DSM protocol. Counseled what Type II diabetes is, S/S hyperglycemia/hypoglycemia, instructed on daily foot care, general nutrition and exercise, monitor given and demonstrated – pt with return demonstration for SMBG. Medications reviewed. Referred to RD for MNT, appt scheduled. Pt informed of DSM classes and Diabetes Support Group.

New Patient: Expanded

Established Patient: Expanded

The Change Masters Project workgroup met with KDPH training staff to explore the feasibility of having basic information and tools available to local health departments through ongoing standardized training. Project materials were determined to be appropriate for the TrainingFinder Real-Time Affiliate Integrated Network (T.R.A.I.N.). This learning management system for public health will be used to develop a web-based self-study module that can be accessed from any site with Internet connectivity. This activity is targeted for completion by October 2005.

Public Health Services Addressed:

The Supporting Practice Through Quality Nursing Documentation Project highlighted three essential services.

#1 – *Monitor health status to identify community health problems.* Data was gathered through the survey, review of administrative reports, and interviews with state and local health department personnel.

#8 – *Assure a competent public health workforce.* Training tools were developed to promote competency and strengthen the public health infrastructure.

#9 – *Evaluate effectiveness, accessibility and quality of personal and population-based health services.* – Quality improvements in documentation and coding are expected to reduce compliance problems, maximize reimbursement, and improve efficiency.

Results/Outcomes:

The short-term outcome of this Change Master Project is the development of tools to assist local health department nurses in efficient and appropriate documentation and coding. The long-term outcome is expected to be improved accountability, compliance, and employee awareness of requirements.

Products to be available for Local Health Departments include:

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Conclusions:

This Change Master Project is designed as a quality improvement intervention based on the core functions of public health. Assessment included data gathering through a survey, interviews and research. Endorsement by KDPH staff facilitated policy development. Incorporation of materials into T.R.A.I.N. will assure that training is ongoing and accessible to all local health department staff.

Leadership Opportunities:

Marla Jean Powell:

As I reflect back over this past year and my KPHLI experience, I can't believe how quickly the time seems to have passed. In the beginning I couldn't imagine reaching this point and being so near graduation. I am very grateful to the Madison County Health

Department's Director and Director of Nursing for allowing me to have this opportunity and for being so supportive. I have gained so much from this experience.

Working through the process of developing a project has been invaluable. This has shown me just how important teamwork is to meeting a goal and reinforced that it takes everyone to pull it all together and to ultimately meet that goal. Probably what I will remember the most are the close relationships that have formed during this past year, especially with the nurses in my Change Master group. Although, I'm sad that this experience is coming to an end, I am also excited about the challenges that lie ahead and feel that this experience will help me to better meet those challenges.

Beverly Aldridge:

KPHLI has been a rewarding experience from many perspectives. I feel I have learned ideas and management skills that will be useful throughout my career and lifetime. The greatest part was the camaraderie of the whole group and the friendships and connections we all made with each member. As our groups came together, so did greater work skills and understanding of our purpose and group projects. One person can do some things. A committed group, as KPHLI, working together, can show great strides and accomplishments.

Karen King:

KPHLI has been an excellent learning opportunity. Initially, I was very impressed as I learned more about the "big picture" of Public Health's role in society as it relates to the past, present, and future. Public Health has always had to adjust to the immediate needs of communities, change as necessary, and do so with limited resources in many cases.

As a nurse with an Associate Degree, I found KPHLI an excellent program for learning from other people with similar education and experience, as well as gaining from those involved who have higher levels of education and varied experience. This group in its entirety had a vast amount of knowledge and experience, and we were learning from each other continuously.

Other major helps to me personally were experiencing the teamwork and learning more about how to work better with others, as we shared ideas in working on our change master project. This assisted me not only in learning from them, but it helped me to understand how narrow one person's ideas can be in relation to those ideas of a group at large. I gained more exposure to ethical thinking, critical thinking, problem solving, and systematic ways of accomplishing tasks. This experience has been very beneficial for me and my workplace, but additionally has given me some very exciting new friendships with many great people. I enjoyed the fun things we were able to do together, as we sometimes get so "bogged down" in the expectations of our jobs that we forget to have fun along the way.

Thanks to KPHLI and to the Clark County Health Department for affording me this great opportunity.

Kathy Fields:

My participation in KPHLI has been a wonderful learning experience for me. I have truly enjoyed the speakers, exercises, and group assignments. The KPHLI learning

environment has provided an excellent opportunity to enhance my leadership skills and public health knowledge. Thanks to my director for allowing me to participate in this program.

Working on the Change Master Project was a rewarding and learning experience for me. I truly enjoyed being a part of dedicated Community Health Nurses, who continued working diligently and always had a spirit of teamwork. The friendships and professional relationships that our change master project group developed, will last a lifetime and we hope that our project will help to assist with quality nursing documentation in a public health setting.

Rinda Vanderhoof:

As I am getting ready to conclude my year as a KPHLI scholar I look back on this past year as one of the most rewarding of my years in Public Health. It may well have been one of the most stressful, too. I was halfway into my first year as the new nursing supervisor at my health department when I went to the first KPHLI meeting and immediately wondered if I had “bitten off more than I could chew.”

As the weeks and months passed that thought kept going thru my mind especially when I was finding myself arguing with Blackboard and my computer, but it finally all started coming together and so did my “Change Master Project” group. As we got to know one another and started talking about the things we encountered in our jobs and lives, friendships began and I know that they are friendships that will continue long after we finish our project.

I feel that we have gathered the best from all of us and have come up with a tool that will help the public health nurses of Kentucky to feel more confident in their charting, documentation, and coding, thus meeting our goal of improving clinic efficiency. As we complete our last meeting we all know that we are just an email or phone call away.

Sarah Wilding:

I have to agree with my colleagues that this has been an amazing experience. At the beginning of the year the assignments seemed a chore to be worked into an already overwhelming schedule. I wondered how I would ever get this done. As the Project began taking shape, I felt myself getting excited about the immediate and long term benefits this could bring to local health departments and public health nurses. I knew that this was important because the local nurses identified a need and told us how we could help. We could not let them down.

The structured readings and assignments helped me to become familiar with new concepts (and learn new terms for old concepts). The multidisciplinary setting helped me to understand different perspectives. I realized that the competencies have application to my personal as well as my professional life. Shared vision and team learning were the most outstanding part of the experience. Every member of our group had strengths and experiences that added to our end product. No one individual could have done this in isolation. We all learned something and we all taught something.

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