



BREAKTHROUGHS
CONFERENCE AND EXHIBITION

Clinical Advisor™

Present on Admission: Using the POA flag in Clinical Advisor™ Multi-Value Reports

PREMIER Transforming Healthcare Together™

Using the POA Flag in Clinical Advisor Multi-Value Reports

Objective:

- In this session, users will learn why we should report on Present on Admission, and where to obtain the POA flag in Clinical Advisor™. The users will learn how to use the POA flag in the row element, as well as in the multi-value prompts to include or exclude present on admission flags

- POA Flags within the Hospital Acquired Conditions Report
- Using PSI report to Identify POA Flags
- Using Multi-Value Reports Qualifying POA Flags
- POA in your Row element

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What is Present on Admission?

The "Present on Admission Flag" is eligible for most diagnosis codes.

These flags differentiate what conditions were present when the patient was admitted to the hospital versus what conditions were acquired during the patient stay.

Reporting on this flag will allow us to monitor conditions patients get at the hospital. This is important for reimbursement, patient safety, and quality initiative purposes.

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Present on Admission (POA) Flag Definitions

Currently in Clinical Advisor, the POA flags are defined as:

- **Y = Yes**
- **N = No**
- **E,1= Exempt**
- **9, U = Clinically Undetermined**
- **W = Insufficient Documentation**

*Y and W are considered POA

*N, 9, and U are considered Hospital Acquired

Hospital Acquired Conditions (HAC)

This report provides a snapshot of your facility's performance on Hospital Acquired Conditions that CMS deems ineligible for reimbursement if they occur after admission.

Compare costs and charges for cases where the secondary diagnosis is not present on admission versus cases where the secondary diagnosis is present on admission.

Review detail information for cases of hospital-acquired pressure ulcers, urinary tract infections, and injuries, including specific diagnosis codes and the rate of occurrences after admission.

Review patient-level detail for each case after admission.

CMS Hospital Acquired Conditions (HAC)

conditions that are not eligible for reimbursement after admission:

- Catheter-Associated UTI
- Stage III or IV Pressure Ulcer
- Vascular Catheter Associated Infection
- Surgical Site Infection - Mediastinitis after CABG
- Surgical Site Infection - Certain Orthopedic Surgeries
- Surgical Site Infection - Bariatric Surgery for Obesity/Air Embolism
- Blood Incompatibility
- Foreign Object Retained After Surgery
- DVT/PE following Hip or Knee Replacement/Diabetic Ketoacidosis
- Nonketotic Hyperosmolar Coma
- Hypoglycemic Coma
- Secondary Diabetes with Ketoacidosis
- Secondary Diabetes with Hyperosmolarity
- Hospital Acquired Falls and Trauma

**Defining our OWN
Hospital Acquired Conditions**

- When do we use the standard reports like the HAC and PSI report?

To look at national standard reporting, the HAC will allow you to monitor CMS specific conditions, and the PSI will allow you to look at the complications as they are defined in Clinical Advisor

- Why would we want to define our own Conditions?

Performance Improvement teams may be focusing on safety initiatives, or have other process improvements focused around Harm Avoidance. For example: Hospital Acquired Sepsis, HIV, and/or MRSA can be tracked among hundreds of other diagnosis codes to match your hospital's goals specifically

- Where are the POA flags found in Clinical Advisor, and how do we use it to find our hospital acquired diagnosis?

Define your population by patients who had a specific POA flag(s), or pull the POA flags in the row element to view all possibilities and drill to many options

Understanding “Multi-Value”

- Typical Patient Record:
 - One DRG
 - One APR-DRG
 - One Attending/One Admitting Physician
 - One Patient Age and other demographics
 - One Principle Diagnosis Code
 - One Principle Procedure Code
 - One Primary Payor Source
 - One UB-92 Admission Source/Discharge Status

**Other Items with More than One Value
per Patient**

- Consulting Physician
- Procedure Physician
- CPT-4 Codes (Outpatients Only)
- ICD-9 Codes including POA's

**MULTiple-Value (as opposed to
Single value) Elements**

Using POA Flags in Multi-Value Reports

Live Demonstration
