How CDI Influences Mortality Observed/Expected (O/E) Ratio Outcomes

**Mortality Committee**
- Hospital-Wide Quality Enhancement
- Improve and Monitor Inpatient Quality of Care
- Increased Attention to Quality Across All Services
- Focus Alignment with CMS VBP Metrics
- Learn Best Practices in Prevention of Deaths
- Multidisciplinary Team Members
  - Palliative Care and Hospice Physician
  - CDI Manager and Staff
  - Clinical Excellence Staff
  - Nursing Directors
  - Physician Peer Review Staff

**CDI Participation**
- Improve Timeliness of Documentation and Reporting Severity of Illness (SOI) and Risk of Mortality (ROM) to Reflect Mortality Outcomes
- Reviews All Inpatient Mortality Cases with Index Less than 4 SOI 4 ROM
- Query Physician Based on Clinical Indicator Opportunities, or Further Specificity of Illnesses
- Validate CDI Review with Coding Manager and Coder Analyst for Final Coding Assignment
- Reports Encounters and Provides Recommendations to Mortality Committee

**Overall CDI Effective Impact:**
- Improved O/E Ratio in Inpatient Outcomes
- Hospital O/E Ratio Averages below the 1.0 Benchmark. Cyclically 9 of the 12 months consistently positive trend below 0.67 in the green to reflect significant mortality improvement with CDI participation

**CDI Contribution to Quality Efforts**
- Mortality Review Align Quality Core Measures AMI, CHF, COPD, PNA, and Sepsis
- Physician Quality Scores, LOS, Core Measures, Hospital-Acquired Conditions (HAC), and Patient Safety Indicators
- Hospital Performance Metrics and Utilization of the Mortality SOI and ROM