Northern Light Health | Optum

From the Office of Health Informatics

Patient Assessment Acuity Audits

Clairvia Web

Wednesday, July 2, 2025

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Patient Assessment Acuity Audits

Overview

Purpose

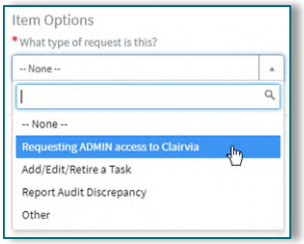
- **Applying nursing judgement to the acuity audit process aids in validating reliability and assists in discovering charting deficiencies or mapping discrepancies.**

Auditing Outcomes

- **Validate the accuracy and appropriateness of Clairvia's scoring of the clinical documentation.**
- **Validate the clinical documentation being imported to Clairvia to ensure appropriateness and identify if any clinical documentation is missing.**
- **Identify areas of opportunity for documentation improvement.**

Patient Outcome Expert (POE)

- **Expectations of a POE:**
  - Conduct timely acuity assessments and charting peer reviews (audits).
  - Educate nursing staff how EHR documentation is used to determine acuity levels and how to accurately document to best depict the nursing care requirements of each patient.
  - Contribute nursing clinical judgement to improve patient acuity process.
- **POE Access:**
  - Submit ServiceNow ticket to request Clairvia auditor access for the selected employee here.



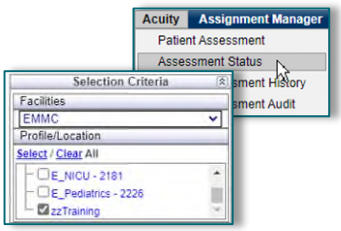
Frequency of Audits

- **A minimum of Ten Patient Assessment Acuity Audits will be completed by each nursing unit, each quarter.**
  - **Due**: December 31, March 31, June 30, and September 30.
    - See the policy for more information: Policy Manager - MCN Healthcare (ellucid.com).

POE Audit

Patient Selection

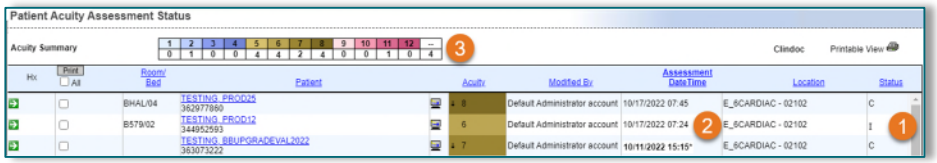
Patient Assessment



Purpose: **Review the patients on unit to identify an eligible patient for audit.**

STEP 1: From the toolbar, select **Acuity**, then **Assessment Status**.
STEP 2: In the **Selection Criteria**, select Facility and Profile/Location (unit).
STEP 3: From the patient list, identify a patient who meets the following criteria:

1. Completed assessment, as evidenced by a **C** in the **Status** column.

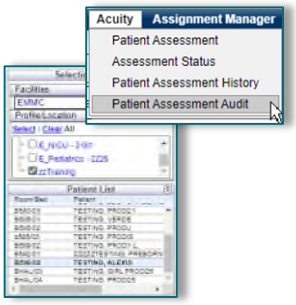


   - **I** indicates an incomplete status and **should not** be selected.
   - **A** indicates a completed audit and **should not** be selected.
2. Assessment completed within the past 6 hours. See the **Assessment DateTime** column for timestamp.
   - Assessments older than 12 hours are indicated with an asterisk.
3. Recommended to select a patient with an acuity score outside the range for the unit.

1	2	3	4	5	6	7	8	9	10	11	12	--
0	1	0	0	4	4	2	4	0	0	1	0	4

   - In the table above the patient list, the first row displays the acuity score range from 1 – 12 and the second row displays how many patients fall into each acuity score.
4. Recommended to select a patient unfamiliar with to prevent preexisting knowledge from disrupting the auditing process.

Printing Blank Assessment Audit



Purpose: **A blank assessment audit is printed so the POE can capture their audit, prior to entering the details into Clairvia.**

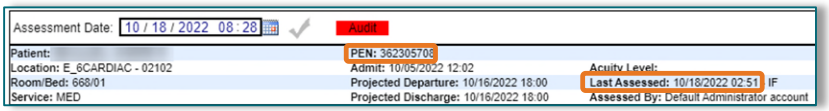
STEP 1: From the toolbar, select **Acuity**, then **Patient Assessment Audit**.
STEP 2: In the **Selection Criteria**, select the Facility, Profile/Location (unit), and the patient selected for the audit.

- The audit displays the Outcome categories used to generate an acuity score. The categories display in the left-most column of the table.
  - Select the Outcome hyperlink to view the associated EHR documentation for the Outcome.

STEP 3: Select the **Audit Printable View** icon to open the printer-friendly view.

STEP 4: From the printer-friendly view, select the print icon.

STEP 5: Take note of the **PEN** (patient encounter number) and the **Last Assessed** timestamp in the demographics section. This information will be needed to view the clinical documentation associated with the assessment.



Performing the Audit

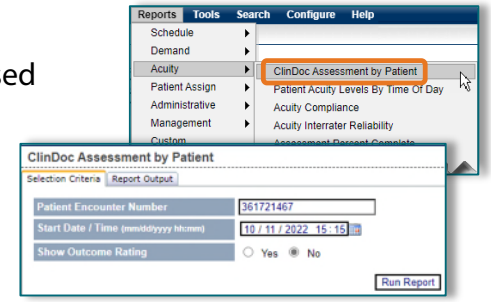
ClinDoc Assessment by Patient Report

Purpose: Provides the supporting clinical documentation used to generate the acuity score.

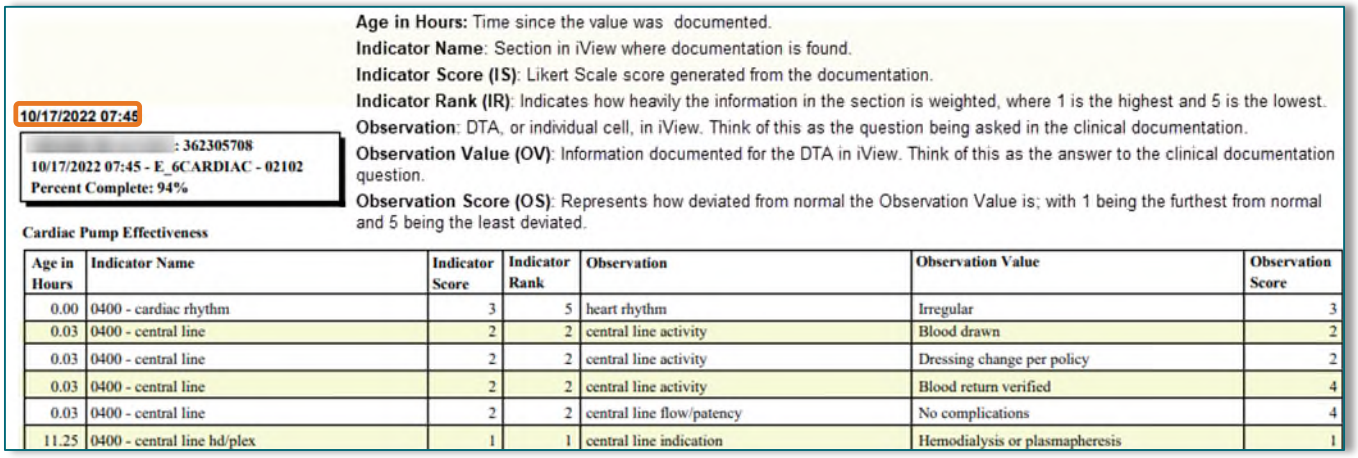
STEP 1: From the toolbar, select **Reports**, **Acuity**, then **ClinDoc Assessment by Patient**.

STEP 2: In the **Selection Criteria**, enter the patient's PEN, Last Assessed date and time, and select **No** to Show Outcome Rating, then select **Run Report**.

STEP 3: Confirm the date and time at the top of the page is the same as the **Last Assessed** timestamp in the Patient Acuity Assessment to ensure review of the appropriate assessment is being conducted.



- Data displays with the most recently completed assessment at the top and the oldest assessment at the bottom.



10/17/2022 07:45

: 362305708
10/17/2022 07:45 - E_6CARDIAC - 02102
Percent Complete: 94%

Age in Hours: Time since the value was documented.
Indicator Name: Section in iView where documentation is found.
Indicator Score (IS): Likert Scale score generated from the documentation.
Indicator Rank (IR): Indicates how heavily the information in the section is weighted, where 1 is the highest and 5 is the lowest.
Observation: DTA, or individual cell, in iView. Think of this as the question being asked in the clinical documentation.
Observation Value (OV): Information documented for the DTA in iView. Think of this as the answer to the clinical documentation question.
Observation Score (OS): Represents how deviated from normal the Observation Value is; with 1 being the furthest from normal and 5 being the least deviated.

Cardiac Pump Effectiveness

Age in Hours	Indicator Name	Indicator Score	Indicator Rank	Observation	Observation Value	Observation Score
0.00	0400 - cardiac rhythm	3	5	heart rhythm	Irregular	3
0.03	0400 - central line	2	2	central line activity	Blood drawn	2
0.03	0400 - central line	2	2	central line activity	Dressing change per policy	2
0.03	0400 - central line	2	2	central line activity	Blood return verified	4
0.03	0400 - central line	2	2	central line flow/patency	No complications	4
11.25	0400 - central line hd/plex	1	1	central line indication	Hemodialysis or plasmapheresis	1

STEP 4: Print the **ClinDoc Assessment by Patient** report.

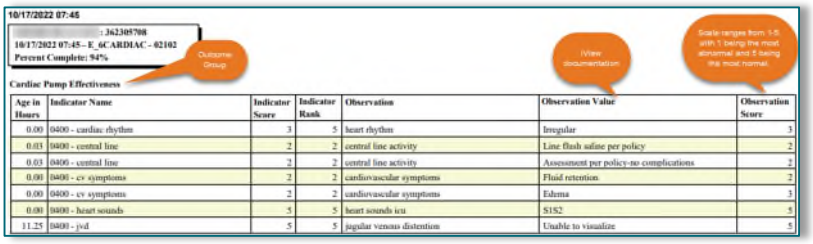
Reminder: The ClinDoc Assessment by Patient report displays all assessments documented within the past 24 hours. When printing, ensure only printing the pages pertaining to the assessment in review.

Compare Observation Score & Observation Value

Purpose: Ensure the clinical documentation received by Clairvia is appropriately scored and confirm all necessary documentation is received to generate an accurate acuity score.

STEP 1: Compare each Observation Value to its associated Observation Score.

- **Ex**: If the Observation Value of "Unable to visualize" for jugular venous distention yields an Observation Score of 5 (normal), this would be deemed appropriate, and the POE can move on to the next Observation Value.



Age in Hours	Indicator Name	Indicator Score	Indicator Rank	Observation	Observation Value	Observation Score
0.00	0400 - cardiac rhythm	3	5	heart rhythm	Irregular	3
0.03	0400 - central line	2	2	central line activity	Line flush saline per policy	2
0.03	0400 - central line	2	2	central line activity	Assessment per policy-no complications	2
0.00	0400 - cv symptoms	2	2	cardiovascular symptoms	Fluid retention	2
0.00	0400 - cv symptoms	2	2	cardiovascular symptoms	Edema	3
0.00	0400 - heart sounds	5	5	heart sounds icu	S1S2	5
11.25	0400 - jvd	5	5	jugular venous distention	Unable to visualize	5

- **Ex**: It is expected the Observation Value of "Line flush saline per policy" to yield an Observation Score of 2. Though it is not abnormal to flush a central line, the presence of a central line is a deviation from normal, so a score of 2 is appropriate.

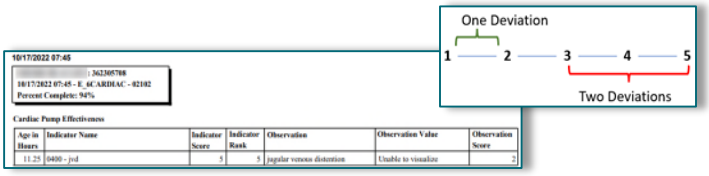
NOTE: The POE is auditing the documentation, not the personal knowledge of the patient. If the documentation (Observation Value) is not accurately reflecting the patient's condition, education should be provided to the nurse who completed the assessment to ensure documentation is accurate.

STEP 2: After reviewing the Observation Values and Observation Scores for each Outcome Group, use nursing judgement to determine the Outcome Group Score. Mark the Outcome Group Score on the printed patient assessment acuity audit page.

- Score the Outcome Groups using the 1-5 scale, where 1 is abnormal and 5 is normal.

Auditing Discrepancies

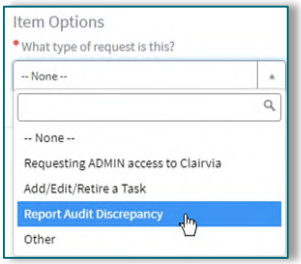
- **An Observation Score discrepancy is defined as a deviation from the expected score by two or more.**
  - **Ex**: It is expected the Observation Value of "Unable to visualize" for jugular venous distention to yield an Observation Score of 5. If the Observation Score was a 2, this would indicate a discrepancy.



Age in Hours	Indicator Name	Indicator Score	Indicator Rank	Observation	Observation Value	Observation Score
11.25	0400 - jvd	5	5	jugular venous distention	Unable to visualize	2

- **If discrepancies are noted, continue with completing the audit, using nursing judgement to determine an appropriate Observation Score for the Outcome Group.**

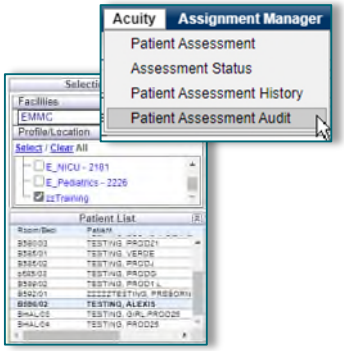
- **After completing the review, submit <u>one</u> ServiceNow ticket for all noted discrepancies here.**
    - Items to include in the ticket:
        - ClinDoc Assessment Report
        - Patient Acuity Assessment
        - Observation Value/Score in question
        - Any applicable notes



Finalizing the Patient Assessment Audit

Submitting Audit Results

<u>Purpose</u>: Record the results of the POE's audit.



<u>STEP 1</u>: From the toolbar, select **Acuity**, then **Patient Assessment Audit**.

<u>STEP 2</u>: In the **Selection Criteria**, select the Facility, Profile/Location (unit), and patient selected in the Patient Assessment process.

- If auditing in real-time, the **Assessment Date** does not need to be updated. If auditing retrospectively, enter the date and time of the assessment.

<u>STEP 3</u>: Indicate the Outcome Score for each Outcome Group by selecting the box that matches the audit findings. If no documentation is available for a particular outcome, select the **No Data** box.

<u>STEP 4</u>: Once all the Outcome Scores have been documented, select the **Save/Complete** button.

Peer Review

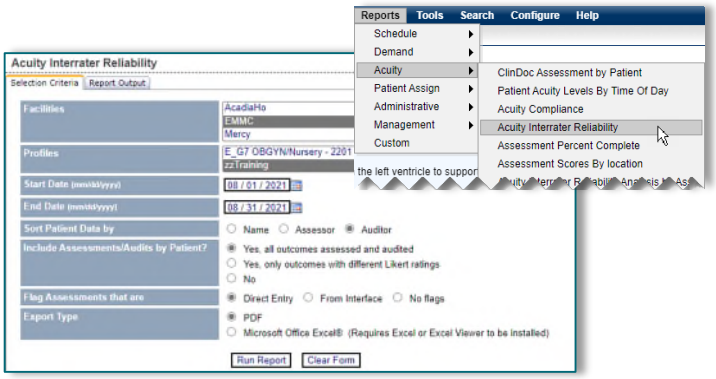
Documentation Review and Discussion

Acuity Interrater Reliability

<u>Purpose</u>: Higher Interrater Reliability scores indicate alignment amongst the POE's audit compared to the caregiver's assessment. The report displays discrepancies to be reviewed with nursing staff to identify opportunities for documentation improvement.

- **Target Interrater Reliability Score: At least 85%.**
- **From the toolbar, select Reports, Acuity, then Acuity Interrater Reliability.**

- In Selection Criteria, select facility, profile (unit), and date range. Set the remaining settings as follows:
  - Sort Patient Data by: **Auditor**
  - Include Assessments/Audits by Patient: **Yes**
  - Flag Assessments that are: **Direct entry**
  - Export Type: **PDF**

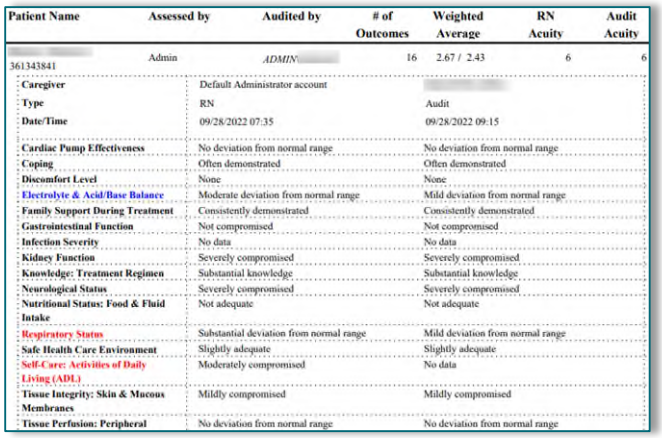


- Select **Run Report** to populate the report.

➢ **The first page of the report displays an overall data summary of the parameters selected. The following pages show the individual audit details.**

➢ **Outcome Groups are color-coded to identify discrepancies between the POE's audit and the clinical documentation.**

- **Black** Text: Indicates agreement.
- Blue Text: Indicates discrepancy by one value.
- Red Text: Indicates discrepancy by two or more values.



Patient Name	Assessed by	Audited by	# of Outcomes	Weighted Average	RN Acuity	Audit Acuity
361343841	Admin	ADMIN	16	2.67 / 2.43	6	6
Caregiver	Default Administrator account					
Type	RN			Audit		
Date/Time	09/28/2022 07:35			09/28/2022 09:15		
Cardiac Pump Effectiveness	No deviation from normal range			No deviation from normal range		
Coping	Often demonstrated			Often demonstrated		
Discomfort Level	None			None		
Electrolyte & Acid/Base Balance	Moderate deviation from normal range			Mild deviation from normal range		
Family Support During Treatment	Consistently demonstrated			Consistently demonstrated		
Gastrointestinal Function	Not compromised			Not compromised		
Infection Severity	No data			No data		
Kidney Function	Severely compromised			Severely compromised		
Knowledge: Treatment Regimen	Substantial knowledge			Substantial knowledge		
Neurological Status	Severely compromised			Severely compromised		
Nutritional Status: Food & Fluid Intake	Not adequate			Not adequate		
Respiratory Status	Substantial deviation from normal range			Mild deviation from normal range		
Safe Health Care Environment	Slightly adequate			Slightly adequate		
Self-Care: Activities of Daily Living (ADL)	Moderately compromised			No data		
Tissue Integrity: Skin & Mucous Membranes	Mildly compromised			Mildly compromised		
Tissue Perfusion: Peripheral	No deviation from normal range			No deviation from normal range		

Peer Discussion

➢ **Persons Included:**

- POE
- Nurse who completed the audited assessment

➢ **Materials for Review:**

- Acuity Interrater Reliability report
- ClinDoc Assessment by Patient report

➢ **Discussion Topics:**

- Review each Outcome Group and the associated documentation.
- Discuss consistency of the Outcome Group ratings between Clairvia's assessment and the POE's assessment. Include all outcomes, even those in absolute agreement.
- Review the observation and values in the documentation system used for each outcome assessment.

- An outcome with "Does Not Apply" indicates that mapped observations and values for the specific outcome were not received. If there is no documentation for the outcome, discuss how and where to enter documentation to be used in the outcome assessment.

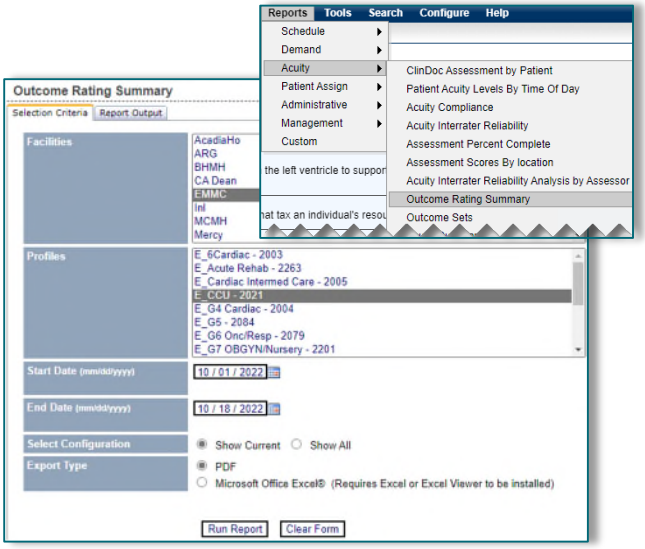
- Discuss whether the documentation accurately depicts nursing care requirements of the patient.
  - If no, explore possible causes, including the use of free text comments vs. drop-down values, absence of drop-down value choices, documentation timeliness, and mapping scores.
  - Any missing documentation identified should be included in a ServiceNow ticket for further investigation.

Resources

Reporting

Outcome Rating Summary

Purpose: Displays the average Outcome Group scores for the selected unit and timeframe, used to identify areas of documentation opportunity.



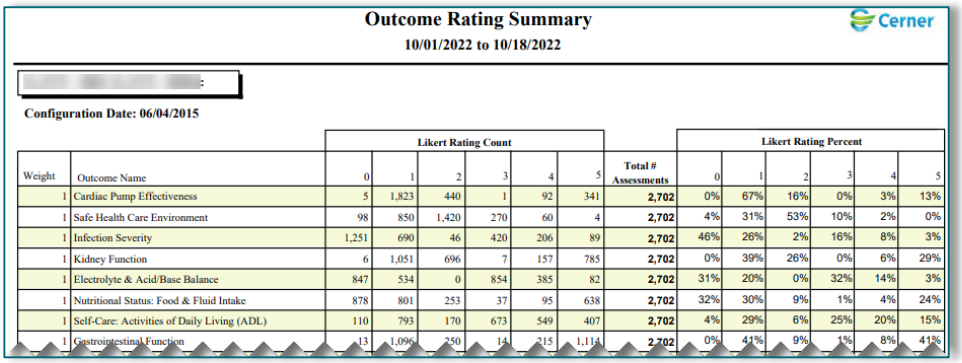
➢ **From the Clairvia Web toolbar, select Reports, Acuity, then Outcome Rating Summary.**

- In Selection Criteria, select facility, profile (unit), Start Date, End Date, Select Configuration as Show Current, and Export Type as PDF. Then select **Run Report**.

➢ **The report displays the Outcomes and the associated count and percentage of assessments that fall into the various scores.**

- Zero: Indicates no documentation was found for the Outcome Group.

➢ **It is recommended to run this report monthly and review the results with staff. Consider focusing on one Outcome Group each month to improve documentation scores.**



Outcome Rating Summary

10/01/2022 to 10/18/2022

Cerner

[redacted]:

Configuration Date: 06/04/2015

		Likert Rating Count							Likert Rating Percent					
Weight	Outcome Name	0	1	2	3	4	5	Total # Assessments	0	1	2	3	4	5
1	Cardiac Pump Effectiveness	5	1,823	440	1	92	341	2,702	0%	67%	16%	0%	3%	13%
1	Safe Health Care Environment	98	850	1,420	270	60	4	2,702	4%	31%	53%	10%	2%	0%
1	Infection Severity	1,251	690	46	420	206	89	2,702	46%	26%	2%	16%	8%	3%
1	Kidney Function	6	1,051	696	7	157	785	2,702	0%	39%	26%	0%	6%	29%
1	Electrolyte & Acid/Base Balance	847	534	0	854	385	82	2,702	31%	20%	0%	32%	14%	3%
1	Nutritional Status: Food & Fluid Intake	878	801	253	37	95	638	2,702	32%	30%	9%	1%	4%	24%
1	Self-Care: Activities of Daily Living (ADL)	110	793	170	673	549	407	2,702	4%	29%	6%	25%	20%	15%
1	Gastrointestinal Function	13	1,096	250	14	215	1,114	2,702	0%	41%	9%	1%	8%	41%

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Helpful Information

Charting Peer Review/Acuity Audit

- **Do not audit own assessment of a patient. If working, ask a POE-peer to complete the audit.**
- **Complete audits within the same shift as the assessment to facilitate the discussion and documentation review with the nurse caring for the patient.**

Assessment Not Populating

- **Assessment documentation is imported into Clairvia every four (4) hours beginning at 0030, 0430, 0830, 1230, 1630, 2030. If an assessment is not populating, confirm the date and time of the assessment to see when it will be imported into Clairvia.**

NOTE: If the assessment does not populate after the import time, place a ServiceNow ticket.

Mapping Catalog

- **On the last Tuesday of each month, regular maintenance is completed in the mapping catalog, resulting in the inability to perform audits for 24 hours.**
- **If unsure of what an expected Observation Score should be for any Observation Value, reference the mapping catalog.**