

### SAMPLE-ICD-10 Gap Analysis

Department/ Task	What is currently done	Where we need to be (Objective)	What we need to do
<p><b>Intake</b></p>	<p>Personnel take information from referral source and directed to ask certain questions if information is not offered, such as demographic info, next of kin, who will sign F2F, etc</p>	<p>Intake will obtain better clinical information so that assessments, documentation and coding can be more accurate and complete.</p>	<p>Intake needs to have some education in coding to ensure that clinical information is as complete as possible at intake stage.</p> <p>Provide list of questions based on common diagnoses for referral source so that clinical information is as complete as possible, e.g., osteomyelitis—acute or chronic.</p> <p>Query the physicians and discharge planners for additional diagnosis information beginning immediately as part of our ICD-10 Readiness Training.</p> <p>Develop form for querying physicians to identify missing diagnosis information based on description of patient, pharmacology, etc</p>

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<p><b>Assessing clinicians</b></p>	<p>Assessing clinicians complete OASIS and sequence diagnoses based on the proposed POC—assessments are mostly checklists and do not provide a lot of narrative clinical information.</p>	<p>Improved documentation to support skilled care</p> <p>Improved cues/prompts for gathering information on the assessment</p>	<p>Have clinician/coder team review current assessments to ensure adequate prompts are in place for improving documentation. Transfer information to new OASIS C-1.</p> <p>Evaluate knowledge of pathophysiology and pharmacology.</p> <p>Develop POC based on diagnosis information and patient need.</p>
<p><b>Coders</b></p>	<p>Review history and physical (when available), assessment and proposed POC to determine appropriate sequencing taking into account coding guidelines. Coding within _____ hours of receipt of OASIS</p>	<p>Increased amount of information at referral</p> <p>Compliant, accurate coding based on documentation available. Coding within 24-48 hours of receipt of OASIS</p>	<p>See above for improved information</p> <p>ICD-10 comprehensive training</p> <p>Evaluate knowledge of pathophysiology and pharmacology.</p> <p>Dual coding plan to improve efficiency and accuracy of coders once training has taken place.</p>

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<p><b>QA</b></p>	<p>Develop POC based on completed OASIS within _____ hours.</p>	<p>Develop patient centered POC based on completed OASIS within 48 hours (improved individualization of the POC for the patient)</p>	<p>Review the completed OASIS for accuracy and documentation to support skilled care.</p> <p>Ensure that the sequencing has been done correctly to support services provided. Consult with coders on sequencing questions.</p> <p>Ensure that correction policy is followed.</p> <p>Ensure that if F2F is not completed prior to SOC, that POC is available to physician when encountering the patient. (Communicate with physician)</p>

