

cdiJournal

July 2008
Vol. 2 No. 3

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ACDIS recognizes 2008 CDI Professional of the Year Randi Ferrare

Honored for hard work, innovation

When Randi Ferrare, RN, BSN, was hired in November 2006 as director of health management services at Morton Plant Mease Healthcare in Clearwater, FL, the four-hospital system had a CDI program for three years. But because the program was staffed by busy case managers, results were far from optimal.

“[Case managers] were being pressured to get patients out of the hospital, and, at the same time, we were telling them to do the clinical documentation piece as well,” Ferrare says. “They had no time to run the program correctly.”

But spearheaded by Ferrare’s efforts, Morton Plant Mease had implemented a dedicated CDI program that yielded positive physician profiles and increased revenue by the third quarter of 2007.

The Association of Clinical Documentation Improvement Specialists (ACDIS) honored Ferrare for her hard work at the organization’s first conference at Caesars Palace in Las Vegas May 8–9 by naming her its first ACDIS CDI Professional of the Year.

Room for improvement

In Ferrare’s first month on the job, The Claro Group, a company that helped implement the former program, performed an analysis of the hospital system’s DRG assignments and found a host of missed opportunities. Ferrare, who is also in charge of Morton Plant Mease’s case management, social services, palliative care, and denials/appeals departments, knew that CDI needed focused attention.



Randi Ferrare, RN, BSN, (left) receives the 2008 CDI Professional of the Year award from ACDIS director Brian Murphy, CPC, at the first ACDIS conference in Las Vegas.

Fortunately, Morton Plant Mease’s chief financial officer (CFO) was on hand to hear the results of The Claro Group’s analysis.

He immediately saw the need for Ferrare’s proposal—that the program be expanded and placed in the hands of a dedicated, CDI-only department.

“It was a no-brainer for both of us,” Ferrare says. Drawing on her past experiences implementing a program for a previous employer, Ferrare laid out a proposal and then met with the CFO’s team to draw up the financial analysis. The whole process

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took two to three weeks. And it didn't take much to convince senior management to jump on board, as the projected return on investment versus startup costs was 900%.

"They approved all the [full-time employees], all the equipment—everything," Ferrare says.

Ferrare's plan called for a massive expansion of the existing program from two case managers, who also performed CDI duties, to 12 concurrent nurse CDI specialists.

Although most of the positions were filled by existing case managers, each of the jobs were posted, and Ferrare and the CDI leadership team conducted interviews to find qualified candidates.

Ferrare partnered the new nurse CDI specialists with HIM nurse specialists, coding coordinators, and coders. A consulting company provided intensive classroom and unit-based training. The program went live in all four hospitals July 1, 2007.

Multidisciplinary approach

Although Morton Plant Mease's physicians had exposure to CDI concepts and queries under the previous program, there was still an adjustment period as some physicians who received very limited queries were now asked to document to a much greater degree of specificity. To ensure their full participation, Ferrare helped assemble a multidisciplinary

leadership team composed of physician advisors, HIM nurse coders, and senior leadership.

The physician advisor group was led by the HIM director and Mark Michelman, MD, MBA, the system's physician quality advisor, medical director of quality and utilization management, and physician coding advisor.

"[Ferrare is] a very strong leader, and with that, she brings the mentoring piece. We've never worked with anybody like her. Anytime there's a chance to see something new or do something new, come to a meeting we've never heard about before, she'll bring us in. It's a great educational opportunity for us. She loves to give that education to people."

*—Kimberly Richert, RN,
Morton Plant Mease Healthcare*

Michelman played a critical role in achieving buy-in from the start, Ferrare says.

"[Michelman] educated physicians in the beginning, and other [physician assistants] that were part of the case management group got trained on clinical documentation," she says. "Their job was to educate their peers."

Ferrare notes that Michelman continues to play an important role in the program by organizing continuing medical

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CDI Journal (ISSN: 1098-0571) is published quarterly by HCPro, Inc., 200 Hoods Lane, Marblehead, MA 01945. Subscription rate: \$129/year for membership to the Association of Clinical Documentation Improvement Specialists. • Postmaster: Send address changes to **CDI Journal**, P.O. Box 1168, Marblehead, MA 01945. • Copyright © 2008 HCPro, Inc. All rights reserved. Printed in the USA. Except where specifically encouraged, no part of this publication may be reproduced, in any form or by any means, without prior written consent of HCPro, Inc., or the Copyright Clearance Center at 978/750-8400. Please notify us immediately if you have received an unauthorized copy. • For editorial comments or questions, call 781/639-1872 or fax 781/639-2982. For renewal or subscription information, call customer service at 800/650-6787, fax 800/639-8511, or e-mail: *customerservice@hpro.com*. • Visit our Web site at *www.cdiasociation.com*. • Occasionally, we make our subscriber list available to selected companies/vendors. If you do not wish to be included on this mailing list, please write to the marketing department at the address above. • Opinions expressed are not necessarily those of **CDI Journal**. Mention of products and services does not constitute endorsement. Advice given is general, and readers should consult professional counsel for specific legal, ethical, or clinical questions.

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education sessions on clinical documentation and providing education and input during medical staff meetings.

When educating physicians, Ferrare downplayed the reimbursement angle and instead chose to focus on physician and hospital profiles.

For example, before the program began, one of Morton Plant Mease's hospitals had three reported deaths from urinary tract infections (UTI) and pneumonia.

A look at the charts revealed that these patients were far more ill. However, insufficient documentation did not allow coders to report the true diagnoses—sepsis in the case of the UTI death.

"We try to stay away from reimbursement, and we just say it's to reflect accuracy and severity of what's happening to the patient and his or her illness," Ferrare says.

The multidisciplinary leadership team also helped implement a strong process flow right at the program's relaunching, establishing requirements with physician assistants (PA) to allow for timely query responses.

In addition to providing process changes and ongoing education, the multidisciplinary leadership team helped foster a team spirit among coders, physicians, and CDI nurses.

"The multidisciplinary team makes [CDI] not just my initiative; it's everyone's initiative," Ferrare says.

Successful program

Morton Plant Mease set a third quarter 2007 goal for improved severity of illness and mortality index scores. The results were excellent: All departments showed improvements above the baseline.

In addition, senior leadership set a goal of \$500,000 in additional reimbursement (from additional CC capture) for the third quarter of 2007.

The final figure far exceeded that goal: \$1,220,000 in revenue capture.

Ferrare attributes the program's success not only to its strong launch, but also to its ongoing efforts to educate physicians. Physicians who attend an initial documentation training session can forget the requirements or slip into former habits. Ongoing training is a must, she says.

"You have to keep fighting the battle. Physicians may go to [a session] and hear it, and then a week later, they'll say they weren't there and didn't get the information," Ferrare says.

"My team knows that even if you've been working with the same doc for six months, and he might have heard you the first time, you might have to educate him a thousand more times."

To combat documentation regression, the multidisciplinary leadership team meets with PAs each quarter to discuss any problems and track progress. The team also conducts internal monthly meetings.

"We go over things to focus on, like congestive heart failure or acute blood loss anemia," Ferrare says.

In addition to severity of illness, mortality rates, and case-mix index, Morton Plant Mease also tracks:

- » CC capture rate
- » MCC capture rate
- » Query rates
- » Physician response rates to queries

"We're trying to figure out if tracking query rates is a good thing," Ferrare says. "The longer these physicians are in the program, we're hoping the documentation improves so that we don't have to keep asking them the same questions over and over again."

DRG groupers and coding credentials

Due to the increased complexities of coding and the new MS-DRG system, Ferrare lobbied to have electronic groupers installed on CDI specialists' laptops.

The encoders don't connect to the system's electronic health record but, instead, are stand-alone resources. The groupers also contain coding guidelines and the *Merck Manual of Medical Information* for reference, which prevents CDI specialists from having to refer to the *DRG Manual* for information, Ferrare says.

Initially, the coding/CDI team was a bit uneasy with the concept. But Ferrare explained that the CDI specialists weren't going to code charts and that they needed the encoders to help them ask physicians the right questions for the benefit of the HIM coding staff. That helped alleviate any fears on both sides.

Ferrare was also able to secure funding to obtain coding credentials for each CDI specialist. In addition to helping CDI nurses query for the necessary documentation for accurate

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ICD-9-CM code assignment, a coding education has also helped extend several careers, she says.

Ferrare says her rationale behind providing coding education to CDI specialists was, in part, to retain CDI specialists who were getting close to retirement.

“I thought that we could keep these valued employees who weren’t ready to retire at 60 or 62, but were tired of pushing the carts with the laptops and being on their feet all day,” she says. “It’s just as physically demanding doing what they do as it is being a nurse on the floor.”

Obtaining coding credentials also offers younger nurse CDI specialists the opportunity to explore a different career choice. In the long run, these nurses may help fill eventual vacancies in the Morton Plant Mease HIM department, Ferrare says, noting that the hospital’s HR director loved the idea and is cosponsoring an educational grant from the hospital foundation to pay for the credentials.

“We’re going to try and get the money from our foundation to pay for all the education, as well as the certification test,” she adds.

What the future holds

After Morton Plant Mease’s successes, other hospitals under the larger Baycare umbrella (of which Morton Plant Mease is a member) invited Ferrare and the Morton Plant Mease HIM director to give a presentation on its CDI program. As a result, another Baycare hospital started its own program with Ferrare’s assistance.

Today, Morton Plant Mease’s program continues to expand. For example, Ferrare recently added a CDI specialist in the catheter and electrophysiology labs of the cardiology department.

“We think there’s an opportunity there to capture some documentation that would support an inpatient stay for these patients that come in as outpatients for interventional [procedures],” she says.

Ferrare presented such a strong case that she got the cardiology CDI specialist position approved in three days. Next, she wants to place a CDI specialist in the operating room to help capture frequently missed surgical CCs, including blood loss and medications listed without a diagnosis. “If we can get the surgeons while they’re still in their scrubs, that will stop the problem,” she says. She also plans to place a CDI specialist in the ER to focus on accurately reporting present-on-admission indicators. ☒

A look back at the first ACDIS conference: Summing up the fun at Caesars Palace, Las Vegas

by Brian Murphy, CPC, ACDIS director

Almost 400 healthcare professionals from various backgrounds—including nursing, case management, HIM/coding, quality, physicians, and more—gathered at Caesars Palace in Las Vegas May 8–9 for the first Association of Clinical Documentation Improvement Specialists (ACDIS) conference. The conference was the first live program that ACDIS offered, and due to the remarkable turnout, it will become an annual event.

On a personal level, I was very pleased with the turnout and the excitement in the air at the conference. The numerous CDI specialists I met were genuinely happy to have an organization and a conference to call their own, and we at ACDIS are thrilled to be the group to get it all started.

The following comments from ACDIS member **Kathy McCann, RN, BSN**, lead clinical documentation specialist at Mease Countryside Hospital and North Bay Hospital in Clearwater, FL, should sum up what many experienced at the conference:

The ACDIS conference was helpful to me in many respects. Primarily, the conference linked me to a group of experts in the clinical documentation industry. Significantly, these experts are closely aligned with AHIMA and CMS. The presentations provided an overview of relevant best practices founded on AHIMA/CMS guidelines. Gloryanne [Bryant’s] presentations motivated me to increase my involvement in the processes and to share my thoughts. She motivated me to join AHIMA and voice my opinion regarding the CDIS role and provide feedback regarding the “Queries as a Tool for Clinical Documentation