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.

Professional of the Year

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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 McCan, 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
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Improvement” AHIMA practice brief. It is exciting to experience the evolutionary changes in the CDI process, and I look forward to the 2009 ACDIS conference. Thank you for a successful 2008 conference experience.

Wide variety of sessions

Attendees had the opportunity to participate in a wide range of sessions in the day-and-a-half conference. The following is a brief overview of session topics:

» Building physician relationships. Robert S. Gold, MD, discussed how to engage physicians in a CDI program, using measures such as hospital report cards and publicly available data.

» Heart failure. Gold also spoke about the clinical indicators of specific types of heart failure, as well as new coding guidelines and documentation requirements under MS-DRGs.

» MS-DRGs. Gloryanne Bryant, BS, RHIA, RHIT, CCS, provided a detailed look at MS-DRGs, including a discussion of coding guidelines and documentation requirements.

» Present on admission (POA). Shannon McCall, RHIA, CCS, CPC, led an interactive session that required participants to assign the correct POA indicator to a variety of case studies. She also discussed ICD-9-CM guidelines and reimbursement ramifications of POA.

» Physician queries. ACDIS offered two sessions on how to develop effective and compliant processes for posing physician queries. Identifying what constitutes a leading query remains a controversial issue in the CDI field.

» Data mining and reporting. Colleen Garry, RN, BS, discussed how to gather data to demonstrate the effectiveness of a CDI program to upper management, as well as how to use these data to set benchmarks for improvement.

» The coding/clinical documentation link. Heather Taillon, RHIA, discussed ways to get your HIM and CDI staff members on the same page—a critical component of a successful CDI program.

» Case studies. Participants could choose from three case studies of successful CDI program implementations. Presenters gave attendees the opportunity to ask questions to learn more about how they launched their programs. They also discussed their successes and lessons learned along the way.

Networking luncheon and awards ceremony

ACDIS held an awards and networking luncheon May 8, at which members had the opportunity to relax and make professional connections.

Networking and sharing ideas is at the heart of ACDIS, so I was pleased to see so many attendees doing so during the luncheon.

During the ceremony, I gave an ACDIS “State of the Union” address, which included an overview of ACDIS’ history, its goals and objectives, and its membership base. As of April 30, we had 930 members, including representatives from all 50 states.

ACDIS’ membership now includes more than 1,000 individuals.

I also shared a list of ACDIS’ accomplishments in its first eight months. These included:

» The launch of “CDI Blog,” written by Lynne Spryszak, RN, a CDI specialist

» Increased participation in quarterly member conference calls (103 sites dialed in for our May 22 call)

» Daily postings on “CDI Talk,” our online discussion board

» The publishing of our first book, The Clinical Documentation Improvement Specialists’ Handbook, by Colleen Garry, RN, BS

» The production of two audioconferences

» The presentation of our first CDI Professional of the Year award, as well as two awards for Recognition of CDI Professional Achievement (see the related stories on pp. 1 and 7)

Networking, friendships, and fun

In the busy hallways in between sessions and in our exhibitor’s hall, conference attendees from all over the country had the chance to meet.

It was a rare gathering of CDI professionals and a chance to share best practices and brainstorm solutions for difficult problems. No two CDI programs are entirely alike, and attendees learned what has worked and what hasn’t from each other.

On a personal note, I met dozens of healthcare professionals in between and during sessions and received some excellent feedback about what people like about our association and what services they’d like to see ACDIS offer in

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ACDIS conference
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the future. It was wonderful to be able to shake hands with members and put faces to many of the individuals with whom I’d only shared e-mails or phone calls.

I hope everyone had a chance to get out and see Las Vegas. It was my first time in “the entertainment capital of the world,” and although it was easily among the busiest two days of my life, I still found some time to play a few slot machines and see a terrific production of Spamalot. I hope that, despite the busy conference schedule, you also found time to have some fun and see the amazing sights.

Our plans for 2009

ACDIS has already signed on with Caesars Palace for next year’s conference to be held May 14–15, 2009. We plan to expand the conference, to two full days, add an additional track of sessions, and include more advanced sessions for well-established CDI programs.

ACDIS members can expect to see a formal survey coming out soon to help gather ideas and feedback. We’ll also be making several small improvements, including the ever-important canvas bags to tote around your materials.

In addition to a bigger and better conference, ACDIS plans to launch a CDI certification program in 2009.

We have assembled a panel of 12 qualified representatives from our membership base to accomplish this challenging task. Our goal is to create a rigorous certification that CDI specialists will feel proud to possess, and one that earns them a mark of distinction among their peers.

Please contact me if you have any suggestions for sessions you’d like to see presented at next year’s conference or if you are interested in serving as a speaker.

I also encourage you to contact me if you have any other comments on what you liked about this year’s conference or how we can improve the conference for next year.

My e-mail address is bmurphy@hcpro.com, and my telephone number is 781/639-1872, Ext. 3216.

New AHIMA physician query practice brief worries CDI specialists

AHIMA issued a practice brief May 14 entitled, “Queries as a tool for clinical documentation improvement,” which updates the association’s existing physician query practice guidelines from 2001. AHIMA posted the document on its Web site, available to members only, and allowed comments on the brief through June 2.

The revised brief creates some serious concerns for CDI programs, including the fact that it appears to discourage physician queries about a diagnosis unless the physician has already documented the diagnosis in the record, says Marion Kruse, RN, MBA, a director at FTI Consulting in Atlanta.

The AHIMA query brief also does not allow CDI specialists to ask direct questions about a diagnosis that requires a yes/no answer, except for present-on-admission queries when the diagnosis has already been documented.

“Regulations are clear that the query cannot be suggested in a leading manner, suggesting the answer to the provider,” the brief states.

However, Robert S. Gold, MD, CEO of DCBA, Inc., in Atlanta, says the brief does not provide a clear picture as to what constitutes a leading query. “My take is that ‘leading’ has never been defined appropriately and should mean that you don’t ask for documentation when there is no clinical evidence in the health record that the condition exists,” Gold says. He offers the example of a patient who is resuscitated after a hip fracture and whose hemoglobin drops from 12.6 to 8.8 and is transfused two units of blood.

“What is leading about asking if the documented anemia was due to acute blood loss from the hip fracture?” Gold says. “It was.”

Note: AHIMA is expected to publish its final query practice guidelines in the September and October The Journal of AHIMA.

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ACDIS awards trio of outstanding CDI specialists

The Association of Clinical Documentation Improvement Specialists (ACDIS) was proud to present its first CDI Professional of the Year award to Randi Ferrare, RN, BSN, director of health management services at Morton Plant Mease Healthcare in Clearwater, FL, as well as two awards for Recognition of CDI Professional Achievement at our first ACDIS conference in Las Vegas. (Read more about Ferrare’s experiences and accomplishments on p. 1.)

Members of the ACDIS advisory panel helped make this difficult decision by voting on several highly qualified candidates. All three winners or their representatives received an award during the networking luncheon May 8 for their outstanding accomplishments in the field of CDI. In addition, Ferrare received free admission to the conference.

Our Recognition of CDI Professional Achievement award winners were:

- Karla Johnson, clinical documentation specialist supervisor at Iowa Methodist Medical Center in Des Moines. Johnson’s accomplishments included the following:
  - Grew the CDI program at Iowa Methodist from 1.5 to six full-time employees
  - Captured $2.3 million in revenue
  - Established the Iowa Health System, a seven-hospital affiliate group that meets quarterly to establish best practices
  - Provided consultation CDI services to affiliate hospitals

- Nancy Taylor Ward, director of case management/documentation improvement at Tampa (FL) General Hospital. Ward’s accomplishments included the following:
  - Started the CDI program at Tampa General, an 850-bed, level one trauma teaching hospital
  - Grew program from two to seven nurse positions
  - Grew case-mix index and improved core measure and HealthGrades scores before, during, and after the implementation of MS-DRGs
  - Established herself as a leader, mentor, and resource to her peers

Prior to the conference, we were informed that Nancy passed away in 2007. We were extremely sorry to hear this, and I regret that I was not able to meet such a dynamic and innovative individual. However, several of her Tampa General colleagues attended the conference to accept the award and gave memorable statements on her behalf.

Editor’s note: ACDIS is currently seeking nominations for the 2009 CDI Professional of the Year. To submit a nomination, please visit the ACDIS Web site at www.hcpro.com/acdis/contact_us.cfm?email_topic=award.