rants, and even taking in an occasional Celtics game in her host hometown. Those whose habits tend toward the conservative side might want to work in a more rural location, Tsaninos suggests.

Finding the right fit between host facilities and CDI specialists’ preferences is part of the role of the staffing firm negotiating with the hospital.

“Not every individual can work with every facility,” says Klimis. “There has to be the right fit, the right match of staffing for the facility. Fit really matters in these situations.”

Flying lessons

Tsaninos points to a number of travel lessons she learned during her experiences. One tip: Know which hotels provide frequent flier miles and make sure to get credit for them. Another tip: If you are staying in the same hotel over multiple weeks, have the hotel keep your luggage and travel back and forth with just the essentials.

“A certain amount of life skills can be gained as an individual becomes adept at traveling also,” says Robinson. “Personally, I’ve learned to be a bit more relaxed about it,” he jokes. “I’ve learned there is always another plane.”

The parent company/host facility cover costs for almost all travel expenses, says Klimis, and they typically make travel arrangements taking staff preferences into consideration.

Nevertheless, the staff member often gets to keep his or her travel perks such as frequent flier miles and credit card bonus points, which can add up to significant additional compensation, Klimis says.

“We’ve had quite a few people heading off to vacation in Hawaii, let’s just put it that way,” he says.

The return home

Although Blanchard ultimately returned to a typical CDI position close to home, the education her experience afforded her will no doubt continue to influence her professional life.

“I really feel I blossomed in the role,” she says. “People don’t get a chance to see the global picture, to see the impact they have. As I met different people I was able to find comfort in the fact that although we all came from different backgrounds, we all experience the same difficulties and joys about the job.”

Such life experiences do have the potential to enhance professional development, Robinson agrees.

“I particularly enjoy seeing individuals mature in their roles,” he says. “I love seeing how they grow professionally due to the rigors of this aspect of the work. They took this job to learn and to explore. Once they become acclimated they really begin to shine.”

DIY: Make your own CDI newsletters

Who doesn’t love all those crafty ideas on Pinterest or home improvement projects on HGTV? For those CDI professionals working alone in small facilities, or just getting a program off the ground, creating your own physician education program can seem daunting. But crafting newsletters, tip sheets, or educational posters for your physicians can yield positive results.

Success simply depends on starting small, focusing in on important documentation concerns, and using available models shared by peers. Learning from others’ experiences, such as those that follow, doesn’t hurt either.

Poster, plus 15 minutes

Although she has three years’ worth of experience, Karen Macey, RN, CDI specialist at Champlain Valley Physicians Hospital (CVPH) in Plattsburgh, N.Y., still considers herself a newbie. Her self-assessment is due primarily to her limited formal CDI training. Like many new CDI specialists, Macey received a case log and spreadsheet when she started, and little else. “It was ‘Here is your log and here is your documentation, go to it,’” she laughs. “And there I was trying to figure out what CDI was all about.”

Macey joined ACDIS, researched articles, reviewed the Forms & Tools Library, and began developing physician education materials. As she puts it, “I like to muck around with things until I become comfortable with them.”

To start, she recognized that her facility needed orientation programs not only for future CDI staff, but also for the physicians.
“The physicians needed to know what my little papers [queries] were all about, what I was all about, how the CDI program works, and why it is so important,” says Macey.

So she started asking questions about the CVPH physician orientation program and earned her proverbial 15 minutes of fame by gaining that segment of time as a one-on-one introduction to the program during the physician orientation process.

Macey next developed a CDI brochure, essentially a documentation tip sheet, to pass out to physicians as reminders of appropriate documentation and crafted posters to hang in the physician lounge. (Download her sample brochure sample chest pain poster from the Form & Tools Library www.acdis.org.)

Ideally, she’d love to have more than 15 minutes with the physicians. But for now, she’s definitely making headway, she says.

Information and laughter

Although the CDI program at Park Nicollet Health Services in Minneapolis, is nearly 10 years old, providing physician documentation improvement tips via newsletter was a new idea for the crew.

The facility recently implemented Epic as its electronic health record and 3M software to capture SOI and ROM measures. The shift to electronic systems meant some added conveniences for the seven-person team—some of whom may now work remotely—but it also meant fewer face-to-face interactions and more electronic prompts to the physician, says Kim MaGee, RN, the CDI program’s team leader.

“We really believe that our constant and consistent educational efforts are part of the reason our CDI program has been so successful,” MaGee says. “When we went electronic we were looking for ways to update those efforts, to do something that would catch our physicians’ attention, and to keep our CDI efforts visible.”

Through networking, the CDI team hit upon the idea of a monthly newsletter and worked with its physician advisor to bring it to fruition. One of the first topics covered in the newsletter was congestive heart failure, “which continues to be one of our top queries,” says MaGee. They’ve since covered documentation concerns regarding sepsis, chest pain, renal failure, and other common documentation concerns.

In addition to the month’s main focus, the newsletter includes some tips and reminders, a joke of the month, and a featured physician “star.”

“We choose a physician that is dedicated to CDI efforts and highlight them,” MaGee says. The feature includes a photo of the physician, which the team sometimes takes from the facility archives. “Sometimes the photos are out of date and that generates some conversation and laughter,” she says. “We want them to be talking about the newsletter because if they pick it up for one reason, they’ll continue to read it and maybe get a tip or two as well.”

And of course, the newsletter includes the CDI team members’ names and contact information.

Each CDI team member shares the duties associated with the monthly newsletter’s creation. The individual assigned to that month’s issue works with the team’s physician advisor to determine the topic and scope. When a draft is done, it is brought back to the team for edits and suggestions. Although work on the newsletter begins 30 days prior to publication, MaGee estimates the whole process only takes about three to four hours total.

When complete, the physician advisor emails the facility’s physicians the final draft and the hospital prints several dozen copies for CDI team members to distribute. At the physicians’ request, MaGee even collects the newsletter in a binder that she leaves in the physician lounge.

“This has been really successful for us. It’s been a really interactive opportunity for us to keep communication open for the whole team,” says MaGee.

The Champlain Valley Physicians Hospital CDI team in Plattsburgh, N.Y., includes Mark Dixon, Doreen Curtin, Patricia Alrimawi, Karen Macey, Janelle Pachter and seated Mafe Upton and Cheryl Mesick.