

# Q&A

## CDI and technology



As part of the ninth annual Clinical Documentation Integrity Week, ACDIS conducted a series of interviews with CDI professionals on a variety of emerging industry topics. Terry Ann Simmons, MSN, RN, CCRN-K, CCDS, a CDI specialist at Hartford Healthcare HOCC Campus in New Britain, Connecticut, and a member of the 2019 CDI Week Committee, answered these questions. Contact her at [terry.simmons@hhchealth.org](mailto:terry.simmons@hhchealth.org).

For more information about CDI and technology, read the [2019 CDI Week Industry Overview Survey Report](#) today.

### **Q**Where does your facility/organization stand when it comes to EHR implementation?

**A** The hospital has been using EHR since the early 1990s. We started in critical care and were featured on the cover of the *Advance for Nurses* journal as early adopters of the technology. Over the years, we moved to orders that do not require interpretation of handwriting, along with scanning, some use of scribes, and the clearing out of the enormous warehouse-style storage for paper charts in the medical records department (now known as health information management [HIM]).

### **Q**Were there any real sticking points with implementing new electronic systems?

**A** We've had a lot of champions in administration and multiple disciplines. The advantages of the technology and positive attitude of our people continue to lead the way and place our hospital on the cutting edge. There was a great deal of planning, safety measure backups, downtime procedures, and teams of super-users in place. Instant images with portable x-ray and full-color 3D scans that can be pulled up on any

workstation computer are examples of tools that help convince people this is the way to go. Even something as basic as more than one person being able to access the chart at the same time is now taken for granted.

### **Q**According to the 2019 CDI Week Industry Survey, 88.69% of the respondents use assistive software or electronic tools in their CDI practice (such as case prioritization, computer-assisted coding [CAC], electronic groupers, etc.). Does your CDI department use any of these (or other similar) tools? How has it affected your CDI process or workflow?

**A** Our CDI department began using CAC with natural language processing (NLP) this year. Previously, we used an application for creating a worksheet and applying codes while looking for query opportunities.

When we were training to make the transition we had to retrain our approach. Instead of reading the chart from beginning to the current note and adding all the codes, now we open with codes in place and flags suggesting query opportunities. We still read the chart,

but don't see it every day from admission to discharge. We can review a lot more charts this way.

**Q How have you leveraged technology to improve CDI efforts (e.g., have you built query templates in the EHR or prompts for the physicians using dropdowns, etc.)? Can you provide an example or a specific outcome?**

**A** The CDI staff sends the queries; the machine does not generate or send queries without a human interaction. Currently we choose from three focus types: clinical validation, missing diagnosis, and specificity/present on admission status. This is a hot topic right now. Our supervisor is vigilant about compliant, clear queries. Our manager and physician champions have been working on templates; the wording is vetted through the compliance committee. Currently the dropdown screen includes agree, disagree, or other. Multiple-choice queries don't always work with this format. Balancing between ease of use and accurate response is challenge.

**Q According to the Industry Survey, nearly 70% of the respondents say that CAC/natural language processing/prioritization tools have been beneficial to their CDI specialists. If your program uses these tools, have they had a positive or negative effect on your CDI program overall?**

**A** Teaching the machine is an ongoing process. We are beginning to understand why it keeps suggesting certain diagnoses or codes based on its algorithms. The time frame for changes derived from the learning is undetermined. The future applications of the technology seem distant, yet it was only a few years ago CDI specialists were using code books and placing paper queries in the charts. It is too soon for hard data, but we have seen some early success. We do enjoy reading more and typing less.

**Q Do you work directly with your IT department? Does your IT representative regularly sit in on meetings with the CDI team, or does the administration regularly meet with the IT representative? Does your IT representative regularly meet with representatives from your CDI and EHR vendors?**

**A** Our IT department is phenomenal. We have computer and telephone help lines and talented

people who come to the office or remote into our computers when we need help. There is an IT specialist who works with the HIM team and meets regularly with management and the vendors. IT supported staff on-site during training sessions, as did the management team.

**Q Do you take provider feedback into account when changing, updating, or enhancing functionality in the EHR or CDI software?**

**A** Some of the decision-makers are physicians who have, or continue to work with the EHR, so they know what the needs are. CDI now uses the same application the coding team was using. We had a systemwide team meeting at our main site where staff and administration met with the vendor. The management team and vendor took questions and suggestions prior to the rollout.

**Q Do you have staff who now work remotely as a result of the electronic system? If so, are they 100% remote, or do they work part-time on-site and part-time at home?**

**A** The 2019 CDI Week Industry Survey indicates many respondents do not have remote opportunities. This is very interesting considering many coders work remote. We remote one day per week and during dangerous weather in the New England winter. Eliminating commute time, which for some staff is two hours out of every day, has increased productivity, decreased stress, and increased discretionary effort.

**Q How has remote staffing affected productivity and physician engagement?**

**A** When we went to completely electronic charting and there was no paper to chase, we found the providers were with patients and families when on the units and did much of their documentation in the quiet of their offices. Going remote made no difference at that point. For communication, technology provided an answer with a secure texting system. We also use email and have telephone conversations.

Nothing replaces face-to-face, and most of our time is on-site; we just don't see each other as often now. We enjoy a good rapport with providers and respect their time and work demands. They know they can call us anytime and our goal is to be a resource for them. We

are fortunate to have many providers who care deeply about documentation as part of their patient care.

**Q How do you handle team education with remote team members? What about physician education?**

**A** Technology steps in again with remote team members. The coders are all remote, and some are in different states. We have collaborative education sessions using conference calls, distribute materials by email, and use virtual meeting rooms. There are some in-person meetings. Physician education is done in person. We are included in new resident orientation, with a lead-in from a very dynamic physician who both role models and teaches documentation excellence.

**Q We often hear CDI professionals reference issues such as copy/paste and the problem list with the EHR. Are these issues at your organization? If so, how is CDI working to combat them?**

**A** Copy/paste interferes with CAC as it reads progress notes and sees diagnoses from imaging reports or past history.—. We promote education that we cannot code from reports; it has to be provider diagnosis in the notes. The pitfalls such as note bloat and legal implications are all discussed during education. Our EHR has a feature that allows the reader to see what has been pasted and who the original author is. The experienced providers work with us in educating new providers. A lot of the residents and interns are coming in with a knowledge of documentation that is



quite impressive; the technology is just another of their many daily tools.

**Q What would you recommend to folks planning to implement an EHR system to ensure a smooth transition? What about those who are implementing a new prioritization, etc. for the first time?**

**A** We had a lot of training and the ability to practice in non-live charts. Our supervisor has an education background and CDI experience in addition to bedside nursing, so she is keenly aware of the daily challenges. She regularly discusses concerns and ideas with management and vendor. She meets with the providers and works with the CDI team to address any issues the providers identify. The management team looks for consistency across the system and CDI best practice.

Communication, persistence, and inspiring champions have been integral to our department and hospital. People are the key to success with technology!