



Productivity

As part of the twelfth annual Clinical Documentation Integrity Week, ACDIS conducted a series of interviews with CDI professionals on a variety of emerging industry topics. **Maricus L. Gibbs, PhD, RN**, is a CDI specialist at Atrium Health Wake Forest Baptist Health in Winston-Salem, North Carolina. He is a member of the 2022 Furthering Education Committee. For questions about the committee or the Q&A, contact ACDIS Associate Editor Jess Fluegel (jfluegel@acdis.org).



Q **ACDIS receives a high volume of questions about productivity from its members. Why do you think so many people now are looking for broader information on CDI productivity? Why is it important to know where your CDI department stands compared to national averages, as well as how you yourself measure up?**

A The cost of healthcare, accessibility of healthcare, and financial responsibility/stewardship of healthcare organizations have been and will continue to be the foundation of public health concern. The pandemic has increased and solidified the need for scrutiny on healthcare investment. From the moment an individual enters the healthcare organization and well beyond discharge, clarity and concise documentation of events are golden assets. The ability to tag and follow clearly the paths and characteristics of a community's health is necessary and recognizable as an interdepartmental concern.

Therefore, CDI departments are feeling the impact of such scrutiny. CDI departments are having to prove their relevancy and productivity to other departments, multiple governing entities, clinicians, and third-party partners. To provide a return on investment to the employer, CDI managers may find themselves tracking physical, social, political, and financial impacts of their work in comparison to

national averages and long-term productivity metrics. The impact of the pandemic has shown the significance of clarity in healthcare on a national level.

Mergers of healthcare organizations place strain on financial budgets, limiting the amount of spending an organization plans to spend in-house. CDI departments are tasked with the responsibility of making sure the window between what occurs within the healthcare arena stays as clear as possible.

Q **Most respondents (61.37%) said they review an average of six to 10 new records per day, and roughly the same amount (56.24%) said management expects them to perform six to 10 new reviews per day. Given that these percentages are similar, do you think these ranges for new reviews per day are good standards for the CDI industry to hold? Are there risks with having set standards for productivity for the CDI industry as a whole?**

A Setting standards or goals for productivity can be seen as a necessary evil in the eyes of CDI specialists, especially the specialists just starting in the field. While setting a direction and bar for expectations in performance, it can be seen as unrealistic or too prescriptive for a field that can be complex and unpredictable. For example, it may not be uncommon for one of the burning questions held by a first-year CDI specialist or

even an experienced CDI specialist seeking a good fit on a different team to be what happens if they do not meet the productivity standards.

Even covering for a CDI specialist on vacation or sick leave can become very stressful when having to meet productivity standards and charting cases in unfamiliar areas. As a CDI specialist that covers medical-surgical cases, having obstetric, oncology, or pediatric records slipped into my caseload is a potential for stress.

National productivity standards could also be seen as acceptance of mediocre standards for departments that have potential to go well beyond with little recognition for their efforts. In summary, one size fits all may be a way to give direction and lay expectations for the field. At the same time, it ignites stress and can stifle potential productivity.

Q Do you feel it is important to have a set range of expected chart reviews per day for staff? Why (or why not)? Should this range be the same for everyone in a facility, or does it need to be customized for each CDI specialist?

A I feel having a set range of expected chart reviews per day is necessary but not a deal breaker. The CDI field is a newer field when compared to others in healthcare. Therefore, a new CDI specialist needs direction or expectations to strive toward. Even an experienced CDI specialist gets comfort in knowing the goal for the day has been met. As for a one-size-fits-all approach throughout a facility or CDI department, it adds unnecessary stress to an already stressful career. Such a stringent approach has potential to cause less than thorough reviews by a CDI specialist just wanting to meet the minimum number of reviews. The quality of work is threatened. Developing a customizable productivity standard based on each CDI specialist has the potential to be more conducive to meeting quality and nominal standards.

For example, a new CDI specialist should not have the same expected number of reviews as a CDI specialist with 20 years of experience. I have my own personal goal of increasing the number of case reviews by one or two per month until my quality score decreases. Once I start missing opportunities for queries or CDI/coder mismatches start to increase, I stop increasing

until I begin to raise my quality score. Of course, this takes a great deal of integrity and self-discipline. As a CDI specialist, integrity and self-discipline even as part of a cohesive group are necessary characteristics.

Q According to 68.21% of respondents, the most common consequence for a CDI professional not meeting productivity expectations is that the CDI manager or leader would meet with them for a one-on-one discussion. If a CDI specialist is not meeting productivity expectations in your facility, what next steps are taken? In your opinion, what is the best way to handle a situation when a CDI specialist is not meeting productivity expectations?

A When a CDI specialist is not meeting productivity expectations within my organization, the CDI manager meets with the CDI specialist one-on-one in a minimally stressful environment, such as over lunch or at the convenience of the CDI specialist. The manager begins the conversation with what is working well and slides into a review of the set expectations. The manager offers any assistance with any obstacles inhibiting the CDI specialist from meeting the expectations, reinforcing that the meeting is not a write-up or an official warning. The meeting is more of an offer to help and an opportunity to listen. They come up with goals to help the CDI specialist reach the reviewed expectations. The CDI specialist is given a couple of months to improve based on suggestions. If no improvement is seen in three months, the specialist has the privilege of working from home taken away or they're asked to work with the team leader until improvement is shown.

Q One outcome of not meeting productivity standards could be for those working remotely to be asked to come back on-site until they meet expectations consistently, according to 16.58% of survey respondents. Has your organization implemented such contingency plans related to remote/hybrid work and productivity? Does your organization help remote/hybrid staff with technology implementation either through reimbursement or stipends to offset costs for equipment or internet infrastructure at home? Do you feel remote CDI has a positive or negative effect on productivity?

A Working from home most of the workweek has become one of the fringe benefits of joining the CDI team at my organization. Taking away this privilege is part of the contingency plan when one does not reach productivity standards. Working from home over the last two years has pushed new and experienced CDI specialists to become more technically savvy and to rely more on innovative ways to engage clinicians to participate and respond to queries. While the cost of leasing a greater number of computers and home-setup equipment has taxed the organization, more space is freed up for campus-based departments to comply with safer social distancing rules. The benefits experienced by on-campus departments and remote departments create an infrastructure of self-reliance on one's own ability to balance work-life experiences. Seeing this move as a benefit encourages our CDI team to strive toward meeting productivity standards so the benefit is not taken away. Therefore, it has improved productivity while slowing relationships between clinical providers and CDI specialists.

Q **Only 3.08% of respondents noted remote work due to COVID-19 has decreased their productivity, down from 6% of respondents who said so in 2021. Has your CDI program returned to a pre-pandemic “normal” now? What changes did your organization implement related to CDI during the outbreak that it intends to maintain going forward (if any)?**

A Prior to COVID-19, the CDI department at my organization was moving from completely on-site work to hybrid with a choice to work from home three to four days a week. COVID-19 caused the department to become 100% remote. As the outbreak of COVID-19 cases decreased, we have been returning to a hybrid format with the threat of going back to completely on-site as a disciplinary action for individual employees. This format is expected to be the new normal due to the seen increase in employee morale during remote work.

Q **More experienced CDI staff are more productive, according to 2022 CDI Week Industry Survey respondents, 63.59% of whom noted that the experience of the reviewer has the largest effect on CDI productivity. What steps can a CDI**

professional take to increase their experience and therefore improve their productivity? How long do you think it should take for a new CDI specialist to become proficient in their role? In your opinion, can one-on-one staff mentoring, or CDI/coding collaboration, improve a CDI specialist's record review capabilities?

A The individual experience of the CDI specialist has a great effect on productivity to prevent losing the benefits inherent in the job. Having a career in which I can work from home, get paid comparatively well, and help patients encourages me to be as productive as possible. The CDI specialist can set personal goals to improve productivity over a period while maintaining high quality reviews. Setting goals to help meet and exceed minimal standards in a timely manner will help to improve the individual's experience and show team leaders your potential to self-govern and continue to grow. A new CDI specialist should take at least three years to become proficient in their role and start exceeding minimal standards on a consistent basis.

CDI is a career and not just a job. Therefore, it is not expected to become perfect at every aspect of the role. The field of CDI shifts and evolves just as every field in healthcare. The CDI specialist should expect to also grow with the field and embrace changes. As the field of clinical documentation evolves, the boundaries between CDI specialists, coders, utility review, billing, and even inpatient/outpatient clinicians intermingle. Therefore, it is expected to have continuous communication and collaborative dialogues with the fields. This can be a very frustrating experience for a new CDI specialist.

For example, my first year as a CDI specialist, I would almost break down in tears when someone asked me what the difference except pay was between a CDI specialist and coder. I almost felt guilty being a CDI specialist because I felt a coder could do what I could do much more efficiently. Luckily, I observed an experienced CDI specialist in action closely. One-on-one mentoring from more experienced CDI specialists can help fine-tune the philosophy beyond the basics of CDI knowledge. I learned to respect what each member of the healthcare organization does while growing in my role on the team.

Q What factors do you feel are the greatest obstacles for CDI productivity, generally? Should factors outside of work (i.e., family life, etc.) be considered when setting productivity expectations? Why or why not?

A The greatest obstacle for CDI productivity is finding the perfect work-life balance. As we are introduced back from being completely remote to a hybrid model, the expectations of the profession, such as personal hygiene prior to looking at your first chart of the day or relying on face-to-face conversations more than electronic communication, have become a challenge. Separating oneself from the home environment to the clinical environment to deal with office politics instead

of family expectations standing on the other side of the door can stall CDI productivity just as any change can.

The resilient CDI specialist can make the stall in productivity during the transition as brief as possible by personally embracing the change. Preparing the family for the change and setting personal expectations to maintain productivity will help limit decreases in productivity. It should be taken into consideration by CDI management that the pause in productivity is inevitable but not permanent. Management holding onto the expectation of high productivity will not only decrease morale among teammates during a time when cohesion is most needed, but will also add unnecessary stress in an environment that relies on integrity to maintain clarity.