

Q&A

CDI and pediatrics

Clinical Documentation Improvement Week



As part of the second annual Clinical Documentation Improvement Week, ACDIS has conducted a series of interviews with CDI professionals on a variety of emerging industry topics. **Linda Rhodes, RN, BSN, CCDS**, manager of CDI at 760-bed New Hanover Regional Medical Center in Wilmington, N.C., answered the following questions regarding the CDI specialist's role in review of pediatric records.



There is an old adage that there is no review opportunity in pediatrics. What is your response?

There are numerous opportunities to improve documentation in pediatrics.

This patient population presents with many of the same signs/symptoms as adults that need to be clarified. The DRGs for pediatrics are the same as for the adult population; therefore, there is opportunity for clarifying the principal diagnosis and MCC/CC capture. In addition, there is opportunity to improve the severity of illness/risk of mortality (SOI/ROM) indicators by reviewing and clarifying documentation.

ric administrator and pediatric physicians and nursing leadership to review the role of the CDI program and explain how it will benefit the pediatric unit.

Start the program small, with a single CDI specialist dedicated to pediatrics in order to develop consistency and relationships, then train additional CDI staff on common pediatric conditions and review of top DRGs to allow for additional coverage.

Finally, be sure you are monitoring and reporting on those important CDI-related metrics such as CMI, MCC/CC capture rate, and SOI/ROM, to illustrate the success of your expansion efforts.



What are some common clarifications or "low-hanging fruit" that a reviewer new to pediatrics should be looking for?

Common opportunities include clarification for acuity, congenital conditions, type of pneumonia, asthma exacerbation, acute respiratory distress, thrush, etiology of "failure to thrive," poisonings, cellulitis, sepsis, SIRS, and so forth.



Are pediatric patients so different that you need a dedicated individual or individuals to review these charts?

Although adult MS-DRGs apply to the pediatric population over 28 days old, it is of benefit to have a CDI specialist who is familiar with common pediatric conditions and congenital anomalies. Ideally a nurse who has worked in the pediatric area and has a working relationship with the pediatric providers can be trained in CDI.



If you could provide advice for a hospital that wishes to expand into pediatrics, what advice would you give them?

First run a report identifying your top DRGs in the pediatric units. Then conduct random chart reviews of the top admitting providers to identify documentation gaps and opportunities. Of course, you will then have to meet with the pediat-

Rhodes has more than 34 years of healthcare experience, including critical care nursing, nursing management, and education. She has been in the role of CDI manager since 2010 and supports a team of 13 CDI professionals. Contact her at linda.rhodes@nhrc.org.