# Professional development and staffing

As part of the 13th annual Clinical Documentation Integrity Week, ACDIS conducted a series of interviews with CDI professionals on a variety of emerging industry topics. Jeanne Johnson, RN, BSN, MHA-Informatics, CCDS, director of clinical documentation and coding integrity for Premier Health, and Ohio chapter member, answered these questions. She is a member of the ACDIS Furthering Education Committee. For questions about the committee or the Q&A, contact ACDIS Associate Editor Jess Fluegel (*jfluegel@acdis.org*).
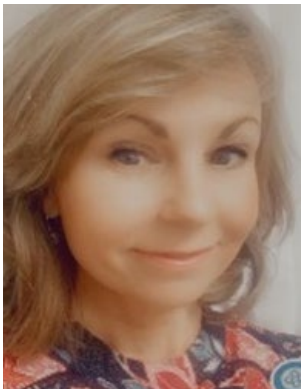
Q In the 2023 CDI Week Industry Survey, 84.39% of respondents agreed or strongly agreed that they have received sufficient materials to perform their job well. What materials do you find important to be provided to CDI staff?

A This is a great question. We actually use a combination of items to assist staff. The onboarding process is critical to the success of the CDI specialist, but we realize that the amount of information provided can certainly be overwhelming. With that said, we provide each new team member with an ACDIS Pocket Guide during their orientation. I would say that the majority of team members still use it on a routine basis as their "go to" resource. We also provide monthly education sessions internally and from our vendor. In addition to education sessions, we also provide a biweekly newsletter with any hot topics or links to articles regarding clinical documentation integrity.

Q About 11% of respondents reported not feeling valued or respected by their managers. What have you found that best helps communicate to a CDI team that they are valued and respected by a CDI leader? Have you noted any change in the need for or method of communication over the last few years?

A Our CDI team is top notch and never ceases to amaze me. As a leader, being able to stop by our hospital sites to see everyone and share my thanks routinely is something that I really do miss since going remote. With that said, I believe that transitioning from an on-site team to fully remote did change the way we communicate. Prior to leaving our hospital sites, it was fairly easy to connect with one another and even pose questions to the group. However, with the transition, it was clear that we needed to find different ways to communicate as a team. Since this was identified, we have worked at creating a remote environment that fosters authenticity. In doing so, we have broken down barriers that were hindering the team's performance and demonstrated the value that each member brings to our team.

We have also reminded staff that it is not just the leadership's responsibility to share a note of thanks with team members. Saying thank you to a coworker, whether through a message or using our HR acknowledgement board, is also a great way to praise team members, whether they serve alongside us or in a different department.

Q In response to the statement, "My CDI team is adequately staffed for the workload we have," only 22.71% of respondents strongly agreed, and more than 30% either

disagreed or strongly disagreed. Have you experienced an increase in workload for CDI teams or issues with hiring enough staff? Why do you think this workload vs. staffing issue exists for so many departments

A I think when clinical documentation became a separate function aside from utilization management and case management, it was designed to cover the traditional Medicare cases, with the thought that if providers could be taught how to document via queries on Medicare cases, than that would transition to every other payer. However, we know that is not how it played out. I can say that within my health system, we do not have the FTEs to touch every patient. We have learned to develop a prioritization work queue to assist us with getting to the right cases at the right time. Even with that, we still miss opportunities.

I also think that clinical documentation nurses truly bridge the clinical scenario to the coded scenario better than anyone else in the hospital and their knowledge can allow for additional work to be placed on them. For instance, I believe that most CDI programs also play a role in quality, readmissions, and mortality outcomes. While this can improve hospital star ratings, we need to be careful with scope creep and avoid overloading our team.

Q **According to respondents, 30.60% reported the CCDS as a required certification by their department, and another 7.89% said a CDIP certification was required, though of those with some kind of CDI/coding certification requirements, 25.55% received no assistance from their department for the associated costs. ACDIS has also received more inquiries of late from prospective CDI specialists, who are concerned that most hiring requirements include a CDI or coding credential. Does your department look mainly for applicants with these types of credentials when hiring? Are there any requirements and/or support in place for current staff to earn them?**

A I truly believe in getting certification once criteria have been met, but our organization has not required that candidates have a CCDS. Honestly, we have never had the opportunity to hire anyone that had

CDI experience, so therefore they did not onboard with their CCDS credentials. However, our system has a learning institute that will pay for the exam and recertification for those that are eligible. Because of this, we do encourage all staff members to obtain the CCDS certification.

Q **Almost 75% of respondents agreed or strongly agreed that they trust their compliance department to support them and protect their confidentiality if they reported a compliance concern, and an encouraging 83.75% would trust their organization to do the right thing. How do you suggest trust be established and maintained between CDI leaders, the compliance department/officer, and CDI staff concerning compliance? How do you think the profession is doing overall at holding to the ideal of integrity, and how can it still improve?**

A I feel the ACDIS/AHIMA Guidelines for Achieving a Compliant Query Practice brief has set the stage for CDI compliance. The most recent update in 2022 dove deeper into addressing many questions that had arisen over the years. At our organization, we don't just rely on the compliance department to audit queries. Internally, we audit one another from a peer perspective as well as receive audits from leadership. I believe this is just good practice and allows everyone permission to compliantly question how a query is formatted. When we first moved in this direction years ago, it did cause some strife among the team, but as CDI has evolved, everyone understands the importance of compliance.

Q **More than half of respondents reported their department has no career ladder for advancement in place (53.31%), though 13.72% of that percentage said their department is discussing implementation of such opportunities. What advice would you give to an organization seeking to provide some type of professional advancement or development opportunity to its staff? What advice would you give to CDI specialists seeking professional development opportunities in an organization that does not offer them?**

A I love the idea of a career ladder but have not been granted permission to implement that as of today. My suggestion is for leaders to see where

their individual team members are looking to grow. Some may be comfortable with the daily work they are currently completing. Others may be very interested in stretch assignments, including quality or mortality reviews. We also have some team members serve as auditors when staffing permits.

If I was looking for professional development as a CDI specialist, I would personally reach out to my direct manager or supervisor and share my intentions. They may be able to allow a stretch assignment or perhaps connect me with a mentor that would assist with my growth and development goals.

Q **An encouraging 73.97% of respondents agreed or strongly agreed that they receive adequate feedback and recognition regarding their job performance. How is feedback given to CDI staff where you work, and how often? How can departments better recognize their staff members' successes?**

A Our team craves feedback. Every month, the CDI manager in our system provides each team member with their productivity for the previous month in addition to the types of queries sent, provider response rate, and any opportunities identified through case audits. During this time, the manager also offers thanks and gratitude for their hard work and includes any extra duties they may have performed. This is sent electronically in addition to a quarterly one-on-one where there is time for more dialogue. However, the manager is always available to each team member when questions arise and acknowledges their years of service to the department in monthly staff meetings.