Q&A: Expansion of CDI into Outpatient

CDI WEEK

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As part of the first Clinical Documentation Improvement Week, ACDIS has conducted a series of interviews with CDI professionals on a variety of emerging industry topics. ***Avery E. Trickey, RHIA,*** *manager of the HIM department at Advocate BroMenn Medical Center in Normal, IL, answered the following questions from ACDIS regarding the expansion of CDI into outpatient services.*

Q ***Has the time come for the expansion of CDI programs into outpatient services/procedures? Why or why not?***

Each program is going to be different. If you're a newer program, it's not the time. But if you're an established program and you have the manpower, definitely it's a good time to expand into outpatient areas. Compliant documentation is a big deal with RAC and other regulatory agencies, making sure you're supporting all your treatments and clinical thought processes.

Q ***Do you recommend carving out time for outpatient review, or dedicating someone to this role?***

We actually carve out time for outpatient review. We have four total CDSs, including myself. We're all RHIAs. Two are scheduled to be down in the ED during the week, each for two-hour increments, on top of going up to the inpatient units. We then switch off every other week. That way if someone goes on vacation, everyone has coverage and knows the process. It also switches up your day a little bit. You get to see different things outside of your normal routine with the inpatient reviews.

Q ***If you have a successful inpatient CDI program and want to expand into the outpatient realm, how can you build a case for more staff/additional resources?***

We started with two initiatives in our ED. One was injections/infusions and documentation for our RNs, and the other was medical necessity documentation. The way we built a case for injections/infusion was our outpatient ED coders audited 100% of records for two weeks. They gave us a loss in charge analysis—what we would have recouped in charges had the RNs documented appropriately—and then we extrapolated that out over a year.

With medical necessity, we worked with the patient accounts department. They had to write off charges for things like CTs, EKGs, BNPs, and PT/INRs because there wasn't a diagnosis or symptom to support the need for certain outpatient radiological tests and labs. Patient accounts tracked those charges that were being written off.

What are some outpatient procedures that benefit from documentation improvement efforts?

Injections and infusions. We educate our RNs and then reeducate them as necessary and back off a little bit. They're catching on pretty quick. We'll follow up and do some retro-review audits instead of concurrent audits. Medical necessity in the ER is another big one, and I'm sure that could be expanded into other outpatient ancillary areas. We have a dedicated injections/infusions area, for example. Also, educating physician offices and making sure they understand which diagnoses cover which tests.

What are some of the benefits of placing a CDI specialist in the emergency department?

We've seen an increase in what we can charge out in the ED. If you can't charge for it in the first place, you can't get reimbursed for it. Money is being taken away by the RACs, etc., and we've got to find a way to keep our services running and making documentation compliant too. Rules are changing all the time, and you've got to keep up.

Another piece is quality, especially in the case of pneumonia. We were approached by our quality resource nurse and got education out to our RNs to support documentation of starting antibiotics for pneumonia patients within six hours of walking in through the door in the ED (antibiotic at arrival).

Trickey started at Advocate BroMenn as a clinical coder and then transitioned into the role of lead clinical documentation specialist. In this role, she developed a homegrown CDI program and expanded the program to include three additional CDSs that perform documentation improvement in both the inpatient and outpatient areas. Contact her at avery.trickey@advocatehealth.com.