Developing effective CDI leadership: A matter of effort and attitude

POSITION PAPER

Summary: CDI departments across the country have brought significant value to their organizations. However, CDI professionals understandably experience frustration when they feel isolated, unsupported, or unable to influence change. Leadership can help overcome these roadblocks. This white paper will explain the need for CDI leadership and offer strategies to overcome challenges and elevate the organizational profile of a CDI department.

"You are not here merely to make a living. You are here in order to enable the world to live more amply, with greater vision, with a finer spirit of hope and achievement. You are here to enrich the world, and you impoverish yourself if you forget the errand."
—Woodrow Wilson

"Treat people as if they were what they ought to be, and you help them become what they are capable of being."

—Johann Wolfgang von Goethe

Many CDI professionals face frustrations when it comes to recognition, understanding, and support of their roles. In a January survey deployed to ACDIS members ("Present and future of CDI"), survey takers were asked to identify challenges and opportunities for CDI efforts within their organizations. Some of the challenges expressed in the open-ended comments included the following:

- "Young program, executive leadership out of state without onsite manager for better than a year, poor continuing education, poor physician cooperation."

- "There is no upper executive buy-in and no physician buy-in. Our department is left without a physician advisor. In fact, a physician who is a member of the executive team told our advisor that what he was doing was illegal, so our advisor quit."

- "Lack of awareness and respect from other departments and executives. Poor relationship with coders (coders continuously attempt to sabotage CDI, and make false accusations against CDI)."

- "We are split over six hospitals. Frequent CDI management and coder turnover. Ever-changing work expectations. Program not allowed to be run by our managers but is micromanaged by [external companies]. Disintegration of team approach and support for each other due to stringent KPI and no face-to-face team meetings, which helped build our friendships and team ethic. General disintegration of work attitude due to us not feeling our voices are heard and being treated like we are idiots."

We are very micromanaged by our director and not treated in a respectful considerate manner as employees."

- Our CMO does not enforce MD compliance with queries. Our new owner does not see merit in paying for conferences.

These comments, taken verbatim from the survey, demonstrate the unfortunate reality facing some CDI departments nationwide. Nonetheless, these challenges should not discourage CDI professionals from feeling a sense of pride in their work and mission. In fact, CDI leaders can take advantage of many tools and their unique role as facilitators to transform their services and departments, delivering even greater value. By doing so, they can align the focus of their department members, meet the needs of their healthcare organization, improve their overall status, and remove the sense of powerlessness and isolation that many of the above comments demonstrate.

This transformation begins with effective leadership—which is not the same thing as management. Leadership has far less to do with authority and much more to do with setting a vision, mission, and strategy toward specific goals. Leadership pertains not only to CDI department managers or directors, but also to frontline chart reviewers without supervisory functions. This white paper includes practical examples of how leadership can apply to those tasked with day-to-day review of the health record.

One helpful definition of leadership is from *Business News Daily*'s "33 Ways to Define Leadership":

> *"Leadership is the ability to not only understand and utilize your innate talents, but to also effectively leverage the natural strengths of your team to accomplish the mission. There is no one-size-fits-all approach, answer key, or formula to leadership. Leadership should be the humble, authentic expression of your unique personality in pursuit of bettering whatever environment you are in."*
>
> —Katie Christy, founder, Activate Your Talent (Post, 2017)

Leadership is not a position; it is forward movement. CDI professionals have the power to create change on issues that they care about. However, they need a robust purpose, an understanding of the value that they bring, the knowledge to engage with their customers, and the patience to contribute to overall success.

It is not easy to mobilize people to make progress, but with a systematic approach like the five-step process described below, it can be done.

Step 1: Establish your mission, values, and goals

One must know oneself before seeking to lead others. While many individuals believe they have a grasp on their personality type and their likes and dislikes, successful leaders look deeper to determine their core values. Values are the principles from which you operate; they determine your priorities and help guide forward movement. There are many resources that provide lists of values to

> **Leadership has far less to do with authority and much more to do with setting a vision, mission, and strategy toward specific goals.**

assist you in getting started. A few of the hundreds of values that align with good leadership include accountability, accuracy, altruism, balance, being the best, contribution, diversity, empathy, excellence, fitness, goodness, happiness, health, inner harmony, making a difference, mastery, positivity, reliability, selflessness, success, support, teamwork, and understanding.

If you have been in a leadership position, you may have had the opportunity to write a mission statement for your CDI department. But before that, you must develop your personal mission statement—this is step 1. While the principles are the same, your personal mission statement is unique. Think of it as your purpose statement, or your personal brand: what you use to market yourself.

Developing a personal mission statement takes introspection and thoughtful effort, though knowing your values prior to doing so will make the process smoother. Most have said that once they identified their values and their sense of self, their personal mission statement came to them easily. You should be able to write your mission statement succinctly using a few sentences, usually not more than four or five. It should link together three elements: the value you create, who you are creating it for, and the expected outcome from creating it. A mission statement draws upon your values and defines your purpose. It is fluid and should be revised from time to time as you grow and evolve.

Following are some examples of personal mission statements from CDI leaders:

> **Understanding your values and personal mission statement will ground you and strengthen your workplace relationships.**

"I choose to attack each day with a commitment to do my best in whatever the endeavor may be and to seek challenges that allow for my growth both personally and professionally. My goal is to inspire others by my example of honesty, respect, and strong work ethic, and an openness to seek inspiration in the abilities of others. Each day is an opportunity to learn, grow, and adapt to change, and it should be seized with a positive attitude. I will refrain from pettiness, jealousy, and competition with my peers, but will instead celebrate everyone's success and understand we all support each other in growth, success, and accomplishment of this thing called life."

"To make positive contributions to the greater good of my family, friends, employer, and society. To live each day with self-awareness and purposeful action. To improve each day and in so doing positively influence my peers and colleagues, and provide a good role model for my family. To live life honestly, with good cheer, appreciation, and gratitude, and to operate with integrity."

"To utilize my knowledge and skills to encourage greatness, share the wisdom of my experience to light their path, and to celebrate their success."

Understanding your values and personal mission statement will ground you and strengthen your workplace relationships. With the patient at the nucleus, it is a natural progression for you, the CDI professional, to partner with the C-suite (senior hospital executives such as the chief medical officer and chief financial officer) as well as with providers to work on the common goal of organizational quality. A shared accountability between all parties can propel the organization toward the goal of a precise, complete, and accurate medical record.

The C-suite can share in accountability by supporting you and other aspiring CDI leaders in your efforts concerning quality, and by ensuring the organization's vision and expectations of the CDI program align with the ACDIS *Code of Ethics.* Providers, meanwhile, can share accountability by responding to the CDI team's efforts to align organizational and departmental visions in the common interest of better serving the patient.

Step 2: Establish your *department's* mission and goals

After you have determined your personal mission statement, the next step is to establish the mission and goals for your CDI department. But you can't do this in a vacuum; you must also understand what your organization expects and envisions for the department. As an aspiring leader, be proactive by meeting with the C-suite and providers to assist in setting SMARTER goals to guide your organization to positive outcomes:

- Specific

- Measurable

- Attainable

- Realistic

- Timely

- Evaluation

- Reviewed

> **After you have determined your personal mission statement, the next step is to establish the mission and goals for your CDI department.**

Developing a departmental mission statement follows the same path as creating a personal mission statement: It needs to be succinctly and clearly outlined, and supported with underlying values. The mission outlines the department's present state and defines its purpose. It answers three questions: *What do we do? Whom do we do it for? How do we do what we do?* A mission statement should be subject to revision and often has a short time frame (one to three years is typical).

By thinking outside the box to meet the organization's mission while complying with the ACDIS *Code of Ethics,* the aspiring CDI leader will strengthen the partnership between the CDI department, the organization's leaders, and the provider in the goal of achieving a complete, precise, and accurate medical record. Even though your organization has an established vision and mission, it's important for your CDI team to have its own identity and common purpose. These might not be identical to each other, but they should be aligned and not at odds.

Drafting a departmental mission statement is not an easy task. Allow ample time to invest in crafting the right mission. First, do some introspection. Ask yourself: *Who are we? What business are we in?* These are the critical questions that businesses marketing themselves must ask. Contrary to common belief, marketing is not about selling what you do. Marketing is about satisfying the need of your customer.

In this changing healthcare landscape, hospital and health systems face new and diverse types of challenges. You will need to understand what your organization's challenges are, and craft your CDI department's mission to account for their needs and goals. This may include identifying CCs and MCCs, but limiting the mission to that narrow scope may not be in your best interest—your organization (your customer) may have other, more acute needs.

How do you find out what matters most to your customer? It's simple: Ask. Schedule an appointment with the organization's leaders and ask what they are struggling with the most. What are their needs? Likely, they need help optimizing payment by improving severity of illness/risk of mortality scores and identifying CC and MCC opportunities. But don't stop there—healthcare organizations are likely also facing challenges with quality, safety, or data integrity. Documentation experts could help with medical record completion, copy-paste issues, and physician education or relationships. CDI teams may be called upon to help with ICD-10 training, or to partner with quality to show more accurate mortality data.

> **How do you find out what matters most to your customer? It's simple: Ask.**

Direct your CDI efforts to anyone who documents within the medical record. Coding professionals can only assign diagnosis codes based on the documentation of independent providers, but the entire medical record is used to support code assignment and ensure medical necessity and clinical validity. CDI leaders can work to promote the quality of documentation by involving ancillary staff such as nursing, dietitians, and therapists. One way to lead is by reaching "across the aisle" and asking these professionals to assist with template design. Ask them to identify areas of needed improvement. Provide them with education related to needed assessments, terms, and documentation consistency.

The more challenging the problem, the more valuable you become to the organization if you help resolve it. All of these are needs that a CDI department can step into, address, and include in its mission. CDI is collaborative—it cannot succeed without physicians who respond to education and queries, or without HIM/coding professionals who report accurate diagnoses and procedures based on the clarified documentation. But physicians and HIM/coding form just part of the puzzle. CDI departments cannot add staff without adequate financial support from their organization. This is why a CDI mission needs to be an aspirational goal that can progress and evolve over time.

In the spirit of collaboration that is so integral to good leadership, look to your team when creating your CDI department's statement. Conduct a brainstorming session with your staff and evaluate their input. Then draft the mission statement in a short paragraph that summarizes the mission of the group as aligned with that of the organization.

■ An example of a CDI mission statement is as follows:

"The Clinical Documentation Excellence (CDE) department ensures accurate, complete, and compliant clinical documentation across the healthcare continuum. The goal of the department is to create an accurate medical record that optimizes health system performance by focusing on the "Triple Aim" of improving the patient experience of care, improving the health of populations, and reducing the per capita cost of healthcare."

In addition, draft short- and long-term goals, and assign one team member the responsibility of tracking progress toward them. These goals should meet SMARTER criteria as defined above; they should also be aligned with the mission of your organization.

After you craft your mission and goals, develop an "elevator pitch" about your team—a concise summary of what your CDI department is and does, one that can be shared in the time you might spend in an elevator with another passenger. The pitch is a convenient and effective way to market the important work that you're doing. Use examples from your customer's point of view and offer help. Here is a template to help you design your pitch:

■ Say who you are and what you aim to do.

■ Describe the problem and how your group is doing about the problem.

■ Explain why you got involved and why it matters to you.

■ Thank your audience for their time and attention.

Step 3: Recognize your strengths and weaknesses

After you articulate your CDI department's mission and vision and identify the areas you're going to focus on, perform some introspection into your own competence in core tasks and planning for improvement. For group leaders, this includes your leadership skills. Leadership skills include your ability to:

■ Communicate clearly

■ Motivate others

■ Create a workable unit

■ Represent your group

The most important skill for the group is the ability to implement improvement projects. This might include utilizing "Plan-Do-Study-Act" (PDSA) cycles (Institute for Healthcare Improvement, n.d.) or another process improvement methodology. One example of a process improvement is a "kaizen event," which are brief, intense improvement projects specifically aimed at a single process (Earley, n.d.). A kaizen event is a great method to improve the process for reviewing Patient Safety Indicator (PSI) cases. Additionally, you can use Lean Six Sigma techniques

> After you craft your mission and goals, develop an "elevator pitch" about your team—a concise summary of what your CDI department is and does, one that can be shared in the time you might spend in an elevator with another passenger.

to create a new approach to the review of death cases, with the aim of improving mortality data.

Identify the gaps between the current situation and the ideal team needed to serve the mission, and how these gaps will be addressed through recruitment or development. This may include more training regarding quality or safety, or a better understanding of physician workflows. For example, CDI staff are often asked by providers to assist with the navigation of new electronic health record (EHR) systems. A July 2016 study by the Mayo Clinic correlated physician burnout with administrative burdens related to EHR documentation (Shanafelt et al., 2016). Ask your CDI team to attend provider training to gain a better understanding of the *physicians'* problems—then offer to assist with those issues when they arise.

For leaders, the best way to educate about your department's mission is through modeling. If certain team members are less capable or less enthusiastic, leaders must arrange for additional guidance, perhaps from more experienced mentors or coaches, or through a learning network or peer support group. This is where engagement with a physician leader or advisor comes in handy. Many organizations do not offer physician advisor services to CDI departments, but there are strategies you can use to increase physician participation or assistance, or to create a compelling case for investment in a physician advisor(s). Physician leaders represent a link to your organization's providers. They can engage their peers and colleagues in discussion of documentation opportunities. Many documentation issues center around the need for definitions and consistency, and a physician leader can spearhead this effort by presenting statistics and comparison data as a powerful incentive for physician participation. However, if an organization won't employ a physician leader or advisor, another strategy is to identify key physicians in each division—ones with a vested interest in the mission and insight regarding their division's various personalities.

> **Ask your CDI team to attend provider training to gain a better understanding of the physicians' problems—then offer to assist with those issues when they arise.**

Your mission should drive the type of work you need to focus on and the types of skills and toolsets you need to build. For example, you might realize that your focus needs to include reviewing and reducing the incidence of PSIs, or increasing the accuracy of discharge diagnoses to lower readmissions. Some CDI departments assume their main task is just revenue improvement, but this assumption may be faulty or misplaced—administration may also worry about quality and hospital star ratings, for example. CDI should ask leadership: *What is on top of your agenda, and how can I help you?* Seek out the needs of your customer and try to satisfy them, taking care that doing so does not conflict with your core values and ethics.

As a leader, try to view challenges as a chance to step up and prove yourself. This will require you to step outside your comfort zone—and likely outside your job description—but this is what good leaders do. Offer to help in areas where no one else has volunteered, and where the customer's needs are not met. Then document your work, your approach, and the improvements. This output will be key in proving your value.

Leaders inspire confidence, and one way to do so is staying informed about your profession and its challenges, as well as its opportunities. In CDI, this means educating yourself on the ever-changing environment of healthcare regulations and reimbursement. This requires a focus on self-improvement, including a commitment to lifelong learning. Leaders do not rely on their employer to provide the education they need; they seek out the knowledge themselves. They network with other industry leaders, join professional organizations (local and national), and keep their finger on the pulse of current events within the industry. Leaders listen to the wind and anticipate what is coming. Armed with this knowledge, they communicate their resource needs, confidently and at all levels of the organization, to show they are proactively meeting regulatory changes and other challenges.

Leaders are able to work within a team and operate with integrity. They do so by acting honestly and respectfully. Treat all the people you encounter with dignity, acknowledge their ideas, and offer your expertise when it assists others in their goals. Demonstrate your integrity through your actions. Your skills and abilities will speak for themselves; others will note your contributions, and your reputation will grow.

> **Leaders are able to work within a team and operate with integrity. They do so by acting honestly and respectfully.**

Remain optimistic in your approach. It is easy to fall into a pattern of complaint or dissatisfaction. Strive for self-awareness so you can identify when this happens. Instead of pessimism, seek to lead with inspiration. Request feedback from team members and colleagues on your strengths, your effectiveness in leading staff on departmental goals, and areas in which you need to improve. A number of formal and informal methods to seek feedback are available. Many organizations use 360-degree feedback in their formal evaluation process ("360-degree feedback," 2017). It includes requesting feedback from your subordinates, peers, and supervisors, in addition to performing a self-evaluation. This approach allows you to see yourself as others see you; it clarifies your strengths and weaknesses. It allows you to learn, grow, and change to be more effective in your role—but only if you are accepting of the feedback you receive.

While 360-degree feedback often involves a formal process, including a rollout of the program and deployment of an online survey, you can apply the concept informally as well. Seek guidance from all levels of your organization; inquire as to how you can improve related to communication of your ideas and message. If you attempt a change and it fails, analyze how you might have strengthened your effort and learn from the experience.

360-degree feedback is a tool to help you evaluate your emotional intelligence (Bradberry, 2014). Emotional intelligence describes how we manage ourselves, our behavior, and our reactions to the world and culture around us. Travis Bradberry, author of *Emotional Intelligence 2.0*, writes that emotional intelligence is comprised of *personal competence* and *social competence*. He describes personal competence as self-awareness and self-management skills. Are you aware of your emotions and reactions? Can you adjust your behaviors to ensure you are communicating positively and professionally when needed? Feedback from others can help you develop this self-awareness. Social competence, on the other hand, is situational awareness. Are you able to note the moods, behaviors,

and motives of others? Are you able to recognize the messages others are sending you?

Social competence plays a key role in achieving your goals; it lets you better speak to how those goals can be accomplished. Acknowledge roadblocks, but seek solutions as well. Every problem, with enough creativity and effort, can be solved. Sometimes your efforts will fail, but an optimistic reaction to failure allows your team to reevaluate and readdress, turning a setback into a positive learning experience. When your efforts are successful, celebrate and share the credit with those who offered their talents and support. Then revaluate and discuss how to grow again.

Some traits of a good leader—in any walk of life—include:

- A willingness to help remove the barriers of doing the work

- Being a role model

- Empowering others to work independently and with confidence

> **A good leader is transparent and exhibits integrity, positivity, and open-minded-ness—and a good CDI leader always asks his or her colleagues to share their ideas.**

A good leader is transparent and exhibits integrity, positivity, and open-mindedness—and a good CDI leader always asks his or her colleagues to share their ideas. Yet a leader must have a team to lead, meaning others must look to you for guidance. Those team members may be your staff, if you are in a formal position of leadership, and your colleagues. But you can also lead from below: You can lead your manager, senior management, providers, and other organizational leaders through diligent effort and volunteerism. Demonstrate your leadership through your communication skills, your subject matter expertise, your organizational abilities, and your drive to improve yourself, your CDI department and colleagues, and your organization.

Step 4: Build a guiding coalition

After you have listened to your customers for their needs, created your aligned mission and vision, built short- and long-term goals, and evaluated your strengths and weaknesses, it's time to start working. This means you will need to have good results, but more importantly, you need to work to build the coalition of stakeholders who may support you: coders, HIM leaders, physicians, revenue cycle staff and leaders, medical staff leaders, and/or nurses. The coalition is formed of people who listen to what you do and understand how you are bringing value. Enhance collaboration within and across groups, offer to be the catalyst for initiatives, and be flexible but persistent in your goals. Here are a couple of examples:

- A documentation opportunity was identified to capture the diagnoses of malnutrition, BMI > 40 (morbid obesity) and BMI < 19 (underweight), which were not consistently documented by the providers. These secondary diagnoses are comorbid conditions/risk factors and increase severity of illness/risk of mortality, impact the DRG assignment, and support use of resources. CDI met with nutrition services staff and together developed

an electronic nutrition note to notify the provider of the nutrition evaluation and the specific type and acuity of malnutrition. This note is sent electronically to the attending physician to review, confirm, and sign; it then becomes a permanent part of the medical record.

- The CDI department collaborated with health information management and preoperative services to address the history and physical (H&P) requirement prior to surgery/procedures. Documentation opportunities existed for a more complete clinical picture and to capture secondary diagnoses/risk factors, which are used in risk adjustment and payment methodologies. Meetings led to the development of a template to address all the required elements of a complete and accurate H&P. Preoperative services now validates that an H&P is on the record prior to any surgery or procedure to ensure compliance with standards and provide safe and quality care.

Following are two additional examples of "leading from below" that a non-manager/CDI reviewer can adopt to help build a coalition:

> **As a CDI director or supervisor, you can connect the dots with other depart-ments through education.**

- A cardiology department planned to begin performing a new procedure. A CDI specialist assigned to cardiology offered to work with multiple colleagues including providers, administration, revenue analysts, coding, and billing; the specialist strove to research coding and documentation information for this procedure, and to coordinate efforts to develop a comprehensive process to ensure complete documentation. The CDI specialist also volunteered to review the coding summaries to ensure the procedure was coded accurately.

- A specific procedure code is assigned when a patient undergoes a tracheostomy. Some patients simultaneously have a tracheoesophageal prosthesis placed to use for esophageal speech. A CDI specialist noted that, in some cases, these procedures were not both coded. This individual demonstrated leadership by researching the procedures and identifying that they both should be coded (as they involve different anatomy) to support the charge for the prosthesis. The CDI specialist shared her findings with the coding team and assisted with revising the coding policy.

Healthcare organizations are often "siloed," meaning that departments do not talk to each other or participate in the organization's broader mission, but rather focus on their own narrow goals and day-to-day concerns. CDI professionals can help break down these silos. They understand documentation's importance in supporting multiple facets of organizational success: communication of patient care, hospital reimbursement (DRG assignment, CC/MCC capture), quality measures (hospital value-based purchasing, observed-to-expected mortality, complication rates, etc.), physician/professional fee billing, Part A and Part B denial management, and more.

As a CDI director or supervisor, you can connect the dots with other departments through education. Publically reported data derived from claims data represents

your organization to the public and influences customer choice, private payer contracting, and provider recruitment. Show other departments concrete examples of how good documentation makes their lives easier and improves the reputation of the organization.

As a CDI reviewer, you can make significant contributions by seizing a review opportunity, coming up with a creative solution, and taking the lead. A title is not necessary; the desire and passion to make a difference is. That is what leadership is all about. Many frontline CDI reviewers performing concurrent reviews identify documentation and coding opportunities. They use skills and experience to problem solve and share information with colleagues who may be struggling with the same issue. Empowering others creates a strong team and a culture of "leaders" among the staff. This in turn encourages ideas as well as open and honest communication. Never be afraid to ask your manager about an opportunity to lead; even if the answer is no, you lose nothing by asking.

> **As a CDI reviewer, you can make significant contributions by seizing a review opportunity, coming up with a creative solution, and taking the lead. A title is not necessary; the desire and passion to make a difference is.**

As you collaborate with other departments and attune to their needs, they will share your successes and become your advocates. For example, your case management/utilization review department may be working to decrease length of stay related to specific patient populations or conditions. Case management efforts for timely discharge may be on point, but the documentation may not capture the proper DRG or reflect the breadth of a patient's illness. The efforts of the CDI department in capturing comorbidities and accurately assigning MS-DRGs can help ensure a patient's expected length of stay is appropriate. Because CDI has reached across the aisle, case management may reciprocate by providing good supporting documentation in the medical record and advocating for your efforts when interacting with physicians and organizational executives.

These type of broader organizational initiatives are not easy, and you may need to find champions within your team to help you achieve them. You and your champions must identify what's needed to adapt to the challenges and listen to the concerns of your team. It's important to explain to your team that traditional CDI functions may not satisfy the needs of the organization or the department's other customers.

Remember that the stakeholders who understand what you're trying to do will help you by promoting your actions as important to the organization. Your CDI department will achieve greater recognition and appreciation as a result. The obstacles cited in the survey comments presented earlier ("*Lack of awareness and respect from other departments and executives. Poor relationship with coders*") will vanish as your coalition broadens.

Step 5: Monitor your progress and share your experiences

After you've started working on your initiatives, you need to record your actions and track any improvements. Volunteer to serve on task forces and committees and show the work you've done, preferably with demonstrable results. Participate enthusiastically, answer questions, and make it obvious that you have a

willingness to serve. Remember that the more lackluster the task, the better—this means your help is more valuable.

Seek out new initiatives and see if there is an opportunity for CDI to help. Be positive; fight the temptation to complain in public about the difficulties of your job. One way to share experiences is to talk to nurses or physicians on the wards during rounds. Doing this will help you get to know people, establish relationships, and make your work visible.

Leaders within your organization need to know what you're working on and see the progress you've made. Invite leaders to lunch and share the successes you have had. These meet and greets are an opportunity to request information, solicit physician advisor support, or open the door to sit in on other important meetings. Take the time to prepare printed materials that showcase the work you do, and remember to always offer help. Consider creating a dashboard or a scorecard showcasing all the metrics that are outcomes of the work being done by your CDI department. Then share it with the VP of the division.

Consider creating a dashboard or a scorecard showcasing all the metrics that are outcomes of the work being done by your CDI department. Then share it with the VP of the division.

Following are some examples of "showing your work":

- Benchmark your physicians against similar facilities and providers. Physician profiles are very important, and providers like to look good compared to their colleagues. Provide before-and-after examples of DRG assignment based first on original documentation, then on the same documentation after CDI education, to illustrate opportunities and clarifications. The examples should demonstrate improved severity of illness/risk of mortality, higher DRG assignment supporting a longer length of stay, and improved physician profiles that showcase the complexity of the patients they're treating.

- Develop a CDI dashboard to show administration and physicians the work your CDI department performs and the impact it has on the organization. Showing the complexity of patients and positive outcomes is a powerful incentive for your organization's ability to leverage contracts and influence patient choice. When your data shows high-quality care (low PSI/HAC scores), low readmission scores, shorter lengths of stay, complex patient populations, and high patient satisfaction scores, these statistics speak louder than words.

- Review and share Vizient (UHC) data (alternatively Healthgrades.com and U.S. News and World Report) with administration and physicians to indicate how your organization compares to similar facilities and demonstrate potential opportunities for improvement. Payers examine data systems to identify the most positive outcomes for the best cost. Data is the only way an organization can support the quality of care it provides to patients, and this data is based on complete and accurate documentation and coding.

Some other tips and ideas to increase your visibility and demonstrate your progress include the following:

- Be well prepared to articulate mission and future vision, both in meetings and in impromptu one-to-one encounters

- Create a poster about CDI with a picture of the team

- Invite the CEO to lunch in the department and present a bit of data (avoid the data deluge and "death by PowerPoint"; boil down your messages to bite-sized, helpful takeaways)

- Provide regular communications to leaders about progress

Finally, remember that leadership is not a position or a title. It is an attitude.

Appendix: Core Competencies for CDI Leaders

Following is a list of core competencies for CDI leaders:

1. Understanding your business and how to meet the needs of your customers

2. Understanding the difference between management and leadership

3. Creating your mission

4. Assessing your weaknesses and strengths

5. Learning how to collaborate with others to build synergies

6. Helping your team to grow

7. Earning trust through upward, downward, and lateral communication

8. Influencing change

> **Finally, remember that leadership is not a position or a title. It is an attitude.**

Citations

"360-degree feedback." (2017, January 9). In *Wikipedia, the Free Encyclopedia.* Retrieved from *https://en.wikipedia.org/wiki/360-degree_feedback*

Bradberry, T. (2014, January 9). Emotional intelligence—EQ. *Forbes.com.* Retrieved from *www.forbes.com/sites/travisbradberry/2014/01/09/emotional-intelligence/#22f68ef41ac0*

Earley, T. (n.d.) Planning and running kaizen events [Blog post]. *Lean Manufacturing Tools.* Retrieved from *http://leanmanufacturingtools.org/625/planning-and-running-kaizen-events/*

Institute for Healthcare Improvement (n.d.). Plan-do-study-act worksheet. Retrieved from *www.ihi.org/resources/Pages/Tools/PlanDoStudyActWorksheet.aspx*

Post, J. (2017, March 29). 33 ways to define leadership. *Business News Daily.* Retrieved from *www.businessnewsdaily.com/3647-leadership-definition.html*

Shanafelt, T. D., Dyrbye, L. N., Sinsky, C., Hasan, O., Satele, D., Sloan, J., & West, C. P. (2016, July). Relationship between clerical burden and characteristics of the electronic environment with physician burnout and professional satisfaction. *Mayo Clinic Proceedings, 91*(7), 836–848. *www.mayoclinicproceedings.org/article/ S0025-6196(16)30215-4/abstract*

Suggestions for further reading

Travis Bradberry and Jean Greaves. *Emotional Intelligence 2.0*. TalentSmart, 2014.

Dale Carnegie. *How to Win Friends and Influence People*. Pocket Books, 1998.

Clayton Christensen. *The Innovator's Dilemma: When New Technologies Cause Great Firms to Fail (Management of Innovation and Change)*. Harvard Business Review Press, 2016.

Jim Collins. *Good to Great: Why Some Companies Make the Leap…And Others Don't.* HarperCollins Publishers, 2011.

Stephen Covey. *The 7 Habits of Highly Effective People: Powerful Lessons in Personal Change.* Simon & Schuster, 2013.

Daniel Goleman. *Emotional Intelligence: Why It Can Matter More Than IQ*. Bantam Books, 2005.

Parag Kar. *What is Leadership?* LinkedIn.com, accessed April 4, 2017: *www.linkedin.com/pulse/what-leadership-parag-kar*

John Kotter. *Leading Change*. Harvard Business Review Press, 2012.

John Kotter. *That's Not How We Do It Here! A Story About How Organizations Rise and Fall—And Can Rise Again*. Portfolio, 2016.

John C. Maxwell. *The 21 Indispensable Qualities of a Leader: Becoming the Person Others Will Want to Follow*. Thomas Nelson, 2007.

Alexander Osterwalder. *Value Proposition Design: How to Create Products and Services Customers Want.* Wiley, 2014.

Eric Ries. *The Lean Startup: How Today's Entrepreneurs Use Continuous Innovation to Create Radically Successful Businesses*. Crown Business, 2011.

What is an ACDIS Position Paper?

An ACDIS Position Paper sets a recommended standard for the CDI industry to follow. It advocates on behalf of a certain position or offers concrete solutions for a particular problem. All current members of the ACDIS Advisory Board must review/approve a Position Paper and are encouraged to materially contribute to its creation.