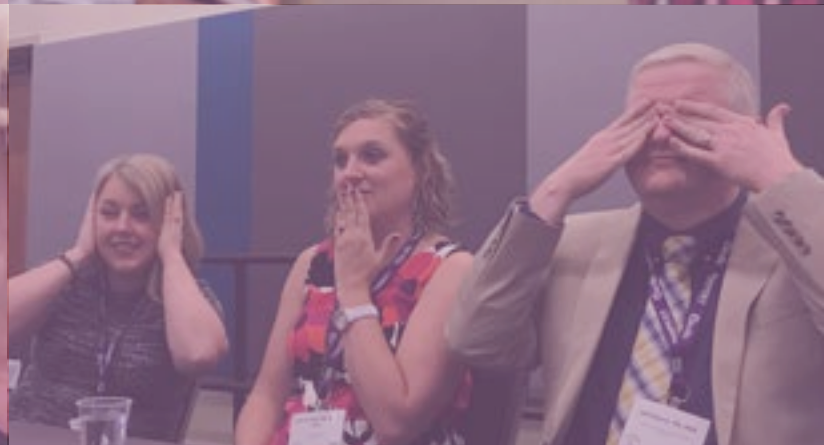
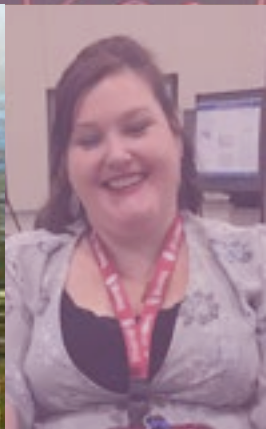


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The exhibit hall was bustling with more than 40 vendors and multitudinous networking opportunities throughout the conference.



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NOTE FROM THE DIRECTOR

There and back again—a journey to the heart of CDI

By **Brian D. Murphy**

If you're a fan of *The Lord of the Rings*—the classic book by J.R.R. Tolkien, or the fine film adaptations of recent years—you might recognize its meaningful closing line.

Samwise Gamgee, the true hero of the story, returns home after a long and arduous journey that takes him to Mordor and the shining kingdoms of Gondor, and then back again to the Shire and his family. At the end of it all, he collects his family in his arms, takes a deep breath, and reflects on it all with a simple phrase:

Well, I'm back.

I feel a lot like Sam after a recent journey of my own undertaking—a week-long trip to San Antonio, TX for our 11th annual ACDIS conference. The conference is by far our most hectic and stressful time of year, but it's also our best time of the year and most rewarding, if that makes sense. The conference is simultaneously a ton of hard work but also a massive battery recharge, a jolt to the system that makes you realize how lucky you are to be part of a great profession in healthcare.



Courtesy photo

ACDIS Director Brian Murphy raises a glass with fellow team members at the San Antonio airport at the close of the 2018 conference.

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I can tell you, having done this 11 times (!), that conferences are a LOT of work. About 16 months' worth of work, to be honest. It starts with identifying a city, taking site visits to the location to ensure that the space will work. Next is contracting with hotels and the convention center. Then comes the work of recruiting a conference committee, and brainstorming and developing educational tracks that best serve our members and attendees.

Then comes speaker recruitment. Abstracts begin to come in. Our conference committee reviewed more than 170 abstracts this year, agonizing over each one. Then speaker contracting. Brochure development. Developing marketing plans. Interviews with speakers on ACDIS Blog and ACDIS Radio. Reviewing powerpoint presentations with our subject matter experts and nurse planners. Setting menus. Working with exhibitors and sponsors and coordinating the build-out of our exhibit hall. Packing up our booth and bookstore. Shipping. Finalizing travel plans. Onsite registration. Badge changes... it goes on and on.

I have so many people to thank, but need to single out our amazing events team, led by our events director Shannon Storella. This group makes it all run smoothly. When the WiFi goes out, or a speaker unexpectedly cancels, or the coffee runs out at the morning break—all routine occurrences at these type of events—these guys get it done.

Make no mistake, the CDI profession is alive and well—and growing. We have seen expansion into post-acute care settings including inpatient rehab, Long Term Acute Care (LTAC) facilities, pediatrics, and psychiatric hospitals

and services. We're seeing large growth into outpatient settings including hospital clinics and physician practices. Huge influxes of foreign medical graduates are joining CDI, finding a calling and fulfilling the promises of the American dream by applying their overseas clinical acumen to this great profession.

At the conference our ACDIS advisory board completed a day-long strategy session in which we identified several areas where we will continue to drive the profession forward. I look forward to working on these initiatives over the coming year. Chart reviews are far more complex than 11 years ago. A profession that once sought only to maximize revenue through CC and MCC capture is now clarifying all elements that impact quality, patient safety, and risk. Mortality reviews, patient safety indicators, hospital acquired conditions, are all part of the day-to-day efforts of CDI professionals. Audits by Recovery Audit Contractors (RAC) and the Office of Inspector General (OIG) have heightened awareness of compliance and clinical validity of reported diagnoses. Technology including computer assisted coding (CAC) and natural language processing (NLP) has increased the depth and reach of reviews, but is also changing the nature of the CDI profession and instilling a unsettling feeling of "will artificial intelligence (A.I.) eat my job?"

But underneath the acronyms, the regulations, and the software, are the beating heart of real people working hard every day in a profession they love. That point was driven home to me again in San Antonio. There has never been a greater demand for CDI professionals possessed of critical thinking skills, clinical acumen,

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and a willingness to learn and to change with regulatory demands and the changing nature of healthcare.

I also want to thank all of you for taking this journey with us, for the last 11 years. I cannot express the profound gratitude when I hear how ACDIS has helped out seasoned professionals like advisory board members Jeff Morris, Erica Remer, Robin Jones, and Katy Good.

The big secret is that they and many others have helped me grow, personally and professionally, with their incisive view of the profession, even as we have helped them on their impressive careers.

The conference is also a social occasion. I enjoy my annual discussion with Stephanie Cantin-Smith about heavy metal, another passion of mine. The ACDIS conference is a family reunion. The conference allows us to meet many new faces, too. I met a pair of awesome New Mexico-based CDI professionals—Anna Kramer and Rhonda Bull—who made the trip via a motorcycle “trike,” calling themselves the “505 club” for the original area code of New Mexico from which they had come. Conference attendees could follow the journey of the “505 club” to San Antonio and back again via our popular conference app. I won’t forget them!

I welcome your ideas for helping to improve the CDI profession. Let me know what you love about CDI and how we can best serve you. Criticism is welcome too. If we’re off-base, let us know. Continual improvement, and integrity of the medical record through accurate and complete physician and provider documentation, is what we strive to do every day. That’s our goal, and our mission, at ACDIS. I take this responsibility very seriously, and I thank you for allowing me to work as your director. I love my job.

We’ll get there, and back again, on this journey together.

See you in Orlando in 2019. 🌸

Editor’s note: *Murphy is the director of ACDIS. Contact him at bmurphy@acdis.org.*



HCPRO Boot Camp instructors Shannon McCall and Debbie Mackaman flank ACDIS Director Brian Murphy after their session “Making Sense and Demystifying the Relationships Within the Grouper.”



CDI Boot Camp instructor Sharme Brodie, RN, CCDS, and ACDIS Director Brian Murphy take the Optum360 photo booth for a joy ride.



Photo by
Cutline

Willcutt, Boldt, Salunkhe, Savage, and Sandstrom win 2018 ACDIS Achievement Awards

Every year, ACDIS celebrates the achievements of exceptional CDI professionals. Nominations come from peers in the industry. The ACDIS Conference Committee then reviews applications and chooses the final winners. [Click here to read about the award criteria, nomination, and selection process.](#) This year's winners are:

CDI Professional of the Year



Rebecca Willcutt, BSN, RN, CCDS, CCS, CRC, director of the CDI program at Cooper University Hospital

in Camden, New Jersey, is “not only a director, but a mentor,” according to one nominator. “Her unwavering standards in practice and kindness are why people not only find fulfillment in their roles under her but actively seeking employment by her because of her integrity and solid standards.”

Willcutt successfully manages the hybrid (remote and on-site) CDI team at Cooper while being remote herself and has built a cohesive team nonetheless. Under her leadership, the CDI team aided in a 65% reduction of patient safety indicators and hospital-acquired conditions, achieved a 100% query

response rate, and retained 100% of their CDI specialists on staff. She

“On a personal level, I don’t think I could find the words. This submission on paper cannot possibly embody all of what Rebecca [Willcutt] means for each and every one of us both professionally and personally.”

has also developed an ambulatory program growing it from two to six CDI specialists.

“Rebecca genuinely cares for each individual team members and pushes us to do our best,” said another nominator. “Rebecca is an invaluable leader and deserves to be recognized.”

“On a personal level, I don’t think I could find the words,” wrote one nominator. “This submission on paper cannot possibly embody all of what Rebecca means for each and every one of us both professionally and personally.”

Recognition of CDI Professional Achievement



Tracy Boldt, RN, BSN, CCDS, CDIP,

is the CDI system manager at Essentia Health in Duluth, Minnesota. “When I think of a CDI role model and mentor, the first person who comes to mind is Tracy,” wrote one nominator. “I cannot think of a more deserving recipient for this award.”

Since stepping into her current role two years ago, Boldt has created a single cohesive inpatient CDI department from three separate departments distributed across the health system. She has brought the teams together through creative efforts like an off-site staff retreat. Additionally, Boldt identified the need for an ambulatory CDI program and worked to build and launch the program from the ground-up—from crafting job descriptions, procedures, and educational materials, to hiring and training staff.

“Tracy exemplifies strong characteristics of servant leadership,” another nominator wrote. “She does not lead from above but seeks collaboration and input from all. She is an excellent listener and will make decisions for the benefits of the group.”

“In regard to her passion for CDI,” one nominator said, “I frankly find it difficult to keep up with her pace. She has a strong desire to remain up-to-date and cutting edge along with sharing her passion for CDI and her knowledge.”

Excellence in Provider Engagement



Vijeta Salunkhe, MBBS, MHA, MBA, CCDS, CCS,

is the CDI manager at Baylor Scott and White McLane Children’s Medical Center in Temple, Texas. “Due to her excellent leadership and cooperative skills, she has been able to build strong relationships with our physicians, advance nurse practitioners, residents, case management team, and other personnel,” wrote one nominator.

After launching her facility’s CDI program in 2007, Dr. Salunkhe has worked with the physicians to develop pediatric CDI query templates and case studies for standardized physician education. Additionally, she worked to successfully implement electronic query tools and CDI work queues within the EHR system. She is currently a co-leader of the Texas

ACDIS chapter and is a member of the Forms & Tools Library Committee.

“I have observed her to be a strong professional with outstanding critical thinking skills, leadership abilities, and a cooperative spirit,” wrote another nominator.

“She always leads by example, having a positive influence on her peers and colleagues,” said one nominator. She is “always working to keep everyone on track and move our organizational goals forward in a positive way.”

Pediatric CDI Professional Achievement



Leah Savage, MSN, RN, CCDS,

is the system manager of CDI at Norton Health Care in Louisville, Kentucky. “In my many years in CDI, I cannot think of a more qualified, dedicated, and passionate CDI professional than Leah,” wrote one nominator.

Savage built the pediatric CDI program at her facility from scratch. She then served as the sole CDI specialist while also serving as a co-leader of APDIS, the pediatric chapter of ACDIS, and of the Kentucky/Southern Indiana chapter. Her extensive knowledge gave her the opportunity to serve as a contributor to and a reviewer of ACDIS’ pediatric CDI guide, *Pediatric CDI: Building Blocks for Success*, and she has spoken at both state and national conferences. Because of her success in rolling out the

pediatric CDI program, Savage was recently promoted to the manager of the system-wide CDI program.

Savage's "passion for CDI and pediatrics is very much visible when you talk with her or listen to her presentations," another nominator wrote. "Many people from different states reach out to her for assistance and information because of her expertise and knowledge in pediatrics and CDI."

She "has demonstrated her love for the CDI profession and made significant contributions," one nominator said. "I look forward to watching her continued growth and influence in the profession."

Rookie of the Year



Heather Sandstrom-Schipma, RN, BSN, a CDI specialist at Dignity Health-St. Joseph's Hospital in Phoenix, with Optum360,

started working in CDI in 2017 and has "become the 'go to CDI' for all things NICU related," one of her nominators wrote.

Sandstrom-Schipma's background before joining CDI was in pediatric intensive care, neonatal intensive care, and emergency trauma. Currently, she leverages that background in reviewing NICU

documentation, conducting physician education, and providing education to the rest of the CDI team.

"She has attended every available education opportunity within our organization," one nominator wrote. "[She] has become a resource for staff in other hospitals in our client organization who are facing the same challenges she did as a new CDI specialist."

Sandstrom-Schipma "has an insatiable appetite to learn, and is always looking for ways to improve our process," writes her nominator. "She has become an indispensable member of our team." 🌸



Photo by
Cutline



Conference Committee shares excitement

ACDIS Editor Linnea Archibald had the opportunity to chat with a few of the committee members about their experiences and what they looked forward to most. Here's a recap of their responses:

Q: Why did you volunteer to be on the committee?

Jeff Morris: I was excited to see an entire pediatric track added for the 2018 conference. With the bulk of my CDI experience being in pediatrics, I felt like I knew what attendees would be looking for in terms of basic, intermediate, or advanced sessions related to this specialized topic. I also really enjoy collaborating with other CDI specialists and seeing their perspectives on different issues; participating in the conference committee allowed me to collaborate with others from across the country.

Jennifer Cooper: I volunteered because I wanted to get more involved with ACDIS. I have gone to two conferences before and always loved picking out what sessions I would go to when I attended. I'm particular about what sessions I go to because I want to get the most out of the conference. I felt that volunteering for the committee would allow me to do that for the conference in general as the one of the main tasks of the committee is to read through the proposals and

select what the committee deems to be the most appropriate for the attendees.

Teri Ryan: I absolutely love the ACDIS national conference and wanted to support it. Participating on the committee is very rewarding and challenging. There are so many excellent submissions, and it can be daunting to choose from among them. But, after much review and discussion, we pulled together an exciting schedule of presentations!

“CDI is ever-evolving, because healthcare is ever-evolving, frequently forcing us all to adjust and learn in order to maintain success in our organizations. I’m in management, so frequently I’m putting out fires, researching and analyzing data, and sorting tasks. The conference allows me an opportunity to spend time truly dedicated to refueling on information, updates, and ideas that forge the way for innovative solutions.”

Chaka Prior

A committee of ACDIS members volunteers their time and energy beginning in July each year and meeting regularly to set priorities for *the annual ACDIS conference*, evaluate speaker applications, and ensure content submissions meet rigorous quality expectations.

Over the months leading up to the conference, the committee members work tirelessly to ensure the event is as memorable and valuable as possible. For their efforts, ACDIS would like to extend a thank you to this year's conference committee, including:

Jennifer Cooper, MHIIM, RHIA, CDIP, CCS

Margaret Foley, PhD, CCS, RHIA

LaDonna Harbour, RN, CCS, CDIP, CCDS

Faisal Hussain, MD, CCDS, CDIP

Jeffrey Morris, RN, CCDS

Chaka Prior, MPA, BSN, RN, CDIP

Teri Ryan, BSN, MBA, CCDS

Courtney Spangler, RN

Michele Thornton, RN, BSN, CCDS

Susanne Warford, MBA-HCM, RN, CCDS

Shelia Bullock, RN

To learn more about these amazing professionals, [click here](#).

Q: Why do you love the conference?

Chaka Prior: I love the learning. CDI is ever-evolving, because healthcare is ever-evolving, frequently forcing us all to adjust and learn in order to maintain success in our organizations. I'm in management, so frequently I'm putting out fires, researching and analyzing data, and sorting tasks. The conference allows me an opportunity to spend time truly dedicated to refueling on information, updates, and ideas that forge the way for innovative solutions. Plus, it's a great opportunity to travel and network with a group of healthcare professionals that don't require an explanation on what clinical documentation improvement is.

Michelle Thornton: I have attended several of the ACDIS conferences and I love the education I always leave with in order to share it with my team members. I absolutely love "networking" with other CDI specialists across the country and hearing what their issues/obstacles are and to see common trends in CDI.

Q: This year's conference had the theme of "one thing." What one thing were you looking forward to most this year?

Prior: As a leader, I am frequently working to find ways to energize and acknowledge my teams, maintain physician buy-in and executive collaboration, and satisfy collaborative partners without sacrificing best practice and exhausting my support. [My one thing was this]

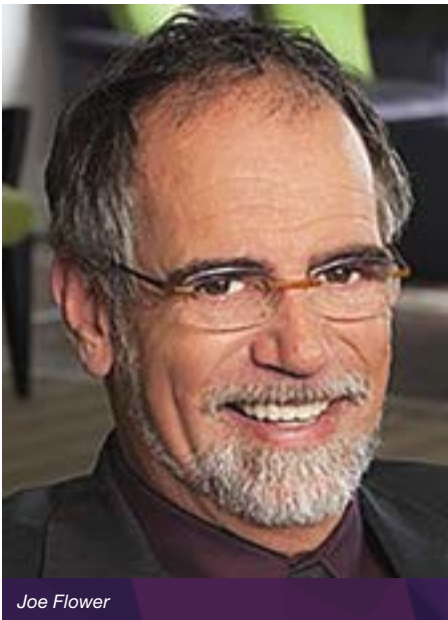
great opportunity to bring back informative resources to the organization on what is working or not working from a national perspective. And, I had never been to San Antonio, so it was great to explore a new city!

Morris: It's very hard to narrow it down to only one thing, but I always look forward to networking with other CDI specialists from across the country and beyond. I always learn so much from the tracks and sessions, but networking with others helps you form a "lifeline" or "call a friend," if you will. Ironically, the first conference I attended was in San Antonio and I was a solo CDI specialist working in a pediatric teaching facility. I met many others in the same boat and we discussed our issues, how to show our worth, etc. I maintain contact with the majority of those people I met at that conference. We still email each other or pick up the phone and run scenarios by each other.

Cooper: Being involved with this committee, a leadership exchange, and my local chapter has allowed for relationships to build up, so [I appreciate the opportunity] to have conversations about what is working, what's not, what's new, etc.

Ryan: It is tough to limit to one thing. I have been an attendee or vendor at many healthcare conferences and I feel that the ACDIS conferences are the most well-run conferences that I have attended. There is such an attention to detail that makes the conferences very efficient and easy to participate in.





Joe Flower



David Nilasena



Allison Massari

KEYNOTE RECAP

Flower talks healthcare's future, Nilasena says CMS wants to reduce burdens, Massari urges kindness

Attendees were welcomed each day by keynote addresses which covered the gamut—examining the prospects of technologically focused healthcare world, addressing the here-and-now regulatory burdens facing those working within the healthcare system, and remembering that ultimately those working in the field need to keep the *care in healthcare* by focusing on the patient. Here's a recap of their extraordinary presentations.

Technological innovation and integration

On Day 1 healthcare futurist Joe Flower took the stage to kick off this year's ACDIS conference in San Antonio by sharing a robust vision of healthcare's future—from technological innovation that leads to integrations of care from providers to payers to patients.

Flower laid out a new periodic table for healthcare during his session, divided into four quadrants:

1. Drivers (patient, physician, etc.)
2. System
3. Payment
4. Technology

Each of these groups influence and interact to shape the future of healthcare, according to Flower. "It's not one thing, it's a system of things," he said. "Payment reform changes the system, which is built on the drivers, which are powered by the tech."

In Flower's vision, the change begins with payment reform. The spending for healthcare in the U.S. is now projected to be \$3.7 trillion, which, according to Flower, is five times the entire military budget. "If

it were counted as an economy, it would be the fifth largest economy in the world," he said.

What's more, one third of the spending is wasteful. "We could pay for the healthcare for the rest of the world with the amount that we waste. I find that appalling," Flower said.

While programs such as the value-based payment system aim to cut spending and reward efficiency and quality of care, Flower also pointed out an important element of reform: Patient access to data.

As the world of healthcare technology becomes more and more advanced, the ability to share and access data becomes more prevalent. Through initiatives such as the MyHealthEData Initiative through CMS, facilities and providers will

soon be required to allow their patients to access their data.

According to Flower, this could open up some major documentation and quality concerns, forcing physicians to rethink the way they document care. Flower recounted a profession who found a record for an 81-year-old woman documented as breast feeding, validating the need for CDI professionals' work.

Ultimately, Flower says, health-care professionals are in for a world of change—but not for nothing. The change will ultimately lead to better patient care, decreased costs, and greater transparency.

As healthcare moves into a new phase, Flowers reminded attendees of the poet Jane Hirshfield's words: "Everything changes. Everything is connected. Pay attention."

Reducing burdens, improving quality

The "CMS guy," David S. Nilasena, MD, MSPH, MS, the chief medical office for CMS' Dallas Regional Office, as he referred to himself, took the stage to open Day 2 of the 2018 ACDIS conference. During the session, Nilasena shared some insight into the new CMS programs aimed at improving quality and reducing regulatory burdens for providers including four main programs and initiatives:

1. Patients Over Paperwork
2. Meaningful Measures
3. Interoperability
4. Merit-based Incentive Payment System

The initiatives tie into CMS' oft-repeated goal of reducing regulatory burdens. According to Nilasena, "customer feedback" from the clinicians effected by these programs influenced these changes.

"We want to make things better for everyone," he said. "We want the measures to be meaningful to the physicians too."

Additionally, Nilasena touched on the need to share patient data across the care continuum and with the patients themselves, echoing yesterday's keynote session focusing on the future of healthcare and technology.

"We've been successful in getting people to adopt EHRs, but it doesn't help if the data's not shared," Nilasena said.

Though each program he talked about has different requirements and focal points, they all shared a common goal, Nilasena said. "For CMS, our 'One Thing' is that patients come first," he said, referencing this year's conference theme.

Finding compassion and joy

"If you take 'One Thing' from me today, I hope it's that compassion heals the deepest wounds," said today's general session speaker Allison Massari.


And the deepest wounds are something that Massari knows intimately. In 1998, Massari was in a horrific car accident in which more than 50% of her body received second and third-degree burns. Having just purchased art supplies, she had gallons of turpentine

in her car which exploded, making the accident even more horrific. With what doctors later told her was mere three seconds to spare, a bystander pulled her from the inferno.

Over the following months and years, Massari spent more than 400 days in the hospital—on the burn unit, in physical therapy, and in follow-up appointments. In the early days and weeks, she was in excruciating pain and unable to talk to her caretakers, yet on the stage even today, she remembers the kindness of each of them. "On behalf of all those people [who receive care], we thank you," she said.

Despite the extreme suffering associated with that accident, she reminded listeners that there is always joy present, but you have to nurture it. "We all have the ability to anchor our worst moments into something that resembles the light coming in," she said.

And much of that joy comes from others' compassion toward those in pain, she said. It doesn't matter what your role—directly associated with patient care or not—everyone can be compassionate and extend healing to those in pain.

"Being good at your job is compassionate care. Anyone who eases pain is a healer," she said. "Every act of kindness makes a difference." 

Editor's note: Massari has also turned her pain into hope for others suffering from the aftermath of severe burns by founding the Roger Pepper Adventure Camp for Teen Burn Survivors, named for her rescuer who dragged her from the burning wreck. [Learn more by clicking here](#)



OVERHEARD AT THE CONFERENCE

Educational offerings tackle expansion opportunities

In advance of the annual conference, ACDIS conducts interviews with a number of its speakers. The following is a compilation from some of those interviews.

Q: What, in your opinion, is the danger of having a “frozen” CDI program?

A: “A frozen program will never reach its full potential. It may seem to be functioning on the surface, but rather than moving forward, you are treading water or ‘frozen’ in place,” says Jennifer Crumb, RN, BSN, CCDS, who will be presenting “Navigating the Ice Age in CDI: When You Are Holding on to the Iceberg,” on Day 1 of the ACDIS conference along with Jennifer Woodworth, RN, BSN, and Ashlyn Hard, RN, BSN, CCDS, from Swedish Health

System, in Seattle, Washington. “There are likely a combination of growing pains, staffing issues, and interpersonal conflicts that are preventing you from taking those next steps.”

“It’s a crucial stage, because you’re at risk of losing your best people, and it will define where you go next,” Crumb says. “How you manage it will determine whether you end up with a dynamic program, with a staff that is passionate about CDI and looking to expand their scope and do new things, or a team that is content with the status quo.”

Q: How can CDI programs engage a physician advisor or champion in their pediatric efforts?

A: CDI programs should look to find a physician who has the following characteristics, says Daxa Clarke, MD, medical director, CDI and utilization management, at Phoenix (Arizona) Children’s Hospital, who presented a panel discussion titled “Growing the physician advisor role: A Tale of Four Pediatric Physician Advisors,” on Day 2 of the ACDIS conference.

- A medical specialty that places him or her in the hospital for all or most of his or her clinical time. Hospitalists and intensive care unit physicians are often physician advisors for CDI programs.
- A strong clinical background. CDI comes with some clinical gray zones, and your



“I get mad for my physicians not at them for mistakes. Everything’s a learning experience.”

Patricia Swierczynski, RN, BSN, CCDS, CRC

physician advisor can help move through those with his or her clinical experience.

- Respected by the medical staff. Your CDI physician advisor will be the liaison to your medical staff. A physician who is well known and respected will carry more weight with the medical staff.
- Good documentation skills. CDI is all about good documentation. You want your CDI champion to walk the walk as much as talk the talk.

Q: What’s one way CDI teams can use denials data to shape their CDI work?

A: “Tracking denials data can help guided education for the denials team, including providers,” says Tammy Combs, RN, MSN, CDIP, CCS, CCDS, director of HIM practice excellence, CDI/nurse planner at the American Health Information Management Association (AHIMA) in Chicago, Illinois who presented “How to Mitigate and Manage Denials,” on Day 2 of the ACDIS conference. “If we understand what is being denied then we can develop a process to mitigate them.”

“For example, if an organization is seeing a high number of denials due to a lack of clinical evidence to support a diagnosis, an organization can work with their medical teams to develop clinical

guidelines,” Combs says. “Many denials occur secondary to missing documentation. CDI professionals are at the forefront of this issue, as they review health records to ensure documentation is thorough and accurate. It only stands to reason that if documentation improves, denials for missing or lack of documentation will decrease.”

Q: How do you handle challenges associated with physician education and provider reluctance to engage in the CDI process?

A: “Often, physicians and residents ask why they have to include a particular diagnosis when their documentation includes the symptoms observed and the treatment provided. A great example is malnutrition,” says Sandra Love, RN, BSN, CCDS, and Melinda Matthews, RN, BSN, CCDS, CDIP, CDI staff at Brenner Children’s Hospital a 144-bed “hospital within a hospital” affiliated with Wake Forest Baptist Health in Winston-Salem, North Carolina. The duo presented



“Keep all the appeals letters you write. Chances are the same denial will come up again and again. If you can leverage the successful appeals you’ll save time and be able to identify auditor trends.”

—Trey La Charité, MD, FACP, SFHM, CCDS

“Little Kids, Big Doc? Big Problem: Meeting the Challenges of Pediatric Physician Engagement,” on Day 1 of the conference.

In their documentation the provider will “document the z-score of 2.89, the current weight, symptoms such as excessive fluid loss from diarrhea and malabsorption related to celiac disease; however, they do not understand the need to document the diagnosis of malnutrition,” says Love and Matthews. “Generally, our response is something like ‘understandably, the requests we send can be tedious and time consuming. Please know, our goal is accurate, complete, and compliant documentation to ensure continuity of safe patient care.’”

To further help the residents, the CDI team at Brenner provides education regarding the need for the accurate medical diagnoses treated to support medical necessity for the hospital stay, the severity of illness treated, and the likelihood of death if treatment had not been provided.



They also partnered with various departmental leaders, including the associate chief medical officers, the chief of pulmonary critical care medicine, hematology, and nephrology to create a clinical indicators policy/procedure.

“This formalized policy is applied across the enterprise as an assistive tool for both our staff and the

physicians when translating symptoms into actual medical diagnoses. As a tool it assists with capture of medical diagnoses and the appropriate clinical indicators to support final coding,” says Love and Matthews. 🙌

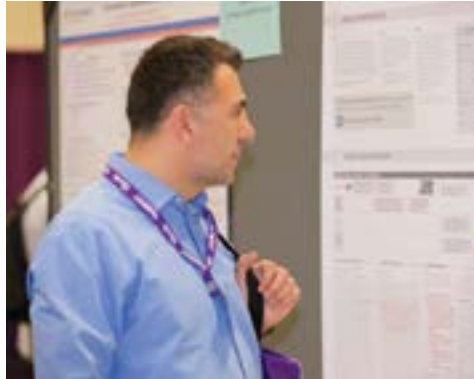


“[Creating an EHR documentation tool] is sort of like the royal wedding. You date for a year and a half and then everything comes together.”

Angela Maxfield, RN, CCDS

POSTER PRESENTATIONS

Poster presenters offer insight into groundbreaking CDI efforts



N: Connecting the dots for clinical documentation excellence through a dedicated educator

Author: [Name], [Title], [Institution], [Address], [City, State, Zip]

Background/Need:

- [Point 1]
- [Point 2]
- [Point 3]

Objectives:

- [Point 1]
- [Point 2]
- [Point 3]

Methods:

- [Point 1]
- [Point 2]
- [Point 3]

Results:

- [Point 1]
- [Point 2]
- [Point 3]

Conclusions:

- [Point 1]
- [Point 2]
- [Point 3]

Keywords:

- [Point 1]
- [Point 2]
- [Point 3]

References:

- [Point 1]
- [Point 2]
- [Point 3]

NIH/NIAH HEALTH

OP/AMBULATORY CDI on a Poor Man's Budget

Background:

- [Point 1]
- [Point 2]
- [Point 3]

Methods:

- [Point 1]
- [Point 2]
- [Point 3]

Results:

- [Point 1]
- [Point 2]
- [Point 3]

Conclusions:

- [Point 1]
- [Point 2]
- [Point 3]

Keywords:

- [Point 1]
- [Point 2]
- [Point 3]

References:

- [Point 1]
- [Point 2]
- [Point 3]

BAPTIST HEALTH

Henry Mayo CDI Process Flow

MEETINGS 1

PHYSICAL RESOURCES 2

SUPPORT 3

DATA/INFORMATION 4

Henry Mayo

Birth of the CDI program at University of Illinois Hospital and Health Sciences System

Author: [Name], [Title], [Institution], [Address], [City, State, Zip]

Background/Need:

- [Point 1]
- [Point 2]
- [Point 3]

Methods:

- [Point 1]
- [Point 2]
- [Point 3]

Results:

- [Point 1]
- [Point 2]
- [Point 3]

Conclusions:

- [Point 1]
- [Point 2]
- [Point 3]

Keywords:

- [Point 1]
- [Point 2]
- [Point 3]

References:

- [Point 1]
- [Point 2]
- [Point 3]

Presenter	Title
R1RCM	Starting a Local Chapter
Norwood Hospital/ Steward Healthcare	Case Management and Physician Use of Daily CDI LOS
Providence Health & Services	Spinal Surgery: Interpretation, Opportunities and Coding
Carolinas Medical Center	Physician Education and Collaboration for Documentation Excellence
Sutter Delta Medical Center	Efficacy of Our CDI Training into Achieve a Good Compliance Rating
Christianacare	Ambulatory CDI: HCC/RAF
Alta Bates Summit Medical Center- Sutter Health	The Value of a Lead Clinical Documentation Specialist
Einstein Healthcare Network Philadelphia	Identify Malnutrition to Improve Patient Care and Financial Outcomes
Johns Hopkins All Children's Hospital	Bridging the CDI Gap: Physician Engagement Driving Change
Lifespan	Sound the Alarm! Time to Rescue Those Lost Outpatient HCCs
SSM Health DePaul Hospital	Successful Program Expansion at SSM Health St. Louis
Dartmouth Hitchcock Medical Center	Benefits of Alternative Second Level Reviews
Univ. Illinois Hospital and Health Sciences System	CDI Program Journey at Univ Illinois Hospital & Health Sciences System
Marian Regional Medical Center/Optum360	Pressure Injuries and Decubitus Ulcers
Baptist Health Louisville	Aggressive Defensive Line
Baptist Health System	Outpatient/Ambulatory CDI on a Poor Man's Budget
Mayo Clinic Health System-Midwest	Successful Outcomes of Physician Advisor and CDI Collaboration
Wellspring Health, York Hospital	Development of a Career Ladder for CDI
Georgetown Comm Hosp - LifePoint Health	The Role CDI Played in Our Journey to Quality Improvement
nThrive	Path to Success in Proactive Denials Management and Prevention
Baylor Scott & White Health	Using Denial Data to Improve Outpatient Clinical Documentation
Flagstaff Medical Center	Achieving 2%: Setting a New Standard in Denials Management
Massachusetts General Hospital	Acute Pulmonary Insufficiency Following Surgery
John Peter Smith Hospital	ICE Taskforce: Integrated CDI and EMR Taskforce
University Health System	How to Write a Note: Resident Documentation Curriculum
Seton North West Hospital/Navigant/Cymatrix	CDI in LOS to assist Case Management in Discharge Planning
nThrive	CDI Coordinator Program: HIM's pulse on Quality Measures
Avera McKennan	CDI in Obstetrics
Dell Children's Medical Center	Quality Improvement in Pediatric Malnutrition
Northeast Georgia Medical Center	Thank You for Excellent Documentation!
Baylor Scott & White McLane Children's Med Ctr	Incorporate CDI into a Pediatric Residency Program
Northern Westchester Hospital/Northwell Health	Use Technology to Improve Communication
Novant Health	The CDI Educator Role: Connecting the Dots
Henry Mayo Newhall Hospital	Maximizing Educational Opportunities in CDI on a Tight Budget
Munson Medical Center	Multi-Disciplinary Approach to Improve the Malnutrition Documentation
ProHealth Care	Eight-Day Process to Improve Physician Query Response Rate
Wayne Healthcare	Decrease Response Time in Answering Queries
St. Joseph's Hospital and Medical Center	Take Your CDI Practice to the Next Level with Quality Indicators



Networking benefits include ongoing learning

ACDIS networking and educational offerings don't end on the final day of the conference thanks to the efforts of more than 100 volunteer leaders who run the more than 40 local chapter and networking groups in operation around the country. The second day of the conference is always dedicated to these hard-working individuals. Attendees are encouraged to don state-themed (or topic-focused) garb to make it easier to identify with a geographic region rather than attempting to discern someone's location from the small print on a name badge.

To make it even easier to find CDI professionals from their home state among the more than 2,000 attendees, local chapters bring decorations and fun giveaways to adorn the exhibit hall lunch tables with. This year, once again, volunteer leadership outdid themselves. The

folks from the Hudson Valley, New York chapter contact a local balloon vendor and had an inflatable apple tree brought in and gave away tiny apple pies. The CDI educator networking group brought clear, white, and black balloons and decorated tables with lots of black and white circles with the emblem "CDI Educators Helping to Connect the Dots." The Texas group brought out their cowboy boots and hats. The Kentucky folks were off to the horse races, while the Indiana troupe were off to the Indianapolis 500.

While all these efforts allow attendees to get in the spirit, show a little creativity, and have a little fun. It also enables those attending the conference to meet folks from their region and potentially identify a friend or mentor to contact when they return home. Each local chapter holds at least two networking and educational events annually.

While some are close-knit others gather 100 attendees or more and hold multiple education sessions during full-day events.

Whether you attended the conference and met some of the leaders or weren't able to come to San Antonio this year, we encourage CDI professionals to take advantage of the education and information sharing right in their own backyards. 🎈





What "One Thing" do you love most about CDI?

Share it here!



This year ACDIS Director Brian Murphy had a bright idea. “Other conferences have themes,” he said, “it’s about time we have one, too.”

And so the era of the ACDIS Conference theme came to pass.

It wasn’t easy for Murphy, who settled on the theme of “One Thing” explaining that “attendees come to the ACDIS conference and are immersed in this great networking and educational experience. It can be overwhelming but if you come into the event focused and determined, you’ll be able to glean at least one thing that you can immediately take action on, implement in your facility or your professional life, that can make an improvement.”

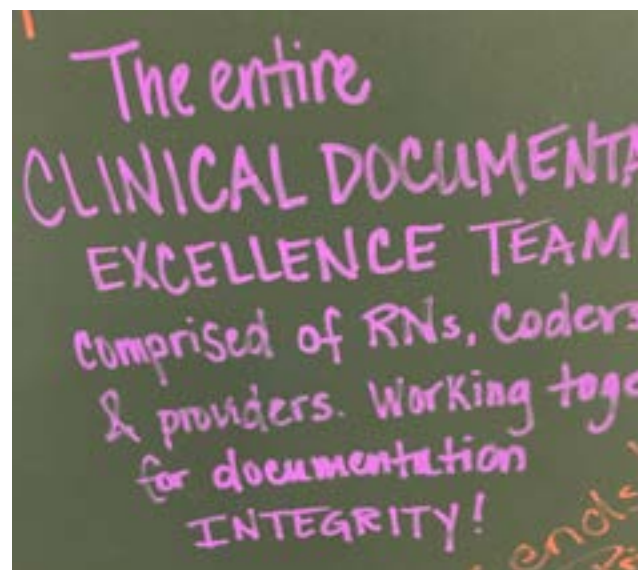
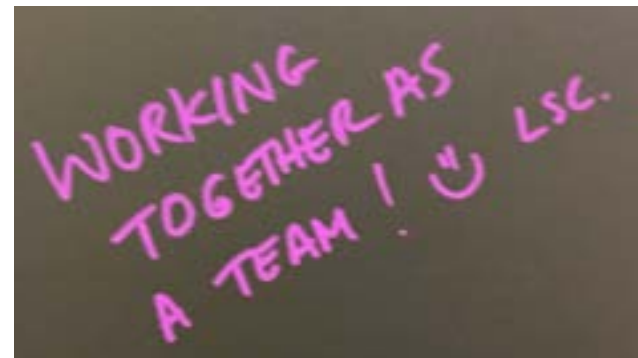
Of course, ACDIS Editorial Director Melissa Varnavas and CCDS Coordinator Penny Richards attempted to derail the mission by overlaying a Dr. Seuss ideology (think “Thing One” and “Thing Two” from *The Cat in the Hat*). But the graphic designers at ACDIS’ parent company Simply Compliance did an amazing job making Murphy’s vision a reality.

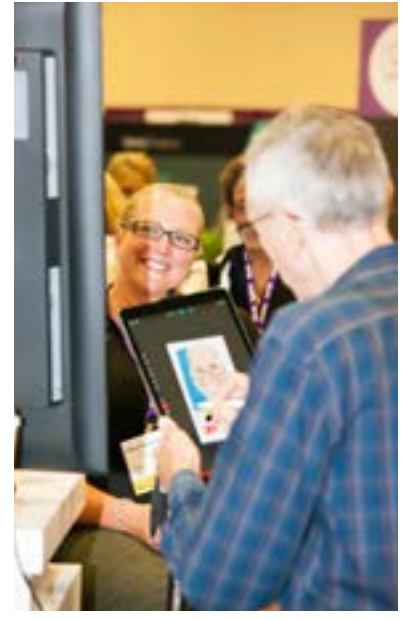
Additionally, RecordsOne sponsored a participatory blackboard where attendees could leave their mark and let the world know what “One Thing” they were excited about taking home with them, or what they enjoyed

most about the event, or what they love most about their jobs. Here are few of the comments and photos from that board and overheard at the conference:

- “[Healthcare] is not one thing, it’s a system of things. Payment reform changes the system, which is built on the drivers, which are powered by the tech.” ~Keynote speaker Joe Flower
- Collaboration
- My boss
- “My conference one thing? Seeing our CCDS certification holders and meeting new certification holders. Their excitement and enthusiasm is contagious.” ~CCDS Coordinator Penny Richards
- One thing CDI should do to improve physician response rates is “keep anything you do or implement consistent to all queries, all physicians—everything and everyone treated the same. This makes it easy for the CDI team to follow and physicians know what to expect.” ~Poster presenter Kerry Termaat
- One? Impossible! Puzzle, understanding, the insane complexity of healthcare, being a resource and not an enemy, the encouragement and motivation and passion that CDI professionals have to give and be their best!
- Brain power

- The entire clinical documentation excellence team comprised of RNs, coders, and providers working together to for documentation integrity
- “Picking just one thing to take home from the ACDIS national conference every year is like telling a kid in a candy store they only get to have one piece of chocolate.” ACDIS Editorial Director Melissa Varnavas
- The learning never ends
- Preconference of Mastering Clinical Concepts
- Knowledge
- “For CMS, our ‘One Thing’ is that patients come first.” ~Key-note speaker David S. Nilasena
- I love using my nurse brain and my computer brain to make a difference at our hospital
- Poster presentations
- Working together as a team
- Networking
- The friends I am able to meet up with
- ACDIS makes me shine
- I met Jeff Morris in the flesh—Finally!
- “If you take ‘One Thing’ from me today, I hope it’s that compassion heals the deepest wounds.” Keynote speaker Allison Massari
- “One thing CDI specialists should always include in their review is the clinical validation of the diagnoses. This is really what sets the CDI specialist apart as the expert in their field—it gets to the heart of why we do what we do.” ~Conference speaker Deanne Wilk
- One thing programs should do if they are looking into their outpatient denials data would be “to sit down with someone who is familiar with claims processing so that the reviewer can understand the source of the data. Denial data for an entire healthcare system can seem overwhelming, so learning how to prioritize the information and address high impact areas first is the best approach.” ~Conference presenter Vinita Magoon
- “The one thing I get out of the conference is passion. ACDIS Conference attendees’ passion for patient care, improving documentation, collaborating across the continuum of care, and networking with friends old and new is palpable. It sustains me throughout the year, until we meet again.” ~ Rebecca Hendren, ACDIS Associate Director, Membership and Product Development 🌸







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