



# Spring/Summer Newsletter



Directors, Coders, Managers, and CDI's from various PeaceHealth sites

The **Association of Clinical Documentation Specialists (ACDIS)** state chapters for **Northwest of Oregon** and **Washington State Evergreen** hosted a **first ever joint meeting** at PeaceHealth Southwest Medical Center (PHSW) in Vancouver WA on Friday, April 6.

We greeted around 100 attendees with five presentations, another “Raffle for Charity,” and an incredible opportunity for regional networking. Sally Hart, CDI Director for PeaceHealth shared, “Thanks to all the collaborative work by both chapters, the day was a huge learning and networking success!”

Read more below!

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## Not able to join us this time? Here's a recap!

*"Great speakers! Relevant topics! Every single topic was presented with such knowledge and humor. Best ACDIS conference I've ever attended. Thank you!"*

### Clinical Validation



**Cathy Farraher, RN, BSN, MBA, CCM, CCDS**

joined us by phone. She is CDI specialist at in Massachusetts at

Newton-Wellesley Hospital. She has a range of experience, from defending against RAC auditors, as well as Legal Nurse Consulting, many years of Case Management Consulting, as well as hands on ICU, oncology/BMT and telemetry nursing, prior to embarking on her CDI career, and has presented to various groups over the years. She is the former Co-Lead of the successfully renewed MA ACDIS Chapter and is currently the Chair Elect of the ACDIS National Practice Guidelines Committee. She is also the author of *CDI Mail: Ongoing Physician Training*, available through HCPro.

She reviewed clinical validation queries, including how to distinguish essential elements to include on a validation query and identify the usefulness of criteria sets. This guidance aids with denial prevention, increased compliance, and improved comfort level for clinical validation querying. She presented case studies on respiratory failure, post-operative pulmonary insufficiency, malnutrition, encephalopathy, and acute kidney injury. Following these, she reviewed facility policies and ethical quandaries, developing a compliant process,

organizational policies, clinical validation query reconciliation, and how to handle different opinions on these topics.

Not surprisingly, this topic prompted many questions and a lively discussion from attendees! One attendee shared, **"How important it is! I wish my boss had been here."** From this, chapter leaders recognized how important this topic is, and we look forward to expanding this topic and discussion at a future chapter meeting.

### DRG Reconciliation



**Carla Watts, RN/BSN, CCDS**

is the Manger of CDI for PeaceHealth Southwest Medical Center in Vancouver

WA, where she has worked in CDI since 2014. She obtained her CCDS in January 2016 and became manager of the department that March. Prior to becoming a CDS, Carla worked in Care Management doing UR/Case Management and began her nursing career at PHSW in Oncology.



**Cathie Murphree, LPN, CCDS**

started in CDI at PeaceHealth St Joseph in 2008, where they had a "home

grown" program under coding. In 2010, Cathie helped transition the program to JA Thomas in coordination

with a system approach across the 4 facilities. In 2012, Cathie transferred to solely doing reconciliation for the system. Since that time, she has continued to develop and expand the department.

Their presentation reviewed how reconciliation works in a multi-hospital system. Attendees gained insight into a how a reconciliation team functions in collaboration with CDI and coding, the pros and cons of having a central reconciliation team, and how having a reconciliation team aids in highlighting educational needs by site. As there are multiple ways to track a CDI program's performance and metrics, attendees also learned how programs can reconcile cases between CDI and coding. Their presentation also provided managers with another option for trending CDI educational issues and concerns.

Overall, **attendees were impressed with the "the idea of a specific team that JUST does reconciliation"** and the data that Carla and Cathie shared.

### Outpatient CDI



**Ellen Jantzer, RN, MSN, CCDS, CCS, CRC**

is the CDI manager for Asante Health System located in Medford

OR. Ellen has led the Asante CDI team for six years. Prior to her work in CDI,

Ellen worked on the cardiology step-down unit and in ICU/CCU. She has varied experience in Discharge Planning, Denials, and Resource Management.



**Joann Cassidy, RN, BSN, CCDS** joined the CDI department at Asante in 2012. After 5 years of inpatient CDI

she left behind DRG's, CC's, MCC's, and PSI's to assist with implementing the ambulatory CDI program within Asante's primary care clinics, focusing on the accuracy and specificity surrounding Hierarchical Condition Categories (HCCs) and ICD-10 codes. Her prior experience includes NICU, ICU/CCU, OR, outpatient surgery, and procedural sedation.

In 2017, Asante made the decision to expand the inpatient CDI program to include the outpatient setting. Currently, this team consists of four RNs working in the ambulatory primary care clinics. The focus is to assist providers to improve the accuracy and specificity of their documentation related to HCCs – and to ICD-10 codes in general.

Why all the hype about outpatient CDI? The short answer: Healthcare reform and the need to manage cost and improve quality is moving us away from a fee for service (FFS) model. In Ellen's own words, her goal with this presentation was to "share with other CDI specialists what I learned this past year by starting an outpatient CDI program in our ambulatory clinics so they can put this knowledge to use in their own organizations." Additional content reviewed payers with shared

risk plans (including Comprehensive Primary Care CPC+ and Medicare Advantage Plans), payment elements in the CPC+ model, the risk adjusted factor (RAF) and principles of risk adjustment, hierarchical condition categories (HCCs), and how to tie these in for a development outpatient CDI program.

Sound challenging? You're not alone! One attendee offered, this "helped me to understand why I have avoided learning about outpatient CDI. [It's] very complicated but doable with lots of time and dedication." Fortunately, for attendees "Ellen was phenomenal, very engaging, and entertaining. [She] made tough into easy to understand."

Want to know more? Watch for Ellen's *Clinical Documentation Improvement Specialist's Complete Training Guide for Outpatient CDI*, out later this year.

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### Sepsis Panel

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As one of the [top-queried](#) and denied diagnoses, sepsis certainly made for an engaging multi-disciplinary panel discussion. Led by **Carla Watts**, additional panelists included: **Ray Lee, MD** (emergency room physician at PHSW, who has worked in the ER for 10 years. He has been instrumental in educating providers and nurses about sepsis for many years and is a key member of the Sepsis Committee); **Stephen Kormanyos, MD** (is Chief Hospitalist for Sound Physicians Group

at PHSW. He has worked as a hospitalist there for 15 years and closely with CDI over the past few years. He also serves as a member of the Sepsis Committee and helped develop definitions for the sepsis continuum that was agreed to by both physicians and coding); **Sally Hart, RN/BSN, CCDS, CRCR** (the new CDI Director at PeaceHealth. She has worked in CDI for the past 10 years, with the most recent 4 years as a consultant with The Advisory Board Company. With 24 years in nursing, she has experience in major OR, acute care, ICU/CCU, and outpatient orthopedics); **Chris Crockford, RHIT, CDIP, CCS** (who also works at PHSW. She has worked in the coding department for 30 years, with 4 years as a Coding Review Specialist. She participates in reviewing denials for PeaceHealth); and **Linda Dawson, RHIT, CCS** (works for Providence Health and Services and is also the **Treasurer for ACDIS Northwest of OR**. She has been with Providence for 2.5 years on the QI Coding Compliance Auditor and Trainer Team and has been coding for a total of 40 years. She works with CDI in regards to DRG reconciliation and does education related to coding of ICD-10 CM/PCS).

To start this topic, Dr. Lee discussed sepsis pathophysiology and statistics, the importance of early identification, and clinical indicators for diagnoses in the sepsis continuum. Panelists then reviewed conundrums regarding the diagnosis of sepsis, including sepsis 2 vs sepsis 3 differences. One attendee shared, "I appreciate that we all have the same frustrations and concerns regarding sepsis" – an idea which many others echoed.

## Denials Management



**Haaris Ali, MD, CDIP** is Manager of Denials and Management Services at R1 RCM and also serves on the

**ACDIS WA State Evergreen chapter's leadership team.** He has been with Accretive Health for over 6 years and has been involved with denials management services, clinical appeals writing, peer to peer services, training,

quality assurance, audits, and varied physician education. His work has helped address and decrease denials, streamline the appeals workflow, and bring change to optimize revenue. Specific to comprehensive denials management, he has led engagements for large and small hospital systems.

His presentation reviewed the basics of denials which are commonly encountered by facilities every day, definitions and common terminology, commonly-encountered issues, CDI's

role in denials prevention (including having a robust query process, developing a periodic review process, conducting post-discharge reviews, and being involved in quality assurance programs), comprehensive denials solutions, revenue recovery, and current payor trends.

Many attendees agreed that **they have a "huge knowledge deficit here" as this is not something most of us routinely do** – which is exactly why this topic is so essential for us to discuss.

# Thank you!

To all of our insightful presenters for sharing your knowledge with us!

And to our sponsors (*below*) for helping us to make this meeting a success!



Please click on any sponsor for their website.

## Q&A: Finding sepsis where there is none

This article originally appeared in [CDI Strategies on August 3, 2017](#).

**Q:** We recently reviewed a troubling case related to sepsis core extractions which revealed that the patient did not have sepsis and the physicians did not document sepsis as there was no bacterial infection. The CDI specialist, however, queried for severe sepsis twice. Finally, the admitting/discharging

physician agreed and signed the query stating severe sepsis was present.

The attending physician is distraught that the CDI specialist queried the physician twice and wore down the admitting/discharging physician. They both agree there was no sepsis on this case but felt the CDI specialist forced this diagnosis. The patient did,

however, have multiple diagnoses and met SIRS criteria.

**A:** You're right to be concerned for a number of reasons. First, if in your review you have determined that sepsis was not present (which removes severe sepsis as well), the provider should amend

the record to remove the diagnosis and it should be rebilled with the appropriate diagnoses.

I would also apologize to the provider and explain that CDI specialists should never query if the clinical indicators do not support the diagnosis, and should not have harassed or forced the issue. The provider should understand the motivation of the CDI program and that querying is done to ensure the documentation is clear and specific to the situation. My providers often asked me, "What do you want me to write?" My standard answer was, "I want you to write what is true to this patient, this encounter. Nothing more, nothing less."

The last thing is understanding the motivation of this specific CDI

specialist. Did the CDI specialist think that sepsis and severe sepsis were truly present? If so, I would provide education related to the clinical criteria used to diagnose sepsis and severe sepsis. I would also take the opportunity to speak about compliant query practice, and reiterate that CDI specialists should never prod a provider to write something they do not agree with.

As to who is responsible for the final diagnosis, the coder must code the diagnoses identified by the provider. When the diagnoses are not clinically supported, a query should be placed to verify and identify clinical support. The CDI specialists should be working to ensure that the coder is handed a record in which these issues are clearly documented. But, a CDI specialist

should never lead a provider to a specific diagnosis or force the provider to document a diagnosis that is not present.

Lastly, the manager in me thinks perhaps auditing this specific staff member's queries might be a good idea to make sure compliant practices are being followed in daily activities.

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**Editor's Note:** Laurie L. Prescott, RN, MSN, CCDS, CDIP, CRC, CDI education specialist at HCPro in Danvers, Massachusetts, answered this question. Contact her at [lprescott@hcpro.com](mailto:lprescott@hcpro.com). For information regarding CDI Boot Camps, visit [www.hcprobootcamps.com/courses/10040/overview](http://www.hcprobootcamps.com/courses/10040/overview).

## Raffle for Charity



Founded in 2010 by Drs. Allen and Cassie Gabriel...

**Pink Lemonade Project** was created to provide critical support to breast cancer survivors who struggled with the many emotional and psychological aspects of breast cancer diagnosis and recovery. Within the breast cancer community itself, Allen and Cassie noticed a dangerous lack of information, in addition to limited rights and options available for restoration after a mastectomy or lumpectomy.

Today, they are able to improve the lives of so many, like Patty Bauer (*left*). Thanks for sharing your inspiring story and experiences with us!

The ACDIS OR and WA chapters received an amazing assortment of items that were [raffled to attendees](#). Every attendee receive one ticket. Additional tickets could be purchased for \$1 each, all of which was to be donated to this valuable organization.

**We proudly donated \$860 to Pink Lemonade Project!**



Educate. Empower. Support.



Carla Watts (bottom right) has some fun with her team after working hard to make this a success.



Attendees had plenty of time for networking and to speak with presenters.



CDI Director Sally Hart (bottom right) shares lunch with conference attendees.



CDI Brian Green (left) speaks with MedPartners' reps – Chris Aulisio (right). Thanks for breakfast.



Thanks to ChartWise for providing attendees with lunch. (Pictured: Scott Stracke)



Thanks to 3M for donating raffle items for attendees. (Pictured: Brian O'Rourke)



We had a large assortment of donated raffle items. All money collected was donated to charity.



Linda Dawson (right – Providence, OR) took home this delicious "brewery basket."



Debbie Gonzalez (right – The Dalles, OR) selected this beautiful "garden basket."



Theresa Diane (right – Providence, WA) will enjoy the goodies in this "rainy day basket."



Mo Brogoitti (right – Trios, WA) looked forward to getting home with this "wine basket."

### Additional Raffle Winners

- Danielle Adams (PeaceHealth) – wine basket
- Sandy Billings (Bend/St Charles) – ACDIS CDI Management book
- Cindy Burke – ACDIS book
- Lillian Dickey (Prov Everett) – \$50 Harmony Gift Card
- Loria Dzera (PeaceHealth) – \$50 Harmony Gift Card
- Mary Januch (MultiCare) – 3M box
- Melissa Knapp (Prov Everett) – Keurig basket
- Sandy Mills (Shriners) – 3M box
- Sierra Schneider (Salem Health) – Amazon gift card
- Robin Taylor (Prov OR) – 3M box
- Monique Vanderhoof (OHSU) – ACDIS CDI Inpatient Book, 3M box, \$50 Harmony Gift Card, ACDIS 2017 CDI book (3x winner!)
- Resa Yamamoto (Olympic) – coffee basket

"Thank you so much for including us in your event, we are very grateful for the donations collected."  
 –Rachel Apodaca, Pink Lemonade Project



# UPDATES!

## ACDIS Northwest of Oregon

### 2017-2018 Leadership Board

- President-Elect ..... Lori Dzera
- Outgoing President ..... Molly Siebert
- Secretary ..... Bonnie Quinn
- Treasurer ..... Linda Dawson
- Board Member ..... Jennifer Oetinger
- Member-at-Large ..... Karen Kerfoot



Above: Linda Dawson, Karen Kerfoot, Jennifer Oetinger, Lori Dzera

**Fall conference:** St Charles Hospital, Bend OR, Friday, Oct 19 – *Watch for more details!*

**Modifications to Bylaws** to be reviewed at Fall Conference Business Meeting.

We are seeking volunteers and nominations for officers for the Board for the next fiscal year – to be voted in at the Fall Conference. If interested, please email [ldzera@peacehealth.org](mailto:ldzera@peacehealth.org).

**President** and **Secretary:** 1 year terms | **Treasurer:** 2 year term

*This is a great opportunity to build your leadership skills and contribute to a great network of CDI specialists!*

## ACDIS Washington State Evergreen

### 2017-2018 Leadership Board

- Pictured right ..... Susan Brown
- ..... Nora Tiffany
- ..... Haaris Ali
- ..... Lillian M. Dickey
- Not pictured ..... Satyananda Vuddagiri



**Summer Webinar:**

Friday, July 20, 1130-1300

**Spinal Surgeries: Interpretation, Opportunities, and Coding**

*Anyone is welcome to attend!*

Click [here](#) to register

**Additional Learning Opportunity:**

Wed-Fri, September 5-7

**Mastering Clinical Concepts in CDI Boot Camp**

*St. Luke's Health System, Boise ID*

Email us (below) for more info.

**Fall Chapter Meeting:**

Friday, September 28

*Trios Women's and Children's Hospital, Kennewick WA*

Presentations, review bylaws, raffles, more networking – watch for news!

Questions? Just want to say hi! Email us: [EvergreenACDIS@gmail.com](mailto:EvergreenACDIS@gmail.com)