



# Happy CDI Week from your AzACDIS Cochairs!





# Welcome to our newest AzACDIS Cochair Denise Newton!

Denise Newton is the CDI Supervisor at Valleywise Health for the last 1.5 years. She has 27 years of nursing (med/surg, float nurse, ortho) and 8 years of CDI experience. Denise moved from Georgia 2 years ago and has 6 beautiful children. Darn it no grandkids yet! Denise also loves to play tennis and hike.

#### Announcements:

Please remember to fill out the ACDIS online membership roster by clicking here. Plus, chapter members who fill out the online roster will automatically receive a discount on national ACDIS membership at the conclusion of the roster form!

We also would like to start having our AzACDIS members share articles or other good information with each other. We want to hear your ideas and suggestions in making our local chapter meetings grow and provide you information and speakers that is most beneficial to our profession. Email the chapter leadership team for more information or to share your thoughts!

### Save the Date!

Nov 5<sup>th</sup> @ 12pm PST
WebEx Lunch and Learn
(12pm – 1:15 pm)
CDI and Physician
Collaboration
Fran Jurcak, Iodine Software

#### **AZ ACDIS Cochairs:**

• Becky Buegel

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• Sydni Johnson

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• Denise Newton

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### September 13-17, 2021



### What is a clinical documentation integrity (CDI) specialist?

CDI specialists review patient medical records and assess whether all conditions and treatments are documented. This documentation helps paint an accurate picture of the severity of the patient's illness and the extent of the care required. When the documentation is unclear or deficient, CDI specialists prompt (also known as "query") physicians to provide clarification. CDI specialists serve as the bridge between health information management (HIM) and clinical staff. They must comply with Medicare and/or private payer rules and regulations.

#### Who are CDI specialists?

CDI specialists include a variety of licensed healthcare providers across multiple disciplines. The most important trait of a CDI specialist is clinical knowledge since they decipher complex medical records and need to be able to recognize treatments and diagnoses that may not be clearly documented. They also need to be comfortable educating busy physicians on documentation requirements. The majority of CDI specialists are RNs, but also include coding professionals, physicians, and quality improvement staff. Read the ACDIS position paper, "CDI: More than a credential," for an in-depth discussion of this topic.

#### Why is the CDI specialist role emerging?

The growth of the CDI specialist profession has mirrored the healthcare industry's increased focus on compliance with regulations, managed care profiles, payment for services rendered, quality of care improvement measurements, and liability exposure. All these factors increasingly depend on the integrity of complete and specific clinical documentation in the medical record.

### Why is a week of national recognition needed?

CDI specialists need a week of recognition to:

- Recognize the unique skills and expertise of CDI specialists
- Increase public awareness of the CDI profession
- Positively affect the personal and organizational performance of CDI specialists
- Provide broader education on the importance of the quality connection of documentation of care

### When will the national recognition week take place?

CDI Week occurs annually during the third week of September. This year's celebrations take place September 13-17, 2021.

#### How was the national recognition week developed?

A work group organized and supported by the Association of Clinical Documentation Integrity Specialists (ACDIS) convened over several months to plan and organize the first event and develop resources and promotional items for CDI professionals to use to spread the word about the importance of the profession.

This year, the Furthering Education Committee convened to provide ideas for CDI Week festivities and insight into the yearly CDI Industry Survey through daily Q&As. To see a list of this year's participants, click here.

#### What resources can I access and where?

The CDI Week pages on the ACDIS website will include tools and suggested activities to help programs prepare their own celebrations. Throughout the week, ACDIS will release an industry overview survey, Q&As with CDI experts, a free webinar, and other items.

#### What is ACDIS?

ACDIS is the premier healthcare community for clinical documentation specialists, providing a medium for education, professional growth, program recognition, and networking. ACDIS:

- Began October 1, 2007
- Has more than 6,500 members and more than 40 local chapters and networking group
- Has developed a code of ethics for CDI specialists
- Has certified more than 4,500 Certified Clinical Documentation Specialists (CCDS)
- Is wholly owned by HCPro, a Simplify Compliance brand, a leading provider of information, education, and training products and services in healthcare regulation and compliance.

For more information about ACDIS, visit www.acdis.org.

To learn more about ACDIS and CDI, please visit www.acdis.org.

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### Note from the Instructor: Sepsis clinical indicators, competing etiologies— A critical thinking exercise



CDI Blog - Volume 14, Issue 29, August 3, 2021, by Dawn Valdez, RN, LNC, CDIP, CCDS

Identifying sepsis is a complex process that takes more thought than checking off clinical indicators from a list regardless of what criteria is used to qualify the diagnosis. It takes critical thinking and oftentimes, collaboration with treating physicians to understand the intricate cellular processes involved in the sepsis manifestation and how these intracellular processes play out in a patient's clinical presentation. In my experience reviewing medical records, one thing I often discovered were the clinical indicators used to validate sepsis also had other possible etiologies that could be equally responsible for the clinical indicator(s) that were present. These are known as "competing diagnoses" or "competing etiologies" because either condition could be responsible for the identified clinical indicators.

For example, if a facility continues to utilize Sepsis-2 criteria, an elevated heart rate above 90 is one criterion. But what if the patient also has an episode of atrial fibrillation (a-fib) rapid ventricular rate (RVR) at the same time? Does that weaken the validity of sepsis? The answer will depend on the other factors at play and how many strong clinical indicators are present that support the sepsis diagnosis .

In regard to fever, most of us have likely heard that fever contributes to tachycardia just as hypothermia is known to induce bradycardia. Under Sepsis-2 criteria, a CDI specialist should not accept two clinical indicators based only on vital signs. Using vital signs as the only clinical indicators for sepsis will not provide enough support for its presence; we must understand the reason *why*. Inquiring as to why, is how we apply critical thinking to our case reviews.

Let's look at leukocytosis. Many patients that are sick with an infection are also dehydrated. Can dehydration contribute to a falsely elevated white blood count? The answer is yes it can as dehydration contributes to hemoconcentration of blood plasma. If labs are drawn prior to IV fluid administration (and antibiotics), hemoconcentration can demonstrate an elevated white blood count, falsely supporting the presence of leukocytosis.

To validate leukocytosis in a dehydrated patient, evaluate all cellular lines in the complete blood count (CBC) differential to determine if they demonstrate consistent elevation. It is rare to see all cellular lines (neutrophils, lymphocytes, eosinophils, basophils, and monocytes) elevated as a result of infection. If all cellular lines are elevated, it is likely that hemoconcentration has contributed to the apparent elevation of the white blood cell count.

When validating sepsis during the CDI review process, we should also consider if drug induced leukocytosis is present. Corticosteroids such as Solu Medrol and Prednisone, inhaled beta agonists such as Albuterol or Xopenex and lithium are examples of drug induced leukocytosis.

Other factors that may contribute to leukocytosis include recent surgery, inflammatory diseases such as rheumatoid arthritis or lupus, hypoxia with tissue damage, diabetic ketoacidosis (DKA)/diabetic hyperglycemic hyperosmolar syndrome, splenectomy, certain types of leukemia, trauma, emotional stress, strenuous exercise, and amphetamine and/or cocaine use.

When examining the CBC differential, the percentage of bands can provide an indication of the length of time an infection may have been present.

Bands are immature white blood cells released by the bone marrow into the circulation. This occurrence is an indication that the immune system is losing the war and is implementing a draft of immature cells (soldiers) to assist in the battle. Additionally, the band level is directly proportionate to how many immature cells are being released. The higher the



band count, the more information this tells the CDI specialist about the level of infection and the body's response. A band count greater than 10% is a Sepsis-2 indicator.

When evaluating bands, one must consider the patient's medical history. Cancer patients on chemotherapy or radiation therapy, HIV patients, or other immunocompromised patients will typically not have a normal response to infection and the band count may not have the same indications that it does in a person with a normal immune response.

Additionally, the CDI specialist must evaluate if the patient has been prescribed antibiotics during the localized infection. Trending the neutrophil count aids the CDI specialist in understanding at what point in the disease process the infection likely began. This may assist a CDI specialist in supporting the present on admission status of sepsis. For example, if a patient without a pre-existing history of immune disease demonstrates a neutrophil band count of 23 on admission, it is a strong indication that the infection has been present prior to admission.

Lactic acid is an end result of the Kreb's Cycle in the breakdown of glucose (glycolysis). Hyperlactatemia represents elevated lactic acid levels and when the PH becomes affected (lower than 7.35), lactic acidosis occurs. A few examples of factors that can influence or elevate a lactic acid level are medications such as metformin, linezolid, IV epinephrine, certain inhaled beta agonists (i.e., Albuterol), acetaminophen, cancer, DKA, non-compliant diabetes (chronically elevated A1C levels), chronic alcoholism, and tissue hypoxia.

The C-reactive protein (CRP) level is often ordered when sepsis is suspected as this protein is a known indicator for the presence of bacterial infections. But the patient's history must also be considered in its interpretation. If the patient also has lupus, rheumatoid arthritis, Crohn's disease, or colitis for example, this lab test may be misinterpreted.

So, do competing etiologies weaken the clinical indicators used to validate sepsis? Yes, they can and often do! Competing etiologies weaken the validity of sepsis, especially in circumstances where there are few clinical indicators to support it. Compliant CDI practice requires that competing etiologies should be outlined in a query, so the provider has all of the facts and can respond accordingly.

Clinical validation of sepsis can assist with denial prevention and works best when applied concurrently versus retrospectively. The role of validating a sepsis case begins with analyzing the initial presentation and gathering clinical indicators which could include normal values in addition to abnormal values.

Lastly, although it is not our responsibility to formulate a diagnosis, it is necessary to understand the potential indication of clinical indicators in addition to analyzing the patients presenting symptoms, medical history (including the severity of any comorbid conditions), competing etiologies, and overall immune function in order to evaluate the need for a clinical validation query.

Knowing that sepsis is frequently challenged, and differing criteria are used, the CDI specialist should proactively consider clinical validation in every sepsis review. One should consider not only the organizational approved diagnostic criteria, but the unique patient presentation, co-morbid conditions, competing etiologies, medication history and trending lab values. Our attention to detail, well informed query practice, and the resulting strong documentation can serve to prevent unnecessary sepsis denials.

**Editor's Note:** Valdez is a CDI education specialist and CDI Boot Camp instructor for HCPro in Middleton, Massachusetts. For information, contact her at dvaldez@hcpro.com. For information regarding CDI Boot Camps, click here.





### **National ACDIS Announcements and Opportunities**

Digging in: Reviewing the 2021 CDI Week Industry Survey

Webinars, Education

Date: Thursday, September 16, 2021, 1-2 p.m. eastern

Presented by: Leyna Belcher, DNP-C, MSN, BSN, RN, CCDS, CCDS-O, Kelly Sutton, RN, BSN, MHL, CCDS, and a

subject matter expert from 3M

**Sponsored by:** 3M Health Information Systems

**Overview:** 

Did you know that only about 24% of CDI professionals round with physicians on the floor as part of their typical duties, or that 65% of CDI departments who have a physician advisor share this person with another department? Did you know that the average amount of new charts reviewed per day by CDI specialists is between six and 10, and only 6% of CDI departments saw a negative impact on their productivity due to remote work during the COVID-19 pandemic?

The data found within this year's CDI Week Industry Survey can offer CDI professionals insight not only into their own professional careers but also into the direction of their CDI programs compared to their peers, and trends within the broader CDI industry.

Each year, the Association of Clinical Documentation Integrity Specialists (ACDIS) surveys CDI professionals nationwide to take the pulse of the CDI industry. This year, just shy of 1,000 respondents answered questions regarding CDI basics, physician engagement, outpatient CDI, productivity, and staffing and professional development.

Join ACDIS for this upcoming webinar as we unpack the meaning of the survey results and provide additional perspectives via a panel of experts.

Upon completion of this program, attendees will be able to:

- Explain the state of the CDI industry related to CDI basics, physician engagement, outpatient CDI, productivity, and staffing/professional development
- Identify areas of potential CDI expansion in the near future based on the survey results
- Apply survey findings and data to their own CDI programs and work

**CCDS/CCDS-O CEU information:** This program was approved for one (1) CCDS/CCDS-O continuing education credit through ACDIS. Listeners have until September 16, 2022, to take the survey and receive their free credit. The survey will open after the live webinar event has ended.

Click here to register!





CEUs, networking, and CDI best practices!

October 25 - 28 | Dallas, T)

**Register Now!** 

#### **ACDIS Annual Conference**

The ACDIS annual conference will take place October 25-28, 2021, at the Sheraton Hotel in Dallas, Texas.

ACDIS 2021 Achievement Award Deadline Extended to July 30! Click here to learn more!

Click here to register today!



# Note from the Editorial Director: Plan for your future and apply to speak at the 2022 ACDIS conference

July 1, 2021, CDI Strategies - Volume 15, Issue 26

by Melissa Varnavas

I've been accused of burying the punchline from time to time. When I tell a story at a party, it typically has three or four parts. So, today, I'll come right out and let you know that if you're **interested in speaking on the national stage in Kissimmee (Orlando), Florida, next May 2-5, at ACDIS 2022, the call for speakers is now open.**With that out of the way, I can digress a little.

I play a little game with myself from time to time. I ask, "What do I want to be doing in five years?" There's always something new to do, new to learn, new goals to achieve, challenges to overcome.



Where will you be a month from now? Six months from now? A year from now? While the pandemic put many of our plans on hold, the world is beginning to find its balance once again. We are beginning to dream again, to plan—again—for the future.

Most of you know that one of my core duties here at ACDIS is crafting our events. If I'd played my game last year, I wouldn't have said, "In five years, I see myself planning virtual events and hosting cocktail hours on Zoom." But what a year it has been. Now it's time to take what we've learned, re-evaluate our visions, leverage our imaginations, and take stock of where we want to be, how we want to grow.

That's where you come in. Which brings me back to my little game.

No doubt you have your own professional goals. There are productivity measures you need to meet. Maybe you've been wanting to put together some physician education or start a CDI newsletter. Maybe this is the year you'll study, sit for, and pass the certified clinical documentation specialist (CCDS) or CCDS-Outpatient exam and earn your credential.

I challenge you to consider stepping forward to speak on the national stage next May, as well.

I promise it's not as scary as it seems. The submission process is straight forward. You need to know your personal contact information and the information for any co-speaker(s) you'd like to have on stage with you. (Yes, it's okay to coerce a friend.)

You need an idea. Maybe last year you did make that newsletter and it was a huge hit because it helped the CDI team connect with providers despite remote challenges. Maybe your team discovered some new SOI/ROM metrics that hadn't been analyzed before which revealed new areas of opportunity for the department. Maybe the CDI and coding team started holding Zoom cocktail hours which led to improved rapport and new ideas for collaboration. (Maybe the title of that session could be from "Zoom to the Moon: Exploring New Opportunities for CDI/Coding Engagement.")

Whatever your idea, I promise the 2022 Event Committee will take great care in reviewing it. A couple of tips for you though:

- 1. Think your idea through fully.
- 2. Create three to five learning objectives. What should someone in the audience learn and be able to take back to their own CDI practices.
- 3. Create a clever synopsis. The Events Committee always helps nurture selected speakers with their presentations, but try to put as much thoughtful energy as possible into a succinct description of what you're planning on presenting.
- 4. Craft an outline. The application includes an opportunity for you to upload a draft presentation; this is a good chance to let the committee know the type of information you'll provide and how you plan to get from point A to point B throughout the session.

And while it seems surreal to barely have tossed out the last frisbee from our *ACDIS Online: CDI Summer Retreat* event, and to be looking forward to our live, in-person, main conference taking place in Dallas this October, the time has come to put *your* plans for the future in place once again.

The volunteer 2022 event committee is looking forward to reviewing your application.

**Editor's note:** Varnavas is the editorial director at ACDIS. Contact her at mvarnavas@acdis.org.

**Found in Categories:** 

Education



### Download the July/August 2021 edition of the CDI Journal!

July 1, 2021

CDI Journal - Volume 15, Issue 4

#### **CONTINUING EDUCATION CREDITS**

**BONUS:** Obtain one (1) CEU for reading this *Journal* 

ACDIS members are entitled to one continuing education credit for reading the *CDI Journal* and taking this 20-question quiz.

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### Next Steps: An ACDIS Encore

Wednesday, November 17 — Friday, November 19, 2021

ACDIS is proud to offer our final virtual education event for 2021: a three-day, two-track, online conference filled with educational opportunities and continuing education offerings.

Throughout an unprecedented pandemic, ACDIS and the CDI community have continuously embodied a spirit of change. Now, we welcome you to join us for *Next Steps: An ACDIS Encore* this November.

During this online event, participants will delve into a wide variety of emerging ways that CDI professionals have pushed their programs forward, pulled their staff through innovative waters, and propelled program outcomes beyond traditional record reviews.

Sessions will dig into quality-of-care concerns such as record reviews to capture mortality, value-based purchasing, patient length of stay, clinical validation, and more.

Additionally, as the world moves forward post-pandemic, CDI programs are taking their next steps, too, hiring additional staff and coalescing their teams. Participants will dive into DRG accuracy, CMS' chronic conditions list, ICD-10-PCS code assignment, and other core clinical and coding competencies CDI professionals need to be proficient.

Please note: All registered attendees of the in-person live national ACDIS conference taking place in Dallas in October 2021 will receive a complimentary registration to this online virtual event.

**Important:** The continuing education credits listed are available for live attendees only. Participants can claim credit for the live sessions they attend from either track between November 17 and 19, 2021. As a bonus, attendees will also be able to watch recordings of sessions they were not able to attend live, although continuing education credits will not be available for on-demand sessions.

### Quarterly Conference Call, November 18, 2021

**November 18, 2021** 

#### **Quarterly Calls**

#### **ACDIS Guidance**

Our fourth quarterly call will be held on Thursday, November 18. Quarterly calls are a benefit of ACDIS membership. During each call, members of the ACDIS administration and CDI community discuss concerns prevalent within the CDI industry. More details about this call will be announced as the date approaches.

Click here to register. Please note that registering for this call will also automatically register you for all 2021 quarterly calls.

This call qualifies for one (1) continuing education credit for the certified clinical documentation specialist (CCDS)/CCDS-Outpatient (CCDS-O) credential.



We would like to hear from you! We are requesting suggestions for information to be included in our AzACDIS Newsletter. We are also looking for volunteers to write an article to be featured in an upcoming newsletter. Please email Sydni Johnson at Sydni Johnson@BannerHealth.com with ideas or if you are interested in contributing to the newsletter.