

Note from the Associate Editorial Director: CDI Journal focuses on regulatory change, rising denial tides

November 4, 2021, *CDI Strategies - Volume 15, Issue 49*,

by Linnea Archibald



November and December tend to be filled with a quiet sort of busyness, the kind of busyness that looks like lingering around a holiday dinner table with those you love, drinking your morning cup of coffee in holiday-themed pajamas, and curling up on the couch in front of a fire with a good book. While autumn has always been my favorite season of the year, there's something magical about winter coziness.

For those in the CDI profession, the [November/December edition of the CDI Journal](#) finds you one month into the new fiscal year, hopefully beginning to settle into any new review focus areas that change has brought, allowing you the time to relax a bit before the calendar flips officially to 2022.

Just a month ago, October 1 brought a host of regulatory changes for healthcare organizations. Consequently, CDI professionals often find themselves spending more time reading mountains of regulatory publications that may leave them feeling bleary eyed at the beginning of the fiscal year. The changes to regulations can influence organizations' financial bottom lines, their quality score performance, and the volume and/or type of denials they receive.

We hope you're beginning to crawl out from under the pile of new rulemaking documents, but as we look toward the beginning of the new *calendar* year, we wanted to spend a bit of time discussing regulatory nuances, the process by which changes get made, and how CDI professionals can both effect positive regulatory change and keep their heads above the waters of ever-increasing denials.

Within the newest *Journal's* pages, readers will learn about

- [Submitting suggestions for the inpatient prospective payment system final rule](#)
- [Tackling outpatient denials](#)
- [Approaching denials like a defense attorney](#)
- [Sending questions to Coding Clinic](#)
- [The role physicians play in denials management](#)
- [Preventing denials for sepsis and acute respiratory distress syndrome](#)
- [Reviewing for Vizient indicators](#)
- [Maintaining ethical quality review practices](#)

This edition also includes articles offering [insight into the latest heart failure definitions](#), research related to [CDI and nursing documentation](#), advice for [jumping into your professional network with both feet](#) from ACDIS Editorial Director Melissa Varnavas, and a [behind-the-scenes look at the latest ACDIS position paper focused on risk adjustment](#) from ACDIS Director Brian Murphy. Plus, our edition closes with our regular [Meet a Member](#) feature, which is always full of great tips and advice.

The ACDIS team hopes you enjoy this [latest edition](#) and find some helpful information to meet the regulatory and denial tides head on. The January/February 2022 edition of the *CDI Journal* will focus on CDI basics and leadership principles, so if you'd like to contribute, wish to share your CDI journey, or suggest an article idea, [please feel free to email us](#).

Editor's note: Archibald is the associate editorial director of publications and membership for ACDIS. Contact her at larchibald@acdis.org. Found in Categories: Clinical & Coding

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!

AzACDIS 2022 Agenda

Your AzACDIS Cochairs are currently working on the Agenda for 2022, please reach out with suggestions for presenters or topics you are interested in for next year.

AZ ACDIS Cochairs:

- Becky Buegel
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Note from the ACDIS Editor: A newbie's conference experience

October 28, 2021, *CDI Strategies* - Volume 15, Issue 48, by Carolyn Riel

While this isn't *technically* my first in-person ACDIS event, it is my first [national conference](#). I first came on board with ACDIS in September 2019, and just two short months later, they threw me in the deep end with that year's [Outpatient Symposium](#). I think at that point, I had just started to get a grasp on what exactly CDI is. The different nuances between inpatient and outpatient were still beyond me.

Now, two years later, I am finally attending my first annual ACDIS conference. I remember I was overwhelmed at the Symposium with the amount of people in attendance, commenting on that, and then being told, "this is nothing...wait 'til you see national."

They weren't wrong, and I'm told this year's attendance is lower than normal due to the pandemic, yet I'm still overwhelmed by just how many new faces there are. I guess that just speaks to how dedicated ACDIS' members are.

When I attended the Symposium, I hadn't spoken to anyone outside of the ACDIS national team. Over the past two years, however, I have done my fair share of networking and meeting new people, virtually of course. I have had the honor of working with so many amazing folks on articles for the *Journal* and for our various [boards and committees](#). While I've seen pictures or been in video meetings with some of them, it's nice to finally put a real, human face to the names and voices I've learned. Plus, people always look just a bit different in person than what you'd expect. For example, I assume I'm much taller than most people would have imagined (I'm 5'10" without heels, for reference).

As I'm sitting here at my first ACDIS conference (well, technically the pre-con at the time of writing), I have some initial impressions...

The food is (insert the chef kiss gesture) delicious. Day one of the pre-con we had a lovey hot breakfast with the most delicious breakfast potatoes I've personally ever eaten. They were shredded, covered in cheese, mixed with some bell peppers and onions. Again, this would be the time to insert a chef kiss emoji should I have the ability to do so. Lunch was brisket, chicken, potato salad, coleslaw, jalapeno cornbread, and the star of the show: macaroni and cheese. How can you not love macaroni and cheese? The afternoon snack was probably my favorite coming in with bite-sized cakes covered in chocolate. This morning? Greek yogurt parfait and avocado toast. From what I've been told, by the time you read this, we'll also have enjoyed an Asian-inspired hot buffet lunch, incredible appetizers at the opening reception, and more.

Second thought: Our ACDIS members are even better than I already knew they were. I've worked with plenty of folks from the CDI community on articles for the *Journal*, local chapter business, and general inquiries so I already knew how engaged everyone was. But when I actually saw folks in person talking with each other and engaging with our instructors in class, it's obvious how passionate you are about the profession.

For example, I've been a room moderator for the clinical validation pre-con session with our two ACDIS CDI Boot Camp instructors Sharme Brodie and Dawn Valdez. While attendees at other conferences I've attended want to get in and out as quickly as possible, here there's been an open line of communication, constant question and answer, discussing the topics and having conversations about the topics at hand.

You see, what I've found makes the ACDIS conference different than any other is not only the genuine desire to learn, but the shared mindset of wanting others to succeed. If someone has a question, it's not a quick one-word answer; it's an involved conversation where other attendees get involved to share their own experiences. Everyone wants to learn while also wanting to share their thoughts with others to see someone else succeed too.

That's a sort of community mentality you don't see often.

Third impression. There are a lot of educational opportunities. Like, *a lot*. From my understanding, a typical ACDIS conference has six tracks simultaneously running on different umbrella topics. This year that's been trimmed down to four, and it's still amazing to me that that's an abbreviated version of what the conference usually is! We have tracks on clinical and coding, management and professional development, quality and regulatory, and even innovation and expansion. That's not even including the pre-con session on clinical validation, management essentials, and the physician advisor's role in CDI.

Almost any CDI-related topic you could think of, odds are we have a session covering it. While I'm moderating sessions from the management and professional development track, I do have some free periods to go and attend other sessions. Let me tell you, sitting down and deciding which sessions I wanted to attend myself was so difficult! I wanted to go to every session available, but I am just one person and can only be in one place at a time, so I had to settle on a few.

Fourth, and final impression, for sake of not rambling more than I already have. We do spirit days at the ACDIS conference, and I absolutely love it. The first full day of the conference is ACDIS pride day, and while the ACDIS team wears staff T-shirts, I'm hoping to see some attendees go all-out with their outfits sporting orange and purple shirts, pants—dare I even say wigs?

The next day is state pride day, and it's always fun to see where most people are coming from to join us. While I personally won't be representing my home state, you all should know that I "love that dirty water, Boston you're my home."

For the final day of the conference, we made a last-minute decision to encourage folks to wear their most exciting footwear to go along with this year's conference theme *Stepping Forward*. It was a soft announcement in last week's *CDI Strategies* edition, so I'm not sure how many folks will play along with us. But you can expect Associate Editorial Director Linnea Archibald to wear magenta high heels, while I'll be sporting some light-up sneakers.

As a final thought, I just wanted to thank everyone who was able to attend the 2021 conference with us in Dallas. It's been a long time since ACDIS held its last in-person conference in 2019, and I know I'm speaking for more than just myself when I say we're happy to be back connecting with you again. If you were not able to join us, please do consider joining us in six months for the [2022 ACDIS conference in Kissimmee, Florida, from May 2-5](#). We're currently working on getting all the details finalized, and I can promise you it's going to be a beautiful event with the theme of "imagine."

It's been so good to be in-person and connect faces to names and voices. There are people I've been working with for the last two years and never been able to meet them face-to-face until now. If I could say one final thing to sum up how this conference has made me feel, it's hope: Hope that by the 2022 conference we'll be settled in this new normal, hope for the CDI profession as a whole, and hope that all ACDIS events will have such delicious food.

Editor's note: Riel is the editor for ACDIS. Contact her at criel@acdis.org.



Q&A: Respiratory failure as the principal diagnosis

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Q: *In a case where the patient arrived in respiratory distress, was intubated, and was placed on a vent, treated with IV Solumedrol, HHN, IV antibiotics. The patient was admitted to the nursing unit on the vent. The physician documented acute hypoxic respiratory failure due to COPD exacerbation. I coded acute respiratory failure first, but the coding professional reviewing the record said that was incorrect. Do you have a reference for this or a coding guideline to help support this diagnosis?*

A: We get asked variations of this same question all the time and, unfortunately, there are many different opinions as to what the principal diagnosis should be in these situations. Each medical record needs to be able to stand on its own and support the choice of the principal diagnosis. Let's start by looking at the definition of a principal diagnosis. Per the *Official Guideline for Coding and Reporting*, Section II, it is the "condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care."

So, acute respiratory failure can be coded if the condition meets the definition for the principal diagnosis and is clinically supported in the medical record by a hands-on treating provider without any conflict existing in the documentation between any consulting and attending provider.

Now, we always need to go a step further and consider the circumstances of an admission, any diagnostic workup and/or therapy provided, and whether there are any coding conventions, guidelines, or *Coding Clinic* recommendations that would affect our choice, such as the direction given in etiology/manifestation pairs. The respiratory failure, however, is not one of these pairs, so there is no direction for the underlying cause being sequenced first. So, with no guidelines saying otherwise, the respiratory failure could be sequenced as the principal diagnosis.

Respiratory failure is defined as abnormal arterial oxygenation and/or carbon dioxide accumulation. Diagnostic criteria for hypoxemic respiratory failure include partial pressure of oxygen (pO₂) less than 60 millimeters of mercury (mmHg) on room air or pO₂/fraction of inspired oxygen (FiO₂) ratio less than 300, or 10mmHg decrease in baseline pO₂ (if known). For hypercapnic respiratory failure, we look for pCO₂ greater than 50mmHg with pH of less than 7.35, or 10mmHg increase in baseline pCO₂ (if known). The greater the specificity regarding the acuity and type of respiratory failure, the more accurate the coding staff can be with code assignment. We always want to encourage our providers to be as specific as possible based on the information available to them.

Now, it's hard for me to tell you why there's a disagreement regarding the principal diagnosis in your scenario because I'm not looking at the complete medical record. I can tell you, however, that many believe that the cause of the respiratory failure should be coded as the principal diagnosis. I can tell you confidently, though, that there is no rule that states this. What I tell people is that you are only allowed to choose one principal diagnosis and if you have more than one condition that potentially meets the definition, then you need to evaluate each condition to determine which one is the most appropriate principal diagnosis.

One good way of determining what caused the admission (what "bought the bed") is to ask yourself whether any of the conditions could be treated safely in observation. If the answer is yes, then that diagnosis would likely not be the principal diagnosis.

Also ask whether all the conditions meet medical necessity? Out of the ones you mentioned, acute respiratory failure is the only diagnosis that requires inpatient treatment. Consider asking, too, whether the conditions are acute conditions or chronic conditions? Most chronic conditions do not support an inpatient admission. We need to look the patient's history to see if they have multiple comorbidities occurring at the same time, such as a patient with four different comorbidities versus someone who is relatively healthy. This would certainly influence whether or not the patient would be admitted as an inpatient or place in an observation status.

Another question I would ask is whether, based on the other conditions present, the physician would have admitted the patient if the respiratory failure was not present. If the answer is no, then those other conditions would likely not be the principal diagnosis.

My best advice here is to query the provider (if the record's not clear) as to which diagnosis led to the admission. I would also ask the coding staff about the advice they're following and where you can find it—they may be referencing something you're not aware of.

Editor's Note: *Sharme Brodie, RN, CCDS, CCDS-O, CDI education specialist and CDI Boot Camp instructor for HCPro in Middleton, Massachusetts, answered this question. For information, contact her at sbrodie@hcpro.com. For information regarding CDI Boot Camps, [click here](#). This article originally ran in August 2019 and has been updated according to all new coding and documentation guidelines.*

Found in Categories: [Ask ACDIS](#), [Clinical & Coding](#)

Congratulations!

Conference corner: Jones, Petrilli, Henry, Yuen, and UC Davis Medical Center win 2021 ACDIS Achievement Awards



October 28, 2021

CDI Strategies - Volume 15, Issue 48

Every year, ACDIS invites CDI professionals to nominate their peers for the ACDIS Achievement Awards. The ACDIS Events Committee then reviews applications and chooses the final winners. This process takes hours of work and dedication to complete. [Click here to read about the award criteria, nomination, and selection process.](#)

This year, the full Achievement Award Ceremony took place this week at 2021 ACDIS Conference in Dallas, Texas. During the ceremony, ACDIS Director Brian Murphy and CDI Education Director Laurie Prescott introduced this year's award winners.

This year, ACDIS awarded five awards:

- **CDI Professional of the Year:** This award recognizes an individual who stands out as a consummate representative of the best attributes of a CDI professional. The nominee must have at least five years as a CDI professional at the time of their nomination.
- **Recognition of CDI Professional Achievement:** This award recognizes an individual who has made significant achievements as a CDI professional in their facility or within their broader organization. The nominee must have at least three years as a CDI professional at the time of their nomination.
- **Excellence in Provider Engagement:** This award recognizes an individual who has made a substantive difference within their organization and the broader community through enhancing medical staff understanding, collaboration, and engagement. The nominee must have two or more years of experience in this role at the time of their nomination.
- **Rookie of the Year:** This award recognizes an individual who has served in the CDI profession less than two years from the time of his or her nomination but has made a significant contribution in that time frame.
- **Diversity in CDI:** New in 2021, this award is intended to honor those organizations whose CDI departments are going above and beyond with creating a diverse and inclusive workplace. Diversity in CDI looks like folks from different racial and ethnic backgrounds, those from minority groups in leadership positions, different educational backgrounds outside of the traditional clinical realms, inclusion of all gender identities and sexual orientations, and all abilities.

Please join us in congratulating this year's award recipients:

CDI Professional of the Year

Deb Jones, MSN, RN, is the CDI director at Brigham and Women's Hospital, a large academic medical center affiliated with Harvard Medical School in Boston. Reporting to the quality and safety department, the CDI team collaborates with quality professionals, clinical teams, health information management (HIM), and coding to ensure the accuracy and integrity of the medical record.



Since taking on the director role in October 2017, Jones expanded the program to include commercial payer reviews and risk adjustment queries, and doubled the number of CDI staff at the facility. She attributes her success to "recruiting and retaining the best and brightest CDI professionals in the industry."

"She pioneered us to be better than we thought we could be," said one of her nominators. "She has touched and enriched the lives of her staff and as such we have had no turnover in her tenor. Deb encourages each team member to excel to their personal best."

In addition to her contributions to her CDI team, Jones is a frequent contributor to ACDIS' publications, a current member of the ACDIS Leadership Council, and a repeat poster presenter at the national conference.

"She has earned the respect of her peers in CDI nationally and shows ongoing initiative, leadership, and dedication," wrote one of her nominators. "Deb is a passionate advocate for her staff and never misses a beat to promote our work to whomever she is speaking to."

Congratulations, Deb!

Recognition of CDI Professional Achievement



Anny Pang Yuen, RHIA, CCS, CCDS, CDIP, is an independent CDI/HIM/revenue cycle consultant at AP Consulting Associates LLC in the Philadelphia area. She has more than 20 years of experience working at multifacility health systems as well as community hospitals, health plans, and academic centers nationwide. Yuen's expertise is in revenue integrity, inpatient and outpatient CDI implementations/reinventions, coding compliance, HIM operations, and EHR implementations. She has served in both CDI and HIM executive leadership positions and has extensive consulting experience as a subject matter expert.

"Anny has made many great contributions CDI through the years. I feel that the profession would look very different without her input," wrote one of her nominators. "Anny can serve as a role model to clinical documentation specialists of all backgrounds who are just starting in the field."

Yuen has also contributed substantially to the CDI industry by serving on the ACDIS Advisory Board from 2015-2018 and co-authoring the ACDIS book *First Steps in Outpatient CDI: Tips and Tools for Building a Program* and the AHIMA book *The Complete Guide to CDI Management*. She currently serves as the co-chair of the AHIMA Revenue Cycle Practice Council and has previously served as the co-chair for the AHIMA CDI, Quality, and Revenue Management Practice Council from 2018-2020.

"I have known Ms. Yuen for ten years, and I have collaborated with her on various initiatives sponsored by AHIMA and ACDIS," wrote one of her nominators. "She has impressed me with her professionalism, knowledge, and enthusiasm for our shared profession."

Congratulations, Anny!

Excellence in Provider Engagement



Christopher Petrilli, MD, SFHM, CCDS, is an assistant professor of medicine at the NYU School of Medicine. Additionally, he serves as clinical lead of the Manhattan campus for value-based management and medical director for CDI for NYU Langone Health in New York City. He has authored 30 peer-reviewed publications, including a first author manuscript in the *British Medical Journal*, which was one of the first major papers describing the risk factors for COVID-19 in the United States. In his role as medical director for CDI, he takes great pride in strengthening the collaboration among health system leaders, the CDI team, and providers to improve documentation efficiency and effectiveness. He achieves this through education and novel EHR solutions.

"Dr. Petrilli is driven and passionate about CDI, and he has consistently demonstrated this via the robust initiatives that he has worked on with our department and provider teams to improve cohesion and ultimately clinical documentation as proven via measurable outcomes," wrote one of his nominators.

Petrilli is currently a member of the ACDIS Advisory Board, and his work has been featured in the *CDI Journal*, *CDI Strategies*, and on *The ACDIS Podcast: Talking CDI*. He has a true passion for teaching, methodologically implementing rigorous process improvement strategies, and tracking process, as well as outcomes metrics to assess for sustained improvement over time.

"As an ACDIS board member and podcast contributor, as well as a teacher and provider, he is passionate about education, not only for members of the CDI world, but for the providers, which has resulted in a tremendous respect for, and understanding of, the critical value that our team brings to the table," according to one of his nominators. "He is the most engaged champion for provider engagement I have ever had the pleasure of working with."

Congratulations, Dr. Petrilli!

Rookie of the Year



Nichole Henry, BSN, RN, is a CDI specialist 3 at UCI Health in Orange, California. She's been a registered nurse for 11 years and has experience in critical care and case management. Henry's desire to utilize her clinical expertise, analytical and investigative skills, coupled with her passion for education inspired her to transfer to the CDI department in November 2019.

"Nichole's colleagues have expressed their admiration for her superb critical thinking skills and her ability to think through issues in a highly logical manner, especially given that she is new to the CDI role," wrote one of her nominators. "Nichole's peers often seek her advice when dealing with complex cases as she is clinically sound, will gather all required elements related to the case, and is able take into consideration different perspectives before rendering an opinion. In addition, Nichole will actively seek out assistance when she is faced with a difficult review or situation."

Since that joining the CDI team, Henry has attended an ACDIS CDI Boot Camp, achieved ACDIS-approved CDI Apprentice status, and completed an ICD-10 training course. She is also an active member of ACDIS and the California ACDIS local chapter.

"Nichole's enthusiasm re-energized the CDI team—we are definitely a more efficient, effective and cohesive team because of her presence!" wrote one of her nominators.

Congratulations, Nichole!

Diversity in CDI

New in 2021, the Diversity in CDI award celebrates the work of an organization to advance diversity and inclusion within their CDI department. This year, the winning organization is the University of California (UC) Davis Medical Center, and it was nominated multiple times.

"Diversity and inclusion are a core value at UC-Davis. Our organization is dedicated to it, and we have goals every fiscal year to promote diversity and inclusion, through webinar and in-person training on diversity and inclusion," wrote one nominator. "We are intentional in ensuring everyone is trained to understand their bias to promote a culture of inclusion."

According to the nominators, UC Davis has consistently worked to create an inclusive and diverse CDI department (and organization). The team includes all genders, multiple racial and ethnic backgrounds, and professional backgrounds.

"We have no restrictions [on who we hire]," wrote one nominator. "We look for qualified allied health professionals, which can range from certified social worker, RHIA, coder, nursing, and foreign-trained medical graduates. The diversity in our team is what makes us so successful."

All team members are encouraged to speak to HR and/or their leadership if any issues of discrimination arise without any fear of retaliation.



Additionally, all members of the UC Davis CDI team have input into decision-making for the department. This is done through:

1. Scheduling meetings with the whole team to introduce process changes under consideration
2. Disseminating a written policy/document summarizing the changes to all staff to collect confidential feedback
3. Engaging the physician advisor for input on new proposals
4. Making a final decision and implementing process changes based on the feedback received from staff members

In addition to receiving this 2021 ACDIS Achievement Award, UC Davis has also been recognized by *Forbes* magazine for its efforts in diversity and inclusion.

"Diversity, inclusion, and equity are a top priority at UC Davis is the message is echoed from the top down. I believe we demonstrate working conditions, compensation, climate, development opportunities that all align with [these goals]," wrote one nominator. "I have never worked at another organization that exemplifies a culture of acceptance."

Congratulations, UC Davis Medical Center!

National ACDIS Events/Resources



ACDIS members receive:

- Advocacy and leadership from a peer-elected **ACDIS Advisory Board**, including peer-reviewed **Position Papers** and **White Papers**.
- Weekly tips, news, and strategies in our e-newsletter, **CDI Strategies**
- In-depth news and regulatory information, clinically-based articles, case studies on building successful CDI programs, and membership profiles in our bi-monthly electronic journal, the **CDI Journal**
- An opportunity to network with peers and colleagues in the **ACDIS Forum**
- Access to live and archived **quarterly conference calls**, hour-long networking discussions and an open Q&A with the ACDIS Advisory Board
- Helpful tools accessed in our electronic **Resource Library**, including sample queries, policies, and archived conference presentations
- Five free **email signature images** to celebrate membership and certification statuses. ([Members can access these images here.](#))
- Two free job postings a year, discounted additional posts, and the ability to post your resume on our **Career Center**
- Opportunities to participate in an Official **ACDIS Local Chapter** in your area, under the leadership of the Chapter Advisory Board
- **Discounts** to the annual ACDIS conference, CCDS certification, and CDI Boot Camps

Download the November/December 2021 edition of the CDI Journal!

November 1, 2021

CDI Journal - Volume 15, Issue 6

CONTINUING EDUCATION UNITS

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](#).

CR-5384 CDI Journal Nov_Dec 2021_final.pdf

Sample clinical definition: Obesity in adults

October 12, 2021

Policies & Procedures

Clinical & Coding

This sample clinical definition was provided by **Jera Van Damme, BSN, RN, CCDS, CCS**, senior clinical documentation educator at Essentia Health in Duluth, Minnesota.

This sample has been reviewed and approved by the [Forms & Tools Library Committee](#). The committee recommends that, should you choose to use this sample, you adapt it to your particular programmatic needs, policies, and procedures.

12-Obesity in adults definition example.pdf

[Download](#)

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.

Note from the Associate Editorial Director: Advance your CDI education with the ACDIS Scholarship program

September 2, 2021

CDI Strategies - Volume 15, Issue 35

by Linnea Archibald

Those who know me, know that I wear a variety of hats around here at ACDIS. Most of the time when you see my name, it'll be associated with either our publications (especially the *CDI Journal*) or the ACDIS CDI Leadership Council. This time of year, however, my focus expands to include the application and selection process for our annual ACDIS CDI Scholarship Program. It's one of my favorite projects to work on.

Since the Scholarship's launch in 2019, we've awarded eight scholarships to deserving CDI professionals in order to help enhance their careers with further education and increase the collaboration among their colleagues by sharing knowledge.

I'm happy to announce that [the application period for the 2021/2022 Scholarship is now open](#) through Tuesday, November 30, at 11:59 p.m. eastern.

Through the program, ACDIS awards three scholarships for the following educational activities. Please note that ACDIS will provide each recipient with the registration information and/or login instructions, etc., related to accessing their award, rather than a monetary prize.

- One-year ACDIS membership + enrollment in the ACDIS CDI Apprenticeship program
- Registration to an online CDI Boot Camp of the recipient's choice
- Registration to the ACDIS national conference (May 2022)

In order to be awarded the conference seat, applicants must be active in the CDI field by currently working in the profession. Those who have completed the ACDIS Apprenticeship program but are not yet working in the CDI field may also apply for the membership and Boot Camp awards. Should an apprentice receive the membership award, they will be allowed to choose an alternate eLearning course, rather than being awarded the apprenticeship program.

After the application period closes on November 30, the [ACDIS Furthering Education Committee](#) will convene to review and evaluate applications and ultimately select the 2021/2022 recipients. All applicants will be notified of the committee's decision in February 2022.

The Scholarship application period closes on November 30 at 11:59 p.m., eastern. I hope you'll consider applying or pass along the application to a peer who might be interested! If you'd like a sneak peek at the application before submitting, you can view a [PDF of the 2021/2022 application](#) on our website. When you're ready, [click here to apply today!](#)

Editor's note: Archibald is the associate editorial director of publications and membership. Contact her at larchibald@acdis.org.

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.

ACDIS PODCAST



[Register](#)

Keeping you up-to-date on all things CDI

Join ACDIS Director Brian Murphy every other Wednesday for the ACDIS Podcast: Talking CDI, a biweekly live podcast covering the hottest topics in CDI.

During each ACDIS Podcast episode, Brian Murphy and a co-host chat with a special guest including industry leaders, ACDIS advisory board members, physicians and physician advisors, and CDI managers and specialists. You'll hear about best practices, tips, and the latest ACDIS and CDI-related healthcare news. This lively 30-minute program will keep CDI and HIM professionals entertained and up-to-date on the pulse of the CDI industry.

Tune in every other Wednesday at 11:30 a.m. eastern.

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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.
