Welcome to a special edition of the CA ACDIS journal!

ACDIS Virtual Conference

June 17-18-19, 2020

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I had the great privilege of "attending" the ACDIS Virtual Conference held in June. It was the first time ACDIS had held a virtual conference and it was a rousing success. From the first speaker to the last, with a mixture of live and tape, we learned from, and communicated with each other. It was non-stop. There is no way I can recreate the excitement, but hopefully can give you an idea of the learning that took place.

THE ACDIS PODCAST TALKING CDI

Value of CDI in trying times

Wednesday, June 17, 2020

Today's guests

Laurie Prescott, MSN, RN, CCDS,CCDS-O, CDIP, CRC, CDI Education Director for ACDIS in Middleton, MA. She is the developer and lead instructor for the ACDIS boot camp line and an ACDIS subject matter expert.

Tracy Boldt, RN, BSN, CCDS, CCDS-0, CDIP, is manager of clinical documentation integrity for Essentia Health in Duluth, Minnesota. Boldt started a CDI program while working as a CDI specialist. Currently, she works as a system manager for Essentia Health, a large multi-specialty healthcare system.

Sheri Blanchard, RN, MSN, FNP-BC, CCDS, CCS, is Corporate director of CDE for Orlando Health in Orlando, FL. Blanchard has more than 24 years of nursing experience, and 12 years of CDI, care management, and coding experience, with a focus on improving patient care, quality outcomes, and the financial stability of hospital systems nationwide.

Susan Fantin, MSA, BSN, RN, CCDS, CDIP, Corporate Director of Clinical Documentation for McLaren Health Care in Grand Blanc, MI. In this role Fantin leads system-wide CDI projects in clinical validation, standardization, dashboard metric/ outcomes, policy/procedure, orientation, quality monitoring, and physician engagement/ education.

DAY 1

Our Opening Ceremony was an ACDIS podcast on the **Value of CDI in trying times** with Brian Murphy, Laurie Prescott, Tracy Boldt, Sheri Blanchard and Susan Fantin. It was good to learn we are not alone in these trying times. While each hospital responds differently, yet each responds similarly. (By the way, I just love the ACDIS Podcast logo!)

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The next speaker needs no introduction: Dr. James Kennedy, MD, CCS, CDIP, CCDS as well as Kathryn DeVault, MSL, RHIA, CCS. CCS-P, FAHIMA. Kathryn held her own with Dr. Kennedy and his Southern charm and brilliance! Kathryn has over 25 years of HIM experience.

The topic was **CDI Pertinent Coding Clinic Updates**.

One slide of particular interest was about sepsis.

Sepsis as Addressed in the Index and *Guidelines*

ICD-10-CM Index and Table

Sepsis (generalized) (unspecified organism) A41.9
- with
- - - organ dysfunction (acute) (multiple) R65.20
- - - - with septic shock R65.21

R65.2 Severe sepsis
Infection with associated acute organ dysfunction
Sepsis with acute organ dysfunction
Sepsis with multiple organ dysfunction
Systemic inflammatory response syndrome due to infectious process with acute organ dysfunction

ICD-10-CM *Guidelines*

The word "with" or "in" should be interpreted to mean "associated with" or "due to" when it appears in a code title, the Alphabetic Index (either under a main term or subterm), or an instructional note in the Tabular List.

The classification presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular List.

ICD-10-CM Guidelines: These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated or when another guideline exists that specifically requires a documented linkage between two conditions (e.g., sepsis guideline for "acute organ dysfunction that is not clearly associated with the sepsis").

Another favorite of mine that is a wall I run up against with denials is the definition of the word "consistent."

"Consistent With" Definition: It's Not About Frequency

- 2016 AHIMA *Outpatient CDI Toolkit*
  - *Consistent – This is documentation that does not contradict itself. An example would be having conflicting diagnoses, such as one provider note stating the patient has chronic diastolic heart failure and the next note stating the patient has chronic systolic heart failure. In this scenario, a query may be needed to determine the type of heart failure.*

- Consistent with documentation is <u>not</u> tied to the number of times a diagnosis is documented
  - It is not about frequency
  - It is about non-contradiction and perhaps about clinical validity

Well, I'm not going to repeat the entire talk, because there are so many more speakers coming up.

Our break came next, but was filled with a Sponsor Lightening Round with Artifact, 3M, ChartWise, Enjoin, and Iodine contributing presentations.

Next came another of my favorite speakers, Dr. Trey La Charité, MD, FACP, SFHM, CCS, CCDS. Dr. La Charité is a regular speaker at the ACDIS Physician Boot Camp and is a hospitalist and curriculum director of the residency program's hospitalist rotation at University of Tennessee Medical Center in Knoxville. Dr. La Charité spoke on "**Stop, Drop and Roll! Managing your CDI Programs Unexpected Fires**."

He spoke on the importance of resource protection and preventing mission creep. He also talked about having a plan for when problems arise, as they will, plus the importance of staying current in the CDI world. He had practical advice on dealing with risk management like don't send emails – which are discoverable – use the phone!

Next ACDIS gave us a **Networking Coffee Break** where we could discuss any CDI topic with our fellow CDS. It was a blast.

Our last talk of Day 1 was Laurie Prescott, RN, MSN, CCDS, CCDS-O, CDIP, CRC who gave a dynamite talk on critical thinking skills, **It's Critical: Applying Critical Thought to CDI Practice**. Her self-deprecating humor is infectious as she drives home a point with query examples. I liked her definition of critical thinking: questioning your assumptions – asking questions, seeking clarification, and thinking beyond what's in front of you. She gave us some examples to learn from mistakes and ask for evaluations and audit feedback. Compare your stats with your peers.

The day ended with a bang at the **Virtual Gala**. Another chance to network. And share recipes. For example:

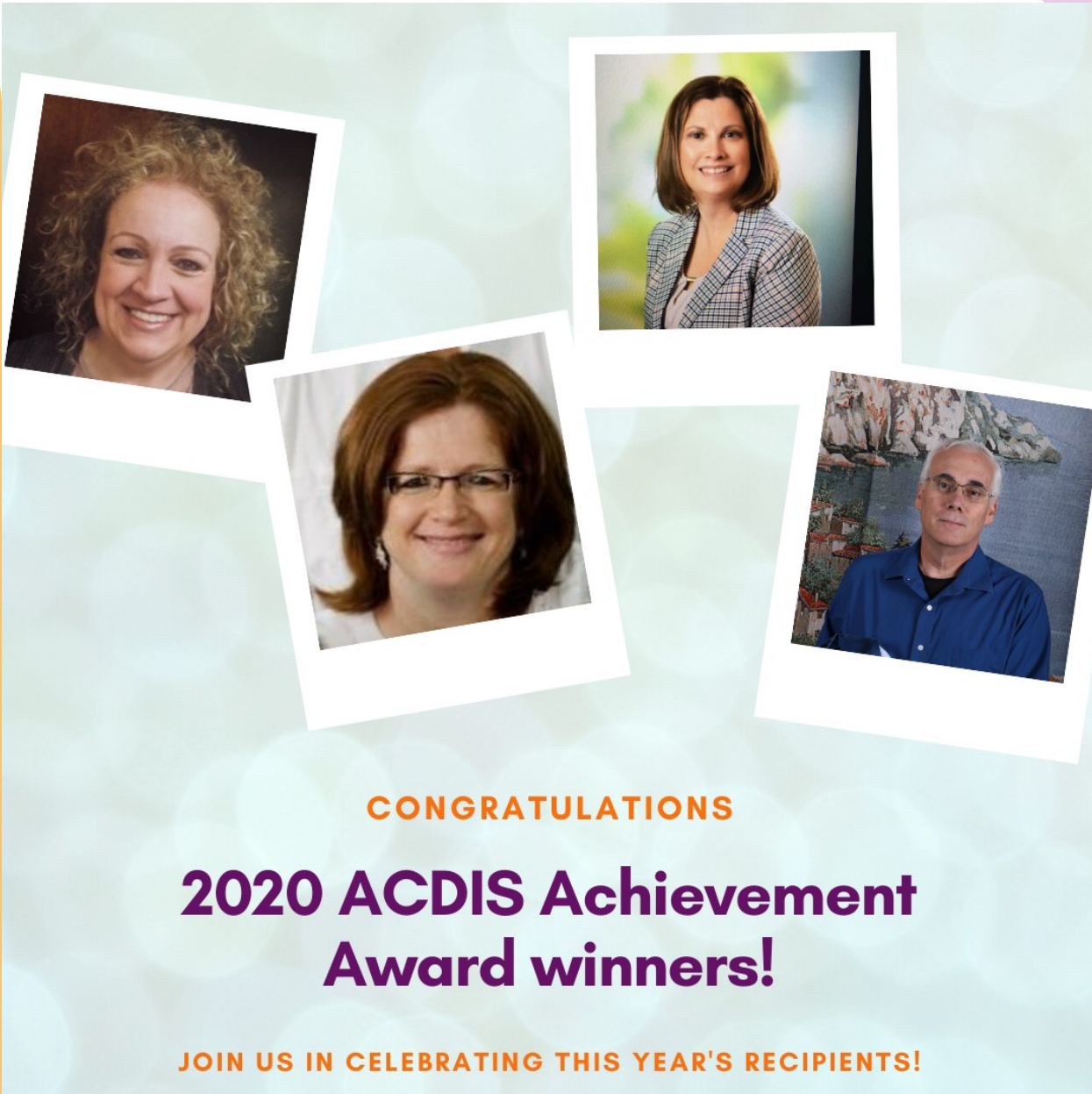## Share a drink with us

Linnea Archibald, Editor, ACDIS
Gimlet
- A Gimlet is a cocktail made from gin, fresh lime juice, and simple syrup.
- The drink was first mentioned 1928 and the name may come from a tool used to drill small holes, alluding to the drinks "piercing" effect.
- Other sources say that the drink originated from a British Naval officer, Sir Thomas Gimlette, who added lime cordial to gin to ward off scurvy.

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DAY 2

Refreshed from our night's sleep, and excited about the day's planned events, we opened with the **ACDIS Achievement Awards Virtual Ceremony**.

CONGRATULATIONS

2020 ACDIS Achievement Award winners!

JOIN US IN CELEBRATING THIS YEAR'S RECIPIENTS!

The humility of the award winners brought a tear to my eye. It was inspiring. To learn more about the winner, go to: https://acdis.org/articles/acdis-update-ballantyne-elmore-parent-and-jones-win-2020-acdis-achievement-awards-0
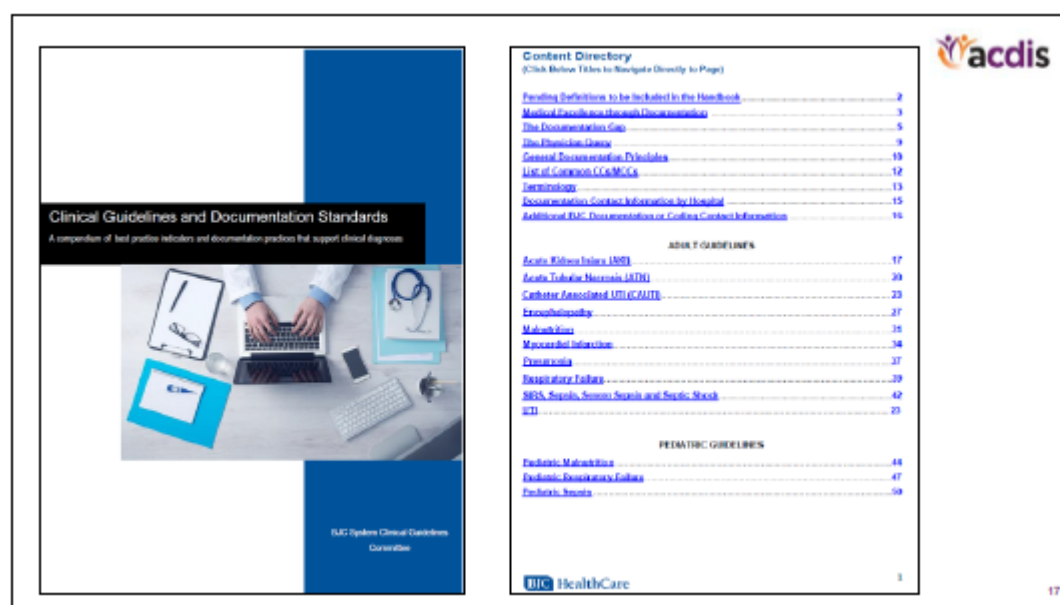
This was followed by the keynote speaker Joan Peterson, Vice President, Master Facilitator and Leadership Coach on **Getting Your Voice Heard**. One of the points that she reminded us of:

We can **speak** at 125-175 *words/minute.*
We can **listen** at 125-250 *words/minute.*
We can **think** at 1000-3000 *words/minute.*

She asked us to think about what we stood for and what our quote would be about our lives and to learn how to tell stories to engage our listeners.

Then came a lunch and learn with another **Sponsor Lightning Round** with Medovent, Nuance, Optum 360, and UASI.

Now comes my personal favorite talk, **Clinical Guidelines, Your Ace in the Hole** by Karen Elmore, BSN, RN, CCDS and Samantha "Sam" Cantin, RN. These two incredibly bright ladies worked on a book of approved clinical guidelines for their hospital system that was published and is used for not only training but denials support. The strategy was to identify, get input, formalize the guidelines, communicate them, *and* educate to them. They are a work in progress, in digital format to avoid messy paper upgrades. Here is a photo of their cover page and table of content.

We then got another **Networking Break: Engaging with CDI**. This one regarding queries.

Next came a Special Edition of the **ACDIS Podcast: Talking CDI with Trust HCS**. Here ACDIS Director Brian Murphy was joined by Autumn Reiter, Director of CDI services for Trust HCS where they discussed how COVID-19 has affected CDI operations among other items.

Only two more talks to go today.

The next talk was exciting as a practicing trauma surgeon and CDI convert Dr. Nicole Fox, MD, MPH, CPE, and Rebecca Willcut, BSN, RN, CCDS, CCS, CRC, director of CDI at Cooper University health care in Camden, New Jersey talked about **Living on the Edge: CDI for the Critically Ill and Injured Patient**. It had marvelous practical advice on how to talk to surgeons, as well as charge capture through the trauma activation fee. She demonstrated a ton of teachable elements using before-and-after case study examples.
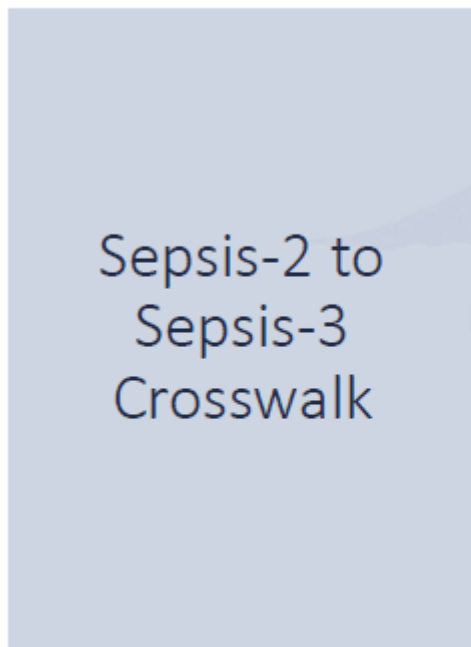
Last up for the day, was the **Regulatory Committee Session: 2021 IPPS Proposed Rule and Advocacy** which strongly encouraged us to comment to CMS on coding issues that are of interest to us. The panel consisted

of Candace Blankenship, RN, BSN, CCDS, chair of the Regulatory Committee, Haaris Ali, MD, CDIP, director of CDI Denials Management, Sharme Brodie, RN, CCDS education specialist at HCPro, and Faisal Hussain, MD, CCDS, CDIP, CCS Vice President of CDI Solutions for Reventics, Inc. They discussed what it took to establish a new MCC/CC split for a MS-DRG, which was a tough criteria and reviewed some of the 2021 recalibration of relative weights.

That ended Day 2. Whew!

BONUS SESSION

Dr. Timothy Brundage, MD, CCDS covered documentation essentials of COVID-19 as well as other conditions such as CKD, obesity, and COPD. But he also emphasized the importance of documentation linkage of diagnosis to organ dysfunction to support compliant reporting of sepsis (as well as assist with denial claims as well!)

Sepsis-2 to Sepsis-3 Crosswalk

Sepsis-2 and Sepsis-3	
Sepsis-2	Sepsis-3 SOFA
AMS	Glasgow Coma Scale $\leq$ 14
Hypotension SBP < 90	MAP < 70 or Vasopressors
Hypoxemia PaO_2/FiO_2 < 300	PaO_2/FiO_2 < 400
Acute Oliguria	Urine Output < 500
Creatinine increase > 0.5 mg/dL	Creatinine > 1.2
Thrombocytopenia < 100k	Platelets < 150k
Hyperbilirubinemia > 4 mg/dL	Bilirubin $\geq$ 1.2

Sepsis-2 ONLY
SIRS Criteria
Significant Edema or Positive Fluid Balance
Hyperglycemia in the absence of DM
CRP more than 2 SD above normal
Procalcitonin more than 2 SD above normal
INR > 1.5
Ileus
Hyperlactatemia > 1 mmol/L
Decreased capillary refill or mottling

Sepsis-2 and Sepsis-3 share multiple criteria. The criteria _top_ left are present _only_ in Sepsis-2 criteria. The criteria _bottom_ left are NOT criteria for sepsis using Sepsis-3

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DAY 3

Rounding the home stretch, we opened with a great Q&A panel from the members of the ACDIS advisor board. ACDIS Director Brian Murphy once again took to the "virtual" podium and shared results of a recent provider engagement survey and series of reports. One of the stats that was amazing to me was that 22.78% of the 158 hospitals that responded to the survey did not have or plan to hire a physician advisor. Speaking very personally and being spoiled by ours, that's like operating a CDI program with one hand tied behind your back. But again, that's speaking personally. They must have one heck of a relationship with their providers!

Then Sharon Cole, MSN, RN, CCDS and Amanda Suttles, BSNN, RN, CCDS discussed
"**Let's Work from Home! Transitioning your CDI Team from On-Site to Remote**." It was thoughtful
and incredibly detailed. I'm betting a lot of people wish they had heard this before they went remote.
I have to share the funniest slide with the caveat that no children were harmed in the making of this photo.

Challenges to Working Remotely (During COVID-19)

- Family responsibilities
  - Spouse/significant other
    - Desk/office space
    - Computer/internet usage
  - Children
    - Desk/office space
    - Computer/internet usage
    - Help with school assignments
    - Meal preparation
    - Keeping children occupied/safe
    - Noise level

We next had a **Lunch-N-Learn Networking Break**: **Handling a Virtual Life** where people got to share picture of their remote set up. It was fun to see how creative some folks got with a basic set up.

Erica Remer, MD, FACEP, CCDS, was up next. She always gives a great talk. **This was on CDI in the ED: Where Outpatient Meets Inpatient**. As a practicing ED physician, she knows where of she speaks. I liked her summary slide for general diagnostic principles.

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General ED Diagnosis Principles (Summary)

- Try to make a diagnosis
- Always have a diagnosis corresponding to chief complaint or significant abnormal physical finding
- Diagnosis for every procedure
- Document secondary diagnoses that are contributing to your thought process or your actions
- List most serious diagnosis first

She also came up with a great pneumonic for ED docs: hASSLe:

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hASSLe

- **A**cuity
- **S**everity
- **S**pecificity
- **L**inkage

Actually, it works well for all our providers!

Lastly, we had a discussion on **CDI Educator and   Audit Team: A Partnership for Actionable Education** by Elisa Sninchak, M.Ed, BSN, RN, CCDS, CDIP, CCS, Dana Walker, CSN, CCDS and Alissa Brown, RN, CCDS. Because of the size of their facilities, they have a separate CDI educator who works with 25 CDS and two audit CDS. They also stressed the strong partnership with CDI and coding.

All in all, it was a fabulous three days. I for one am looking forward to the fall event. I missed the in-person hugs, but enjoyed the camaraderie over the Internet, nevertheless.

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DON'T FORGET TO HASHTAG # CAACDISBUDDIES FOR A CHANCE TO WIN

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olga.kormuskina.dreambi #caacdisbuddies

8 seconds ago

PARTICIPATE in CA ACDIS "show off your pet" CONTEST for a chance to WIN AN AMAZON gift card.

- All you have to do is add picture to your instagram account and use #caacdisbuddies to show off your pets it could be furry, scaly or whatever kind.

- Random winner will be selected. You can post as many pictures as you'd like. More pictures more chance to win!

- Don't be shy! Show some love and appreciation to our quarantine buddies.

    Four $25 Amazon gift cards available as prizes—Drawing held after next webinar July 29th

And a big thank you to our sponsor for the year:

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