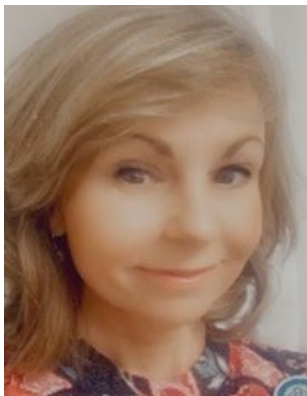




A full menu: Productivity

As part of the eleventh annual Clinical Documentation Integrity Week, ACDIS conducted a series of interviews with CDI professionals on a variety of emerging industry topics.

Jeanne Johnson, RN, BSN, MHA, INF, director of clinical documentation at Premier Health in Dayton, Ohio, answered these questions. She is a member of the Ohio ACDIS local chapter and of the 2021 ACDIS Furthering Education Committee. For questions about the committee or the Q&A, contact ACDIS Editor Carolyn Riel (criel@acdis.org).



Q **This year’s CDI Week Industry Survey includes questions on productivity for the first time. (ACDIS’ last look at productivity “Set CDI productivity expectations, but don’t look for a national standard” was published in 2016.) Why do you think it’s important for information like this to be gathered and made available? Why is it important to know how your CDI department compares to national averages?**

A I find the ACDIS surveys to be a great resource as a CDI professional. Not only can you see what areas other health systems are focused on, but it also helps in determining what else you may want to accomplish. Without this survey and the [ACDIS Forums](#), it would be hard to bring together so many CDI professionals and discuss these important topics.

I think productivity is something that every CDI team evaluates. Having five hospitals in our health system, I realize that productivity may look different from site to site. Our Level I trauma center tends to see very complex patients, so those cases do have a longer length of stay and can remain in the hospital for quite some time. In addition, the CDI team is not just opening cases and completing reviews each day. They have been tasked with “owning the business,” so developing relationships with providers is essential. Many of them also serve on other committees related to service line

collaboratives and readmissions. These responsibilities also play into their daily productivity. Survey results like this can tell me if I’m line with other CDI teams or if I need to evaluate current processes.

Q **Most respondents (57%) said they review an average of six to 10 new records per day—with roughly the same amount (54%) saying management expects them to perform six to 10 new reviews per day. Being that a similar percentage of respondents said their expected and actual chart reviews per day are in this range, do you think these ranges for new reviews per day are good standards for the CDI industry to hold? Are there risks with having set standards for productivity for the CDI industry as a whole?**

A Personally, I like the idea of using a range to target new case reviews. As I previously stated above, opening new records is a big part of the job. It does not encompass the entire role of a clinical documentation specialist, however. We use the range approach at my health system and that has worked well. While I will say we take a much higher load on Mondays (as we do not have weekend coverage), we do try to keep the range fair and consider what else the CDI specialists may need to accomplish that day. Whether it be meetings

or orienting a new employee, those factors must be considered when determining caseload.

As a leader, these results do help me in determining where we are as a team compared to our peers. When most respondents are reporting the same answer, it becomes clear what's working for many CDI specialists. Regarding risks for set standards, I do feel each CDI team may have other priorities they're working on, so setting the bar too high may be counterproductive.

Q Do you feel it is important to have a set range of expected chart reviews per day for staff? Should this range be the same for everyone in a facility, or does it need to be customized for each CDI specialist?

A At our health system, each CDI specialist understands the expectations related to productivity. They also coordinate with their team leaders regarding anything else they may need to accomplish. The team leader does use that information when determining assignments to ensure the CDI specialist is not overwhelmed. Another factor we monitor relates to new employees. We don't expect them to function like a seasoned CDI specialist. Their workload and productivity expectation will look different as they transition into being independent. That is why I feel the range approach works best.

Q If a CDI specialist is not meeting productivity expectations in your facility, what next steps are taken? According to 68% of respondents, the CDI manager will meet with them for a one-on-one discussion, and 22% said if poor productivity goes on for an extended period of time, the CDI specialist may be let go. What other steps do you feel should happen between that one-on-one discussion and someone being let go?

A One thing I know is that we all learn differently. If a CDI specialist is struggling with productivity, we tend to know right away. The team lead will meet with them to identify barriers that may be impeding progress. Do they spend so much time in the record that they cannot get through their caseload? Is there confusion or lack of knowledge related to certain diagnoses? Determining the barriers is the first step.

Once that is completed, the second step would be establishing a performance improvement plan. This

may include more orientation and one-on-one mentoring. Being a CDI specialist is not an easy job, and we recognize that. We also understand that this job is not for everyone. If improvement does not occur, I do feel honest conversations need to happen regarding performance expectations and eligibility for retainment.

Q One outcome of not meeting productivity standards could be for those working remotely to be asked to come back on-site until they meet expectations consistently, according to nearly 20% of survey respondents. Has your organization implemented such contingency plans related to remote/hybrid work? What benefits has your organization seen related to remote/hybrid CDI efforts? Does your organization help remote/hybrid staff with technology implementation either through reimbursement or stipends to offset costs for equipment or internet infrastructure at home?

A This is a great question. Prior to the pandemic, we were 100% on-site with some flex time each month. As the pandemic continued and we were remote, it became clear that we could function quite well in this capacity. With that said, I drafted a hybrid model with help of the [ACDIS Resource Library](#) to allow our employees a better work-life balance. As of today, our CDI specialists can utilize the hybrid model after one year of service. They must also meet criteria each month to take part in the program. The goal is that everyone is eligible, and the team leads do a great job of ensuring success.

As far as stipends for technology, we do provide each CDI specialist with a laptop but do not pay for internet infrastructure within the home. Our hybrid model allows them to work from home three days a week. The other two days are on-site working with physicians and APRNs within their designated units. This has been very successful for the team. They are exceeding goals and performing very well.

Q Only 6% of respondents noted that remote work due to COVID-19 decreased their productivity. What effects did your CDI program see in terms of productivity related to the pandemic? Has your CDI program returned to a pre-pandemic "normal" now? What changes did your organization implement related to CDI during the outbreak that it intends to maintain going forward?

A Initially when COVID-19 began, we did see elective surgeries halted. While inpatient numbers did decrease, this allowed us an opportunity to review all payers. In addition, many of our staff did assist with vaccinations and in other capacities (on a limited basis). As previously stated, we have since developed a hybrid work program. Productivity has been amazing. The CDI specialists enjoy the fact that they don't have to commute each day and continue to personally engage with providers when they are on-site. I do feel this is our "new normal."

Another important factor in this decision was competition. Not only am I in competition with the other health system in our market, but I also risk losing this valuable team to other health systems across the country. That is the reality of our world today.

Q More experienced CDI staff are more productive, according to survey respondents—62% of them noted that the experience of the reviewer has the largest effect on CDI productivity. What steps can a CDI professional take to increase their experience and therefore improve their productivity? How long do you think it should take a new CDI specialist to become proficient in their role? In your opinion, can one-on-one staff mentoring, or CDI/coding collaboration, improve a CDI specialist's record review capabilities?

A There is no doubt that experience impacts productivity. I think a new CDI professional should be provided with a great orientation process in addition to mentoring and coaching. I was recently introduced to a new CDI employee that was hired by her health system and received no orientation. She does have the [ACDIS Pocket Guide](#) and has worked to teach herself the world of CDI. Although she was reading the ACDIS Forums and working with her coding team, she really wasn't set up for success. With that said, she didn't let those barriers stand in her way. She started networking to find a mentor and continues to push forward with learning this specialty.

My advice to new CDI specialists is to keep networking and asking questions. I grew a lot by working with coders. They were so gracious at explaining coding rules to me. Another great way to learn is the ACDIS Forum. You can connect with others in the industry by asking questions and provide answers to your peers.

Regarding the question about proficiency, I always tell new employees to give themselves one year. While you certainly won't understand everything, you will have a solid foundation and a broad knowledge base. Learning never ends in this role, and mentoring is key. Whether it be with a peer, educator, manager, etc., being open to feedback is imperative and doing so will assist with growth.

Q Some 22% said verbal (versus electronic) querying had the least impact on productivity. Being that respondents noted verbal versus electronic queries as not making a major impact on productivity, what do you feel are the benefits to each? How about pitfalls?

A Personally, I feel verbal queries are very important. Having a personal conversation with a provider can go a long way with gaining buy-in, and it can help eliminate confusion as well as develop relationships with physicians and advanced practice providers. With that said, it would be difficult to try and meet with providers to discuss every possible query as that may negatively impact productivity. Verbal queries certainly have their place, but sending a compliant query that is well formatted should alleviate the need for a personal conversation most of the time.

Q What factors do you feel are the greatest obstacles for CDI productivity? Should factors outside of work (i.e., family life, etc.) be taken into account when setting expectations?

A Yes, I feel we must be accommodating for our team members. Life does happen to all of us, and employees do need to feel supported. With that said, we can't ignore our goals and need to ensure that productivity standards are met by each team member. I realize that issues arise which are out of anyone's control, but leaders must also be cognizant of the task at hand and work with CDI specialists to meet targets. It may be the CDI specialist needs to accompany a family member to an appointment. While that appointment time may be in the middle of the day, it makes sense to allow that team member to stop working and complete their day upon return. I feel this pandemic has shown many of us that being flexible can work. We have learned that this job can be done remotely and done well. Personally, I feel being flexible has led to more satisfied employees and a better work-life balance.