What advice would you give to CDI staff or program administrators who struggle getting support for collaborative efforts?

Of course, administrative support needs to be there. There needs to be effective communication around the roles and responsibilities of the CDI team to the entire hospital staff targeting how the CDI program can help. The leaders of different departments have to be on the same page, too. This goes back to that mutual respect aspect of things. Leaders need to understand that everyone has their role to play and that only by working collaboratively can we achieve positive outcomes.

In terms of practical application, the department managers/directors need to have standing meetings where they can discuss topics and raise concerns. In that forum, everyone comes to share their ideas and bring forth any issues. These meetings are, in effect, proactive ways to get ahead of problems. You can’t be reactive. If you’re battling at the leadership level, those battle lines are going to continue all the way down the chain to the staffing level.

How do you start to build that collaborative environment between departments?

You have to start with mutual respect. You have to take to heart the fact that the other team knows something and has something to contribute, has a part to play. That other person can be a resource for you and vice versa. You have to appreciate those talents first and foremost. Then you need to be willing and accepting of that shared education of each other. If you don’t have that, you don’t have anything.

How often can/should CDI and coding staff be communicating with each other?

Program leaders and staff need to understand productivity expectations and be respectful of people’s time. We all have our jobs to do. One of the items we needed to think about was changing communication habits so that the crux of the conversations taking place could be concise, fluid, and consistent. Managers also need to pay attention to the type of communication between staff. You don’t want
anyone to be accusatory. It’s not personal—it’s objective. It’s the rules. Incorrect communication can head you down the wrong path.

**Q** How often do the teams communicate? What is the process around team communication?

**A** We used to have a biweekly coding roundtable; however, as our staff has grown, such meetings became unwieldy and would really take too many people away from their daily duties. So the leadership teams meet and bring information back to their teams. Coders and CDI staff use an instant messenger to chat with each other. They also send emails to each other with questions or concerns. If there is an exchange about a record where the team needs help or a particular situation requires escalation, then the leadership team meets.

**Q** What elements (tools or planning) do you think programs need to have in place to improve their collaborative efforts between departments?

**A** One of the more difficult tasks we tackled early on was developing shared goals and assessments to determine how those goals are being reviewed. So, these goals are separate from coder or CDI productivity and effectiveness measures and have more to do with determining a set of data, and the transparency of that data, to ensure that the goals we set are measured as well as how we measure them. Everyone had a seat at the table. Having a voice, a say in that process really helped us gain universal support for our efforts. Everyone then has a stake in the game. Everyone has buy-in.

We also make sure (to the extent that it is realistic and helpful) that both teams obtain the same education. We use online education and quizzes, and both CDI and coding staff both get the same information. We’re all on the same page.

**Q** Why is collaboration across departments important?

**A** Really, it goes back to putting patients first. That means doing everything we can to make the documentation as clear as possible because we’re trying to ensure that the codes assigned are as accurate as possible. We need to understand how each department helps us to get to that point. Ultimately, if we don’t work collaboratively, we’re not doing the best we can for our patients.