CASE STUDY

Education on a budget: Getting the most bang for your buck

BY CAROLYN RIEL
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**Homegrown tools**

“If money is tight, focus on finding areas where you can make your own tools to save money,” suggests M.E. VanGelder, RN, BSN, Med, CCDS, RHIT, network CDI trainer at HonorHealth in Scottsdale, Arizona.

“One thing we did is create an orientation manual which includes a weekly plan for our new CDI staff,” adds Lee Anne Landon, BSN, CCDS, network manager of CDI at HonorHealth. This weekly plan includes a timeline of what staff are learning, checklists to ensure this timeline is being met, and so forth. Landon says the orientation manual was refined over time as VanGelder came on board as the CDI trainer.

To keep the manual up to date and relevant with useful information, VanGelder and Landon created an orientation/preceptor work group.

“This allowed us to get feedback from new staff on what works well and what didn’t,” says Landon. “Some feedback we recently received was that they really could use a resource file of reference queries, so now we’re in the process of evaluating a lot of queries and creating a resource file so that everyone has access.”

After three to five months with the CDI team, new specialists are given a basic assessment to see if they’re grasping the concepts, then after a year they take a more advanced assessment.

“It’s not only a way for us to make sure they are progressing as they should, but also we can look for patterns of areas where our training might need adjustment,” says VanGelder. The orientation work group works together to create these assessments. “Based on the feedback as well as result patterns, we can tweak the education process.”

VanGelder also recommends building connections and relationships with other professionals both inside and outside the organization. Networking with CDI professionals in different settings allows CDI leaders to gain information from outside sources to use in their own training.

“I’ll reach out to other CDI departments across the country and get involved with the ACDIS local chapter and other organizations such as AHIMA,” VanGelder says. In terms of physician education, some independent investigation and legwork is warranted.

“We’ve developed a tip sheet and monthly physician education schedule,” VanGelder says. “[We] will present this information as section meetings for the medicine service line.” The frontline CDI staff present the same information to physicians at hospitalist huddles at their facilities.

“Something very important for physician education is using data,” says Landon. “Gather information from chart auditing and other areas to find where you need to push education.”

Landon recommends creating your own metrics derived from chart reviews and identifying trends of missed query and physician education opportunities.

“Try to make your education reflect what you are seeing in the data,” she says. “If you have a limited budget, you really need that laser focus.”
Stretching a budget

Aside from crafting homegrown tools and resources, there are other ways CDI leaders can provide useful education while money is tight.

“We really try to maximize our budget,” says Landon. “For example, as much as we’d love to, we can’t send everyone to an ACDIS Boot Camp. We send a few people, but those who do go are responsible for bringing back that knowledge and sharing it with everyone.”

For other resources, such as books, pool your resources for the betterment of the whole department by purchasing a couple copies and creating a departmental library. “We find what we think is most valuable and bring that information in and share it so that not everyone needs to have the individual tool or resource,” Landon says.

“We rely heavily on the ACDIS Pocket Guide,” adds VanGelder. “Also the ACDIS Training Guide for brand-new CDI specialists.” The training guide is part of VanGelder’s internal library, rather than issued separately to each CDI staffer, in order to save some budget for other educational efforts.

“We have some CDI staff that are really very green and will read through that from cover to cover, but more experienced folks can come in and take from it what they need. It doesn’t make sense to have an entire copy for someone who already knows a lot of the information in there,” she says.

For many facilities on a tight budget, educational conferences are out of reach and staff may not have the additional funds to pay their own way. HonorHealth has developed a scholarship that can mitigate those costs for a limited number of staff members. CDI professionals can also look to larger industry organizations and apply for any relevant scholarships, such as the ACDIS CDI Scholarship, which calls for applications in September.

“Usually a little comes out of my pocket as well to go to these events, but as an educator I feel it’s something I need to do to better help my CDI colleagues,” VanGelder says.

One of the best ways to stretch a strict budget, according to Landon, is by employing a dedicated CDI educator within the CDI department.

Educators can analyze trends and topics, with the help of others in the organization, and use that information to advance CDI and physician education. (See the article on p. 23 for more information about educator roles.)

As an educator, VanGelder conducts a combination of group CDI staff meetings to present new information and one-on-one education when needed. “Having a dedicated educator means that the team can reach out themselves if they need education or help,” says Landon.

VanGelder has also been able to maximize her departmental education budget by engaging in cross-departmental education.

“The quality department does a quarterly hospitalist newsletter,” she says. That department asked VanGelder and Landon if they wanted to be involved and write articles on documentation. “That’s a big part of how we do physician education at our own facility.”

While all of these suggestions can help stretch your dollar, what’s most important is actually knowing which topics and tools to prioritize. It might be easy to assume that CDI staff and physicians have a particular area where they would benefit from education, but with a tight budget it’s imperative to pinpoint that area.

Just as trends in reviews and missed query opportunities can...

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Lee Anne Landon, BSN, CCDS
help you determine where to focus your efforts, try looking at some external public reports as well and see if you can leverage that information to narrow your focus.

“If you don’t have an analytics person to help with this, there is public information that will give you ideas of where you can improve, such as PEPPER [Program for Evaluation Payment Patterns Electronic Report],” says Landon. “You need data. You need to know where to direct education and how to get the most bang for your buck.”

**Proving return on investment**

Data is also crucial for demonstrating your education’s return on investment. Take the pre-education data that you pulled to focus your educational efforts, then use it as a benchmark to compare future metrics. This will help you determine whether your education actually worked and help you spot if any groups need a refresher educational session.

“We’ll go through and find the top five query topics, break that down by facility, and develop education on those,” adds VanGelder. “Then we’ll go back and take a look at these query areas in the future and see if the documentation has actually improved because of our education efforts.”

If you think your feet are on solid ground, just wait until next month. It is so important to communicate with your team and those people who hold a wealth of knowledge and can help you learn so you can better pass along that information and teach.

M. E. VanGelder, RN, BSN, Med, CCDS, RHIT

VanGelder says she’s put a particular focus on congestive heart failure with some good progress, but now she’s shifting to pneumonia since discovering some educational opportunities through regular chart audits.

“They kind of get it but sort of don’t when we look at audits of a lot of unspecified pneumonia,” she says. “That’s a clue for us that it’s an area we might still need further education.”

In addition to specific diagnoses, Landon also takes a broader view and looks at categories of metrics such as CC/MCC capture rate, risk adjustment, observed to expected mortality ratios, and readmission rates.

“That way we can see if the education we are providing for CDI and physicians is having an impact,” Landon says.

As you see progress in some areas, don’t be afraid to pivot to a new challenge, VanGelder says. Let other departments and experts (your CDI leadership, organizational leadership, data analysts, physicians, etc.) guide your efforts and bring opportunities to your attention. If you’re a sole dedicated educator or you’re a leader shouldering the responsibility, remember that you can’t keep up with everything all the time. Learn to lean on your colleagues.

“If you think your feet are on solid ground, just wait until next month,” VanGelder says. “It is so important to communicate with your team and those people who hold a wealth of knowledge and can help you learn so you can better pass along that information and teach.”

While it may feel like an uphill battle to keep up with necessary education when faced with tight budget constraints, the payoff is worth the effort, Landon says. Just be patient and look for the results you’re bringing forth.

“It’s a lot of hard work having a CDI education program with a tight budget,” she says, “but seeing those positive trends is so rewarding.”

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