CASE STUDY

Breaking down silos

by Carolyn Riel

Departmental silos are prevalent in the healthcare world and can lead to unvoiced frustrations and counterproductive work. Different organizations have different approaches to breaking down these walls, often through regular interdepartmental meetings or newsletters.

Upon taking on the role of CDI physician champion, Samir Akach, MD, MHCM, director of documentation coding and quality coordination at Geisinger in Pennsylvania, made interdepartmental collaboration his main focus.

“There was some sort of frustration; we wanted to bring the three departments [CDI, coding, and quality] together so they could understand not only each other’s job but also barriers to success,” he says. “Breaking down these barriers and improving communication was the first thing I worked on.”

To determine where to start, Akach dedicated some of his workdays to spend time with the CDI, quality, and coding departments to see how they worked on a day-to-day basis. For each department, he sat down and acted as an observer to see firsthand how they operated and find areas for possible interdepartmental collaboration.
“I wanted to put myself in their shoes and understand how they look at things. I really wanted to gain an understanding of their frustrations,” Akach says. He began taking notes of everything that bothered and frustrated members of each department.

“Communication was the biggest flaw,” he says. “They didn’t know what each team faced.”

Akach found that staff in the quality department were most frustrated when it came to communication. So, he focused on bringing their concerns to coding and CDI first.

Since the goal was to have each department fully understand the needs of the others, Akach decided to provide cross-training for all three departments. First, he campaigned for the quality department to receive a coding boot camp so they could better understand the coding guidelines and reporting requirements.

That initial step ultimately led to a full-scale integration of the quality, coding, and CDI departments through cross-training.

**Education, job shadowing**

Since the main issue Akach heard from each department was a lack of communication, he first had each team shadow the others. Then, to reinforce what they observed, he asked each team to do a presentation on what they learned.

“I also wanted them to meet each other and talk about what they do—really understand the concepts but also the challenges,” he says.

After sending the quality department through a coding boot camp, Akach secured the budget to get training for all three departments—coding education for the quality and CDI departments, quality education for the coding and CDI departments.

The budget and training tools, however, were not just for singular use; they were investments. “The intention with securing a budget is to make this sort of training an ongoing effort, not just one time only,” he says. “It was important for me to make sure the budget was secured for refresher courses as well.”

Now, the departments’ training consists of an intense initial exposure, then refresher training every three to six months.

This ongoing education not only helps break down silos, but also eases a culture of blame, Akach says.

“Because everything was disjointed, any time there was a problem people liked to point the finger,” he says. Conversely, “whenever a good job is done, everyone jumps on it.”

It’s much easier to blame other departments for mistakes when you’re not fully aware of the ins and outs of their work and responsibilities, Akach says. Building a cross-training program and getting the departments to meet face-to-face breaks down that propensity and opens the lines of communication.

**Huddles**

While formal education and cross-training still play a major role in keeping the silos from building up again, Akach also worked with department leaders to implement biweekly huddles for the frontline staff in all three departments.

Rather than setting a rigid agenda for each huddle, team members are encouraged to bring forth their personal struggles and bounce ideas as well as questions off other members.

“The department leaders and I really sit in the background and moderate,” Akach says. Ideally, the team members participating in the huddle will “do all the talking, bring forward any challenging cases or concerns.”

Since the huddle would be quite large if each department attended in its entirety, each meeting sees selected participants attend (on a rotation schedule), bringing their challenging cases for the group to review.

“It gives the opportunity for every front liner to participate at least once a month,” he says.
Don’t expect your first huddle to be perfect, Akach warns. It may take time for everyone to feel comfortable, figure out the best rhythm for the group discussion, and fully grasp its value.

How members contribute can play a major role in the success and value of the group, he adds. “It’s time for listening. That’s what’s important. Spending more time listening and less time telling people what to do.

Not only do these huddles help the departments understand each other’s perspectives, but Akach says they also illuminate action items to improve collaboration. The huddle structure isn’t a “set it and forget it” project; it requires tweaking to help individuals trust each other and get everyone on the same page.

“We share with the teams the challenges on hand and empower them to come up with solutions rather than imposing changes on them without explaining the reason why,” says Akach.

Remember that these huddles advance collaboration slowly in some cases and it may be difficult to show immediate and concrete results. From his experience, however, Akach says that there has been an obvious shift in attitude, and they’ve been able to identify many next steps from these huddles, making them well worth the effort.

“All of those fixes are improvements in my book,” he says.

Provider collaboration

Departmental cross-training through job shadowing, formal education, and huddles has been in effect for less than six months at Geisinger. Because of this, Akach says it’s too early for hard data on its efficacy, and there’s still substantial work to be done.

“Breaking down walls and bringing departments together is just one part of the solution,” he says.

Now that the coding, quality, and CDI departments have open lines of communication, the next step will be working with providers.

In order to make an effective change in the providers’ documentation, Akach says the first step is building a dashboard to bring feedback linked to quality metrics to the providers. To accomplish this build, he’s working closely with the data analytics team.

Geisinger’s dashboard has three main components:

- Coding: To provide education related to CC/MCC capture and risk adjustment
- CDI: To provide information about query response rates, agree rates, etc.
- Quality: provide information on observed to expected mortality, readmission rate, length of stay, cost of care, etc.

These metrics can be broken down to each hospital, specialty group, or even individual provider.

“We are in the finishing stages of the dashboard,” says Akach. They plan to start an educational campaign, provide teaching, hand out tip cards, and other educational materials to providers when it comes time to launch. The dashboard will be helpful to individual providers, but it will also provide the service line leadership with information on how their team is performing. Giving providers access to their own data in relation to their peers can also ignite a bit of friendly competition, Akach says.

“Doctors are competitive by nature, and don’t want to be at the bottom of the list when it comes to performance. By promoting this friendly competition, providers can learn from good performers and improve their documentation practices,” he says.

Ultimately, though, the goal of this project is focused on feedback and education for how provider documentation relates to quality metrics, thereby combating the “CDI is all about the money” argument.

Just like the other silo-breaking initiatives, the provider dashboard and education are aimed at bringing the departments’ respective goals together and helping everyone see a different perspective.

“It took everyone a while,” says Akach. “But now folks have really adopted the new culture of knowing we are all in this for the common goal, the well-being of our organization, so we continue to provide good-quality care to our patients.”