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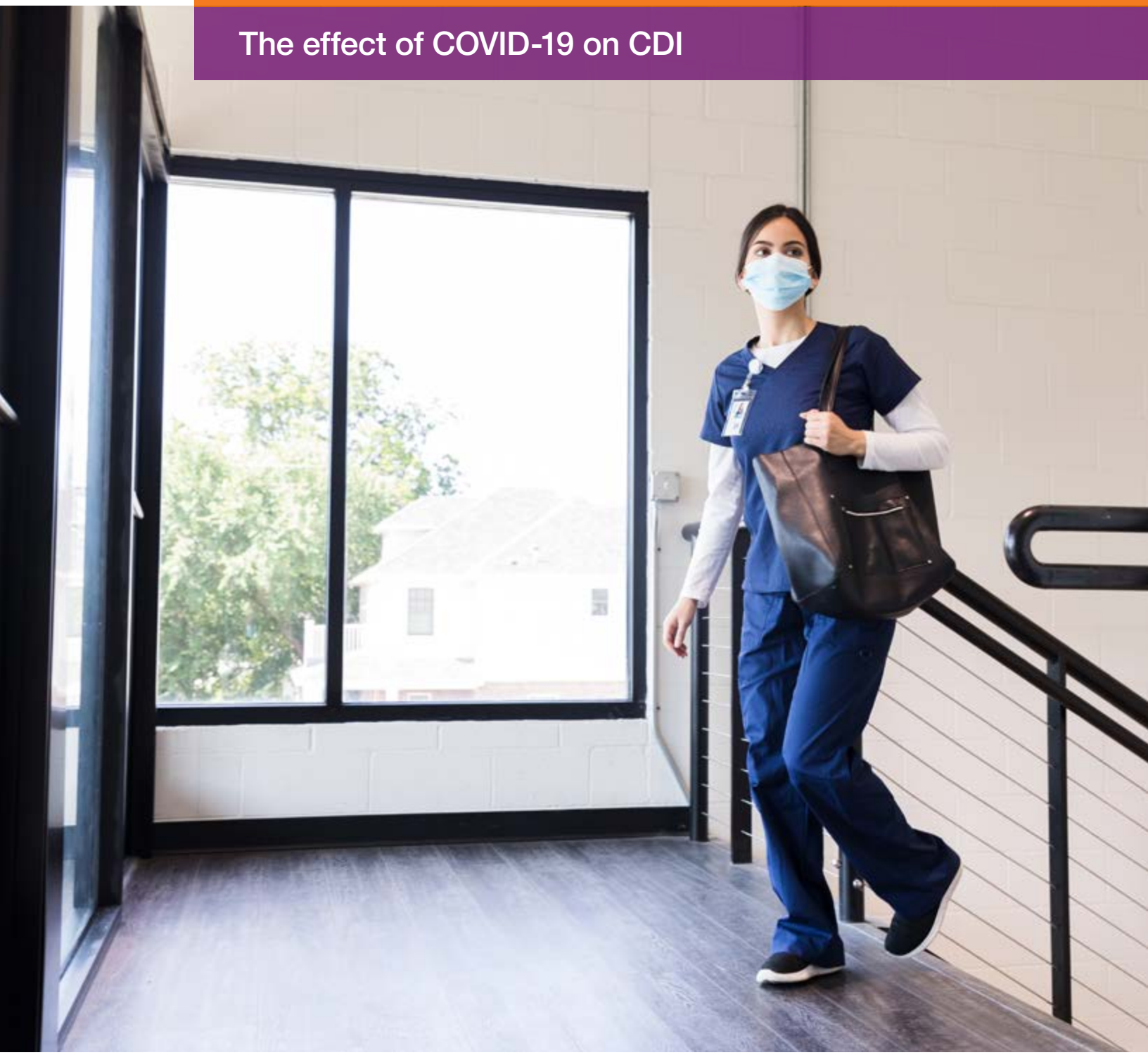
Association of Clinical Documentation Integrity Specialists

BACK TO THE HOSPITAL

The effect of COVID-19 on CDI



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The Participants

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The novel coronavirus (COVID-19) has had a huge effect on the world of healthcare, but not just in the ways people might think. While frontline workers have been fighting tirelessly to care for and heal COVID-19 patients, those working behind the curtains of healthcare organizations have had their careers changed as well. (For a complete breakdown of ACDIS' May 2020 COVID-19 impact survey, *click here*.) And yet, as the spread of the disease slows in some areas and the world learns to adapt, some things are starting to settle into a new normal. Businesses are beginning to reopen, non-emergent healthcare procedures are again being performed, and citizens are adapting to *wearing face masks in public* while remaining socially distant. But what does this new normal look like for the field of CDI?

In mid-July, ACDIS held a online summit titled *Back to the Hospital: COVID-19 Transition to a New Normal* where top professionals in the CDI field joined forces to discuss what outcomes the pandemic was having on their programs, as well as the lasting impact it might have for CDI.

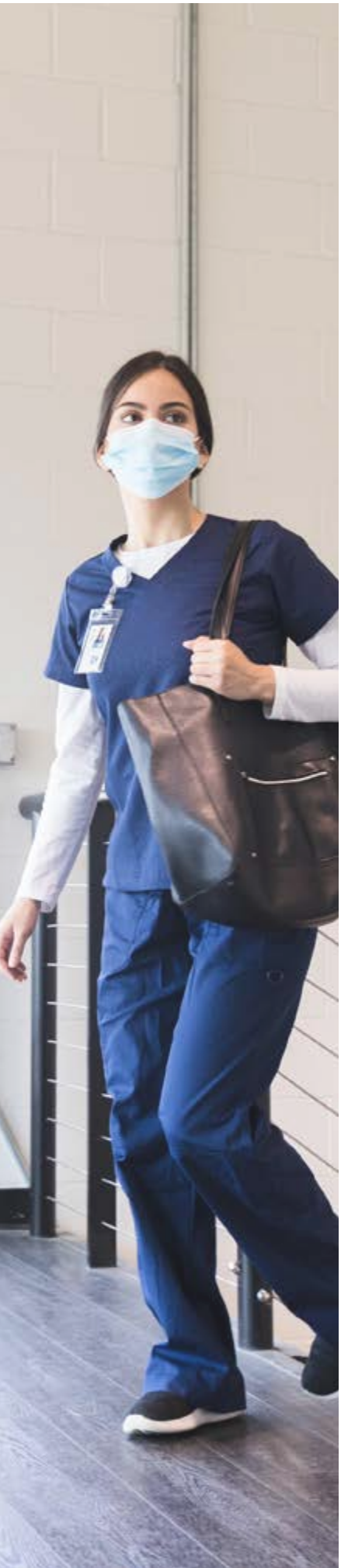
Before the pandemic

Pre-COVID-19, **Dawn Diven, RN, BSN, CCDS, CDIP, CCDS-O,** system enterprise director of CDI for West Virginia University Medicine (WVUM), had a program that was primarily remote with several facilities holding separate policies for CDI staff working on-site. "Some people rotated every now and then, but academic was a remote team that came on-site for staff meetings and physician education," she said during the *CDI and Post-COVID-19 Transition Strategies* session of the Back to the Hospital summit. "We really didn't have true rounding at any facilities; people were either working in the facility from a desk or working from home."

At AdventHealth, **Robin Jones, RN, BSN, MHA/Ed, CCDS,** division director of CDI, had attended all physician rounds. "We had put everyone in the facility on the nursing unit," she said. "All of the CDI specialists would attend multidisciplinary rounds, which gave CDI clinical ownership to be part of the healthcare team." Prior to COVID-19, Jones' team worked remotely on Mondays and otherwise were in the hospitals working directly with the floor staff.

"Prior to COVID-19, only about 10% of our CDI specialists were remote and the rest worked on-site," said **Tonya Motsinger, BSN, MBA,** system director of CDI at OhioHealth. "But now all of our CDI staff are remote, including leadership."

As of mid-May, ACDIS was already seeing *most CDI programs going remote due to COVID-19*, regardless of whether they had a remote, on-site, or hybrid CDI model previously. "Having CDI staff work remotely was a trend we were already starting to see pre-COVID-19," said ACDIS Director



Brian Murphy. "However, with the pandemic, the amount of folks moving to a completely remote structure has gone up drastically."

Going remote

A poll taken of audience members during the *CDI and Post-COVID-19 Transition Strategies* session revealed some challenges on a personal work level when adjusting to remote policies. Some 27% of respondents said that technological challenges and limitations have become an issue during remote work, while 21% said a loss of communication has been a problem. Another 18% said not having face-to-face interactions with physicians was a struggle, and 14% said they experienced distractions due to family and domestic life.

"In March, our facility mandated working from home," said Diven. "We were already mostly remote, but we also thought it would be temporary. People went home with inferior equipment and had to make do." Once it

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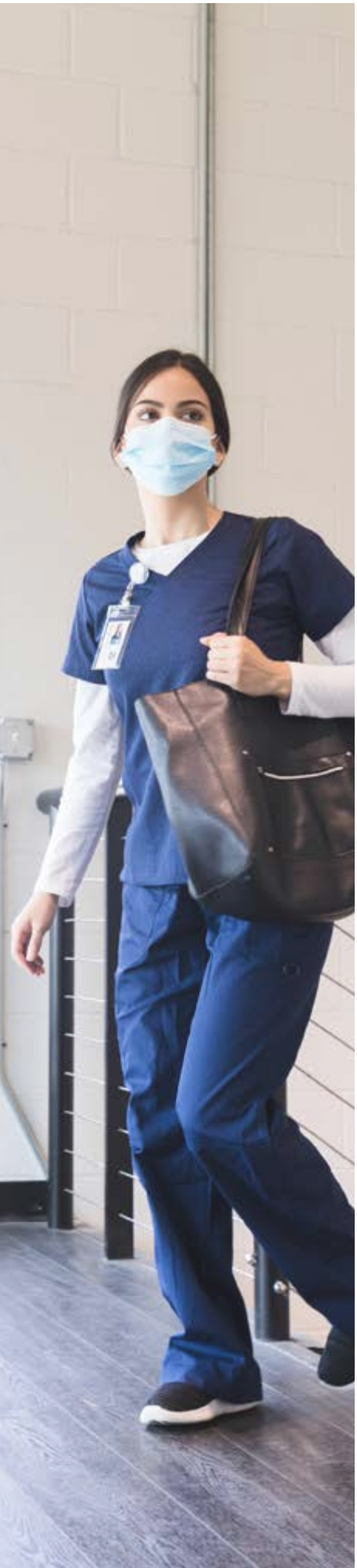
became apparent working remotely would not be a short-term endeavor, Diven said the facility made sure to get everyone up and running appropriately with the equipment they needed.

"We also made the corporate decision to have associates work from home starting the week of March 17," said Motsinger. "We made the announcement on a Monday and by Friday were able to make sure everyone was connected, able to work from home, and moved out of our office space." The first thing Motsinger's facility did to adjust to remote work was establishing a daily call for check-ins with CDI. "There was so much communication coming in fast from the organization as well as the changes in the program, so daily calls helped to disseminate this information," she said.

In Jones' facility, however, things happened a bit differently. "When COVID-19 first hit, we took the site-based teams and made an A and B team, similar to what we do in Florida in a hurricane system," she said. "We wanted them to rotate in and out of the hospitals so everyone could social distance." But after a week of the team rotation schedules, AdventHealth's CDI department became strictly remote as well.



> **In our daily calls we reviewed volumes, so if someone had a low volume for the day, they knew where they could move to help support someone else.**
>
> —Dawn Diven, RN, BSN, CCDS, CDIP, CCDS-O, System enterprise director of CDI, West Virginia University Medicine

CDI staff found themselves needing to adapt to other challenges, too. Some had hiring freezes, furloughs or wage losses, or unpaid time off. And their day-to-day engagement with physicians suffered as well.

Census and education

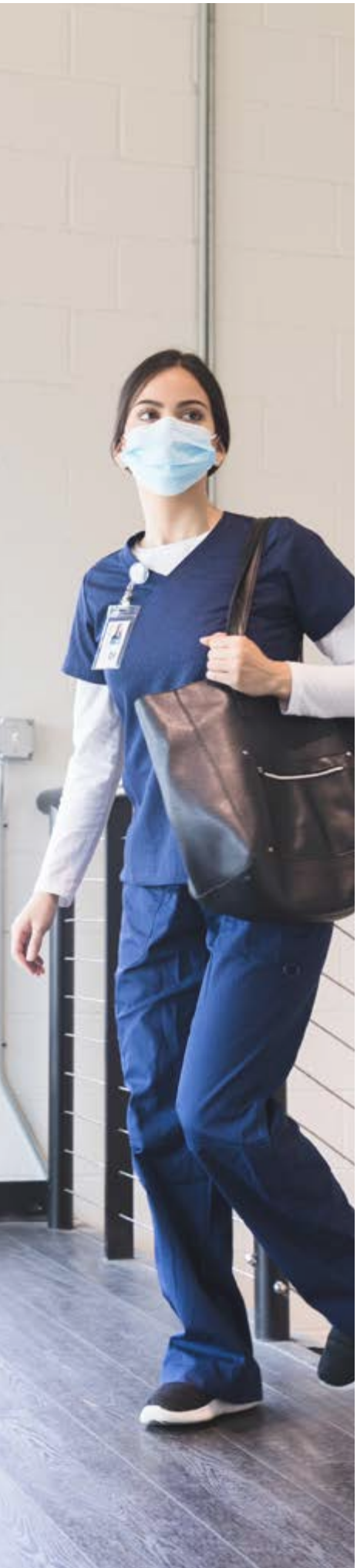
"Because we usually would be attending all rounds, we now had a decrease in query response rate from around 100% down into the 80% range," said Jones. "We made sure to keep those lines of communication open for updates, such as what the hospitals are doing and weekly education sessions. We, like many other hospitals, experienced a lower census and used that time as an opportunity for education."

"Our census did drop about 50% or so," said Motsinger of her facility once COVID-19 hit. "But we tried to use that time to dig into more difficult cases and spend more time on them."

Like the other professionals, Jones too noted a 30%–40% census reduction. While AdventHealth saw a hit to surgical case-mix index (CMI), they had emergent surgeries to make up for that loss. "It was surprising that during this time we didn't see a big flux with CMI," she said. "There were a lot of more complex cases being admitted with more complex diagnoses."

For all facilities with lower census, it was imperative to keep CDI staff busy and informed. "We always made sure everyone had work to do," said Diven. WVUM's CDI program is service-line focused, with certain staff devoted to particular topics. While some patient volumes were still up, others were down, such as immunosuppressed patients who were told to stay home if possible during the pandemic. "In our daily calls we reviewed volumes, so if someone had a low volume for the day, they knew where they could move to help support someone else," Diven said.

WVUM's CDI department took advantage of the lower-census times to cross-train, as did OhioHealth, which leveraged previously set education goals for its staff, Motsinger explained. Low-census time also gave the OhioHealth team space to contribute to committee work. "We have an education committee, workflow committee, query committee, and had them working on projects" that might have previously been delayed due to regular record review obligations, said Motsinger.



"A silver lining for other people that have experienced lower census is that it allows for a deeper level of work," said Murphy. "Hopefully, that's something that will be able to continue on the other side of this."

Creating new schedules

Upon moving to remote work, many facilities quickly discovered that their typical scheduled hours would no longer be an effective way of working. "We were working in offices before, but now people have children at home or elderly parents around them," said Motsinger. "People's own responsibilities during the day changed," making it more difficult for staff to focus purely on CDI work. "How do you work with that and still have a productive day?" she asked.

At OhioHealth, instead of expecting everyone to work the same hours, the organization expanded to a core-hours model. Instead of working core hours of 9 a.m. to 3 p.m., expandable flex time was implemented, so staff could start working as early as 5 a.m. or work as late as 11 p.m. if needed as long as they continued to meet their productivity requirements.

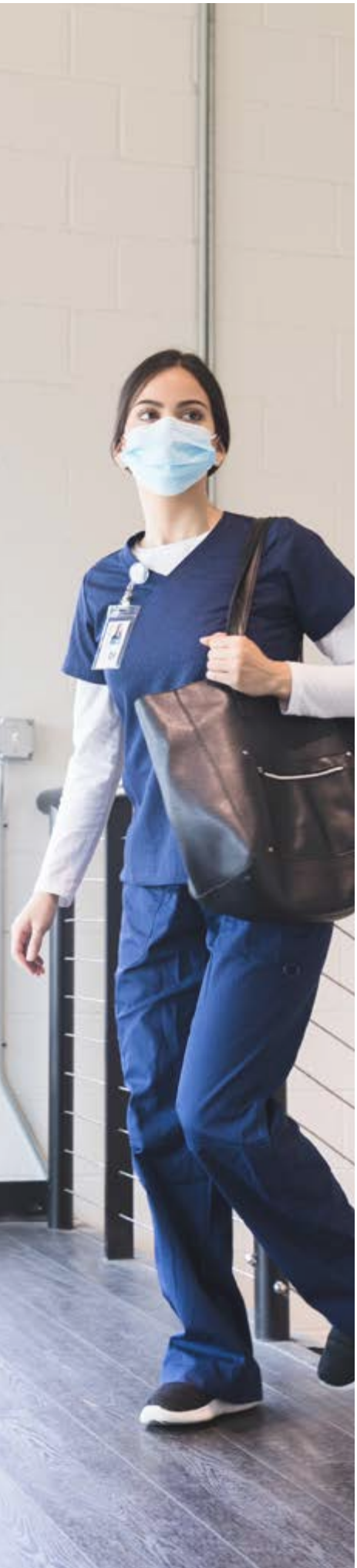
"It helped folks balance family obligations, but also helped people understand the difference between productive time, non-productive time, and non-work time," said Motsinger. A person working with many at-home distractions around them might technically be accomplishing work, but not necessarily as productively as possible. "It might take you 12 hours to get through an eight-hour day," she said.

Motsinger said that working from home due to COVID-19 was a big adjustment for some staff members, especially those with small children. "Before COVID-19, we said people couldn't do childcare and work remote at the same time," she said. "But now people have to work remote if schools aren't open, and obviously we have to understand people needing to balance this."

OhioHealth also stressed to its CDI professionals that everyone's in-home office and personal circumstances will be different. "It's super important to understand what are the facts and what are the stories we tell ourselves," said Motsinger. "We're shedding light on the gamut of emotions someone could experience as a remote CDI specialist."

Returning to the hospital

Murphy polled the summit's audience members regarding their plans for returning staff on-site. The majority of respondents (40%) said that their CDI staff were currently off-site with no plans for immediate return to the hospital, and 16% said they have always been remote and will remain that way, meaning that 56% of respondents do not currently have plans to



move to on-site work. 11% answered that their staff was still off-site but planning to return, 15% had some staff back on-site in a staggered plan, and 8% of respondents had all staff back on-site.

The audience also cited their biggest obstacles in their return to "normal." The largest group of audience members said recouping revenue lost during the cancellation of elective procedures was their biggest concern.

"Since May 11, we've brought back electives," said Jones. "So far, it seems we are making up for lost time and recouping revenue. I'm excited to see what those numbers will look like."

OhioHealth has seen a similar resurgence "making up for lost revenue with the increase of patient volumes for elective surgeries," added Motsinger.

Other challenges included:

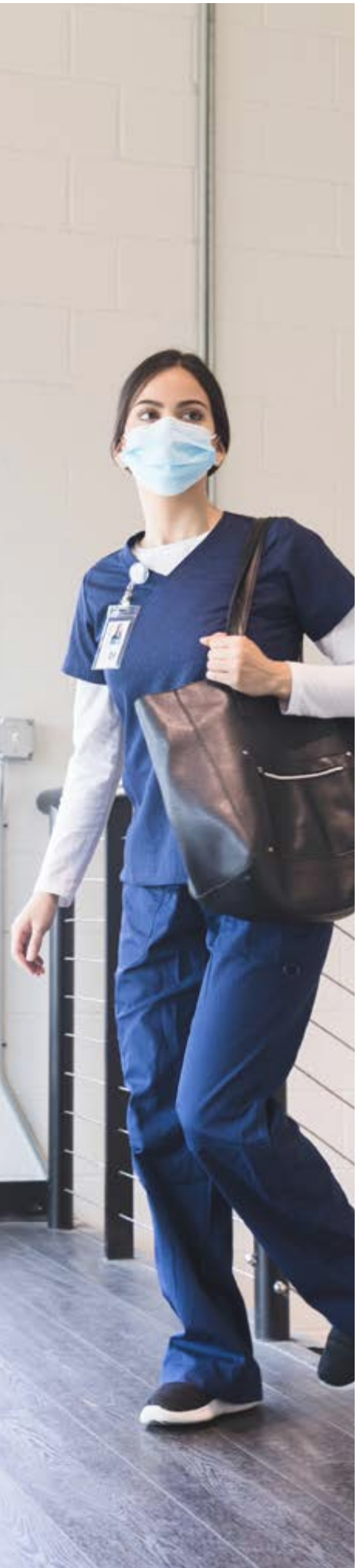
- CDI staff reluctant to return to work (cited by 23%)
- Doing more work with fewer CDI staff (cited by 15%)
- Physician burnout (cited by 13%)
- Sicker patients with more diagnoses to review (cited by 12%)

Diven and Motsinger expressed the possibility of their CDI staff returning on-site, but Jones' facility had a brief period where they *did* bring staff back into the hospital.

"We did a staggered approach for a week, much like when we first were hit by COVID-19, and then on June 1 everyone was back in the facility," Jones said. A resurge of COVID-19 cases in Florida, however, made AdventHealth send everyone back to remote work on July 10. While some facilities were more socially distanced than others, by the second week of July all facilities had more COVID-19 units, making the need for proactive measures even more important.

"At some facilities we didn't do a great job with enforcing employees to wear masks or with social distancing," Jones said. "In most facilities we were in office spaces that belonged to someone else," such as the HIM department, making social distancing difficult. "We lost a lot of desk space while enforcing social distancing and had to send people home for those reasons."

As of now, AdventHealth tentatively plans to bring CDI staff back into the facilities during the week of August 3, with a more dedicated plan to social distance. "Like we did when the pandemic first hit, we plan to do an A and B team staggered approach," said Jones. "We'll be looking at what units are safe for associates to go work in, and asking questions like can they be in the same facility as those working in the office and maintain masks and



social distancing? For some facilities we'll have two or three people working on-site but the office is a good size so they can social distance right away."

A new normal

As a CDI leader, Jones is sensitive to her staff's hesitations about returning to the hospital, wanting to make sure everyone feels comfortable and safe. The decision to return on-site, however, was made primarily because "we are healthcare professionals and all of our CDI specialists are nurses." Jones said that it is "time for us to get back in the facility and get back into the routine of whatever our new normal is. That means overcoming this fear but doing it safely and strategically."

Of course, AdventHealth also notes that CDI professionals at higher risk will need additional consideration. "It's a one-by-one scenario as we come back; if we have people with autoimmune disorders, we will have those conversations with them." If these high-risk staff members are comfortable

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social distancing and wearing masks, they can, but if some have other opinions, their thoughts will be taken into consideration. "We want everyone to feel safe to come back," said Jones. "Right now, the virus is very real, but that fear is real too, so it really is a case-by-case scenario."

Diven, Motsinger, and Jones don't know what the new normal will look like for CDI departments and whether it will entail returning to on-site work or keeping a remote structure. Perhaps it will mean a staggered approach with only half of the CDI staff in the office at a time, or only those in certain positions who feel comfortable returning to the office. It will likely mean enforcing use of masks and social distancing, and if CDI efforts continue to be remote, it will mean a deep dive into forms of virtual communication and physician interaction.

"I have a lot of staff that are reluctant to come back to work," said Jones. "A lot is unknown and that scares people. This is my focus as a leader now, getting back to the new normal and keeping everyone safe."

EDITOR'S NOTE: *The ACDIS Online Summit, Back to the Hospital: COVID-19 Transition to a New Normal had three sessions, now available to listen on demand. These sessions were Back to the Hospital: CDI and Post-COVID-19 Transition Strategies, CDI Lessons and Practices During a Time of COVID-19, and Battling a Pandemic Requires a Commitment to Clinical Documentation Integrity. On-demand versions of all three can be found here.*

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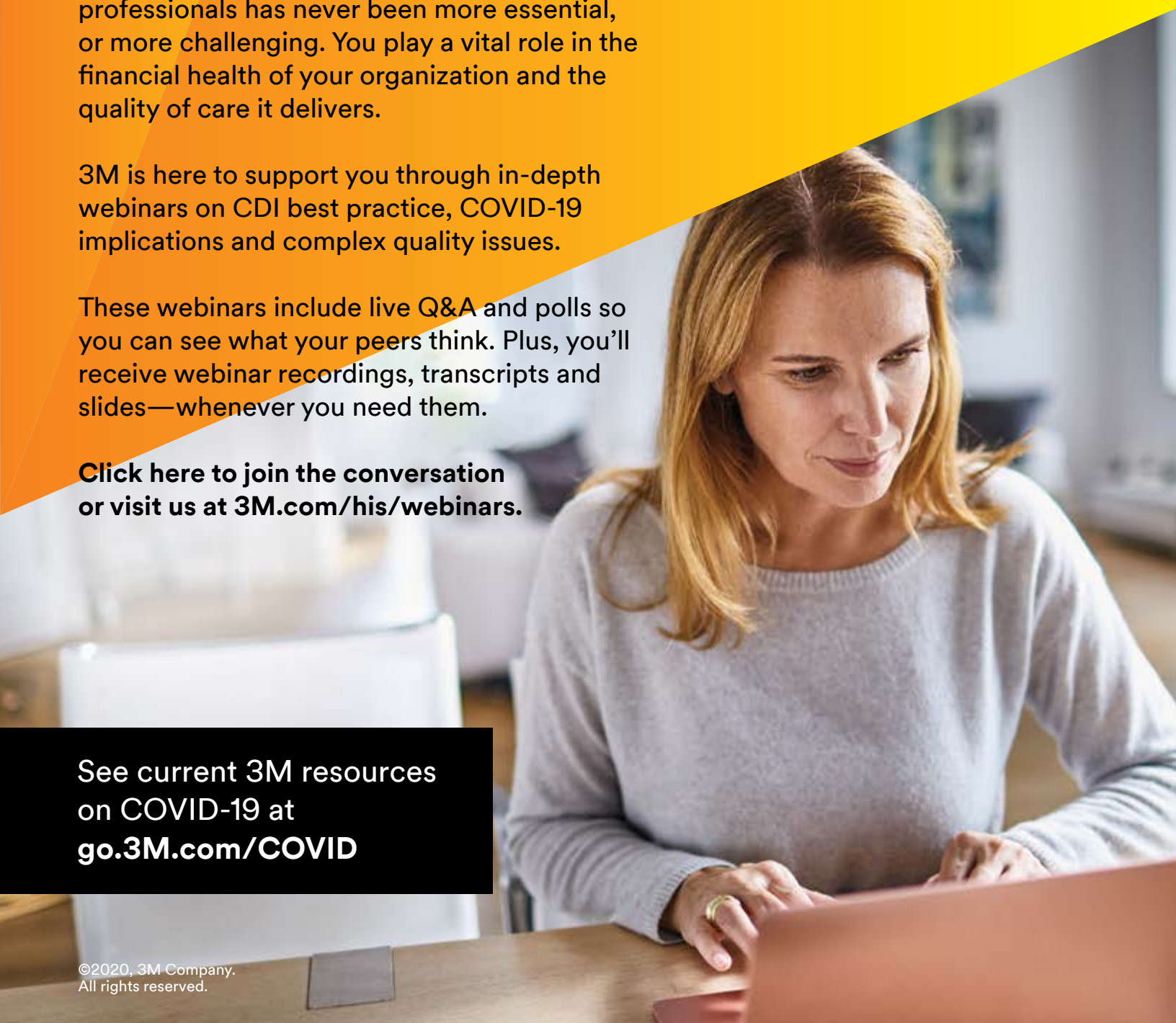

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