



CDI STAFF BANDWIDTH AND GROWTH

Nearly 69% of survey respondents said they are currently understaffed and 31% said they feel their staffing is adequate.

Outpatient CDI and Risk Adjustment

More than 17% and 16% of respondents, respectively, focus on HCC capture and risk adjustment for both inpatient and outpatient reviews.



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After two-plus years of tight educational and staffing budgets, the CDI field is undergoing a bit of a hiring boom, allowing teams to expand to new review areas and deepen their existing ones. Determining when to hire and how to orient and train new staff members can be challenging, though. And of course, hiring and training new staff cannot take the place of continued engagement with your existing team—often remotely—and the myriad of other responsibilities leaders hold.

In partnership with 3M, the Association of Clinical Documentation Integrity Specialists (ACDIS) CDI Leadership Council asked several of its members to evaluate the results of a nationwide survey detailing the current state of CDI staffing levels, hiring trends, new staff orientation methods, technology’s impact on CDI, and team collaboration. The Council members were then asked to discuss their organizational approach to staff growth and bandwidth. The following is a review of the survey results and a summary of the discussion.

State of CDI staffing

Over the years, CDI programs have been asked to do more and more for their organizations—shifting from financial to quality reviews, adding reviews for new settings, and other tasks. All these responsibilities come with a time cost, and many CDI departments feel their resources—both human and monetary—are spread thin, a feeling that shows up in the survey data. According to the survey results, nearly 69% of respondents said they are currently understaffed and 31% said they feel their staffing is adequate. (See Figure 1.)

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—Kristine Green, MSN, RN, Vice President, Clinical Documentation
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If your program feels understaffed too, a good place to start is determining how many staff members you actually *need* to stay on top of the program’s scope.

According to **Kristine Green, MSN, RN**, vice president of clinical documentation at Northwestern Memorial Healthcare in Chicago, Illinois, using a formula that accounts for your team’s various responsibilities can give you a good idea of what an ideal team size looks like. Basing



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staffing numbers on the number of beds your organization has and your staff’s productivity, Green says, won’t give you an accurate estimate because of the many hats CDI professionals now wear.

“Initially, we determined adequate staffing by bed size and the number of reviews we thought the CDI staff could do each day. But about four years ago, I started to work with our consultants that we worked with to develop an algorithm so that we had a formal approach to designing our staffing model,” she says. “The algorithm took into consideration that not every chart review is equal. We graded our chart reviews from simple reviews to more complex reviews and estimated the percentage of what that looks like on a given day for each staff member. Then, we took other elements of our daily work into consideration. [...] It does seem to play out well.”

It’s important to consider your unique organizational challenges too, says **Marlene Goodwin-Esola, RN, MSN, CV-BC**, CDI director at Jupiter Medical Center in Juniper, Florida. Consider your organization’s patient volume patterns, the types of patients your organization cares for, and any lulls in volume that could free up CDI time for special projects and education.

“We are seasonal down here in South Florida, so the three months that our volume drops can be a challenge,” says Goodwin-Esola. “I have all salaried staff, so we need to give them other responsibilities when our volume and therefore our chart review volume drop.”

Beyond what your department currently does and your organization-specific considerations, look forward to what you *hope* to accomplish with your CDI efforts, suggests **Joe Sciandra**, senior manager of consulting services, HIS consulting operations, at 3M Health Information Systems in Cumming,

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—Joe Sciandra, Senior Manager of Consulting Services, HIS Consulting Operations, 3M Health Information Systems, Cumming, Georgia

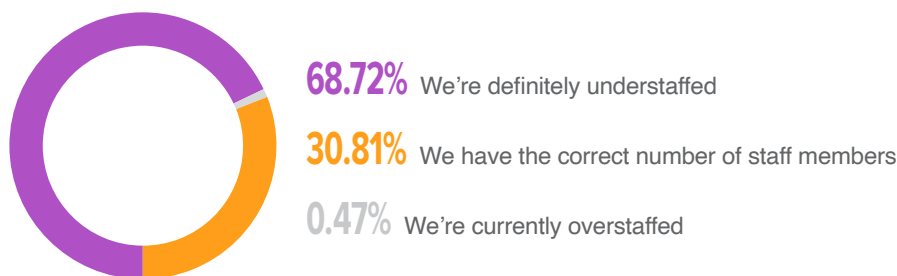
Georgia. Consider how your team’s current performance hinders you from reaching those goals, he says. This will help build your case for more staffing resources too.

“[A formula] just needs to be a starting point. I’m a firm believer in measuring the reality of the larger organization and factoring in the current performance of your individual contributors,” he says. “If everybody’s meeting expectations on all of the typical metrics and the organization is still not touching all of the charts, that shows that you’re likely understaffed. If that’s the case, we would have to adjust those mathematical formulas.”

Plans to hire in 2022

Despite the prevailing feeling that departments are understaffed, 62.56% of respondents reported having

Figure 1. State of CDI staffing



already hired new staff at the time of the survey in early 2022. An additional 14.43% had hired contract or outsourced staff already. Another 15.17% planned to hire more staff but hadn't yet. (See Figure 2.)

This hiring boom means there's a lot of movement in the profession—individuals are changing organizations, signing on with vendors or consultants, and making other career leaps. Job candidates have options, which can present a challenge for hiring managers. While hiring someone with previous CDI experience would be great, Green recommends expanding your horizons and considering recruitment via “non-conventional” pathways within your own organization. You might be pleasantly surprised at the excellent staff members you find.

“We've hired some nurses that you wouldn't expect to be traditional CDI hires,” Green says. “I've really found, for example, that neonatal nurses and labor and delivery nurses really do well in CDI because they've worked in such a challenging environment.”

Hiring from within your organization and providing on-the-job training isn't just a potentially easier way to find candidates, but also may offer your existing employees a new opportunity for advancement. In the absence of CDI-specific experience, look for transferable skills that will serve the candidate well in a CDI role.

“I like to hire and grow from within and give those without experience an opportunity to work,” says Goodwin-Esola. “I look for someone who could be a good clinical detective, a good critical thinker.”

Regardless of whether they've worked in the field before, new staff members entering the department means that CDI leaders are charged with the pressing issue of staff orientation and education. According to Sciandra, it's helpful to set realistic expectations about your new hire's current understanding of CDI topics and understand that training someone may take months. Leaders need to plan their resource allocations appropriately.

“Hiring with CDI experience is always great, but in the last year or two, the pool of candidates has been very small,” says Sciandra. “A viable candidate could be a floor nurse, a certified coder, or maybe even somebody that did both of the roles who can be trained. One of the big keys is setting proper expectations, both for the leader and for the new hire. When you're hiring without that CDI experience, the onboarding time is going to be longer. It's going to require more of an investment to train those candidates and get them up fully into a productive state.”

New staff education

The most common way to handle new staff education, according to survey respondents, is through an orientation program developed in-house, with 81.52%

Figure 2. Plans to hire in 2022



saying they use this method. Many respondents, however, use a combination of methods, including having new hires shadow senior CDI staff (62%), assigning preceptors to new hires (42%), employing dedicated CDI educators (40%), and using education provided by a vendor or consultant (38%). Respondents' comments show that those efforts have a specific order too. For example, one comment mentioned that they assign preceptors, but only after the initial orientation period. (See Figure 3.)

Sciandra suggests that for the initial phases of a new hire's education, particularly if they were hired from outside the organization, it's best to focus on organizational orientation (often fulfilled through your HR department). Then, the new hire can advance to learning about the workflows and software needed for their basic job functions before moving on to learning about the CDI process itself and reviewing actual cases.

"Once the new staff member has mastered the software, the workflow, they understand policies and procedures, and they're starting to pick apart charts, additional CDI-specific training is very

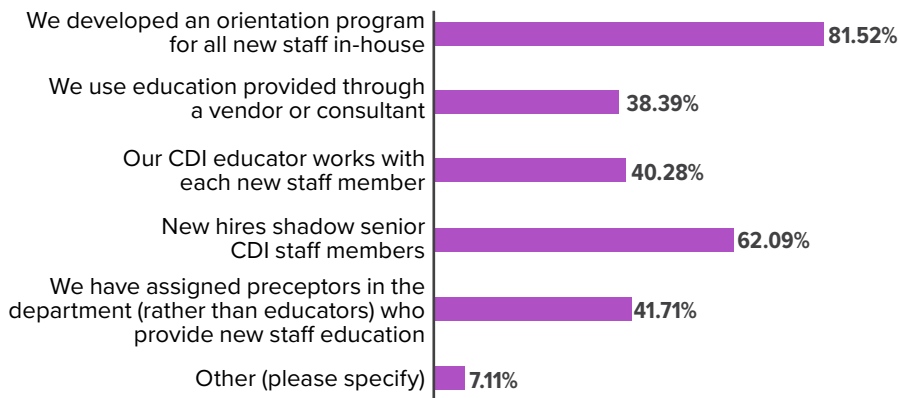
useful. This probably happens around the three-month mark," he says. "Then, I firmly believe in audits happening every single week for that new hire until they're meeting expectations on review rates, query rates, and quality output of the work that they're doing."

Goodwin-Esola also suggests a staged approach to education but uses outside assistance for the initial rundown of CDI basics, which limits the time constraints placed on existing staff who would otherwise need to provide education. Once the new staff member knows the basics, they move to a preceptor model so they can see how real-life CDI professionals work.

"We really tapped into our CDI consultants for the tenets and the foundation of what CDI is all about for our new hires," she says. "Then we use a shadowing model, and I really depend on my certified CDI staff to help with that. [...] So far so good, and I've been impressed by how our newest hire is doing just by using the CDI consultant and our preceptor shadow program."

No matter what methods you employ, the education process should be systematized so that each new hire receives the same foundation of learning.

Figure 3. New staff education



Selected other responses:

- Our CDI manager handles the education.
- We also use an ACDIS CDI Boot Camp.
- We have one-on-one education with the CDI manager along with case reviews.
- We have a resource nurse of the day following formal education through to completion of first year of CDI work.
- Our CDI educator has recorded virtual education videos for use with in-house and overseas staff.
- As the supervisor, I provide education and we have internal guidelines for them to review/learn from.
- Peer and system level education and support is provided with mentoring.
- Our CDI tool vendor provides one day of training on the software tool.
- I wish we had a vendor-developed training manual and/or course.
- We do assign preceptors, but after the initial orientation period.
- Remote onboarding is a challenge, but we're doing our best.

Not only does this create a cohesive team, but it also ensures that no staff member has gaps in their understanding that could lead to mistakes.

“It really is my job to make sure everyone has access to the same education and training. No matter who you are, whether you’re in-house or an outside hire, whether you have CDI experience or not, you go through the same exact orientation as everyone else,” says Green. “Now, hopefully someone who has experience can fly a little bit faster, but I believe it’s the right thing to do. No one’s ever come back and said they didn’t get the same tools or the same opportunities as everyone else.”

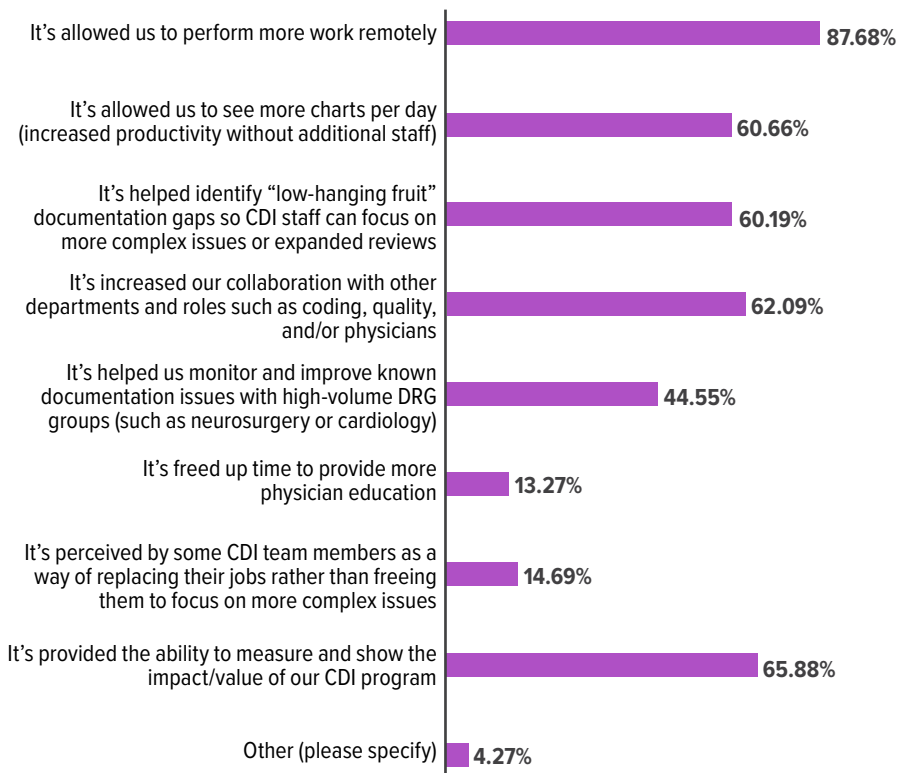
Technology’s impact on the role of CDI professionals

Unsurprisingly given that most CDI programs are now at least partially remote, survey respondents reported that the biggest impact of technology has been the facilitation of remote work (87.68%). Nearly 66% of respondents said that technology has helped them measure and show the impact of their program. It’s also worth noting that 14.69% of respondents said some of their CDI team members view technology as a way to replace their jobs. (See Figure 4.)

According to Sciandra, the fear that CDI could ever be replaced by technology is unfounded. Instead, he says, technology is designed to free up staff time for more complex issues and educational efforts. Plus, technology can help fill the gaps in an understaffed CDI team. The human element of CDI isn’t going anywhere.

“If we can have technology take that low-hanging fruit away for the CDI team, we can actually move them forward on much more impactful, complex queries that really take a lot of clinical insight,” says Sciandra. “I don’t believe that the CAPD [computer-assisted physician documentation] technology is going to replace CDI—it’s going to augment it. It’s going

Figure 4. Technology’s impact on the role of CDI professionals



Selected other responses:

- New software vendor is in our planning for this year.
- It's added steps and redundancy.
- Most of our impact reports are time intensive and manual. We're working toward better solutions.
- CDI staff have become more reliant on technology instead of making sure the DRG sounds correct.
- Increased our query outcomes: Response rate, agreement rate, and TAT.
- EHR and shared work queues have allowed more remote work and allows managers, educator, and coordinators to monitor activity and provide support that's more real-time.

to help from a staffing perspective, maybe even fill the gap during some shortages, and hopefully move the entire team [toward] more advanced concepts.”

To maximize the benefits of a technology solution, it’s important to have open and honest conversations with the vendor to ensure they understand what you want. Not only does this ensure that *you* get everything you need, but it also gets the vendor a loyal, long-term customer. It’s a win-win situation, according to Green, so don’t be afraid to say exactly what you’re expecting from the new solution.

“Helping your vendor see what will make you successful does help,” says Green. “I explained to one of the companies we work with what we wanted to get out of it. We use their tool for secondary reviews, and I wanted to be able to show not only the quality impact, but the financial impact so that we could keep the software. So, we worked with them to make modifications to our tool so that it would be easier to show what value we get out of it. The vendor has been very receptive.”

Interaction and collaboration among CDI staff

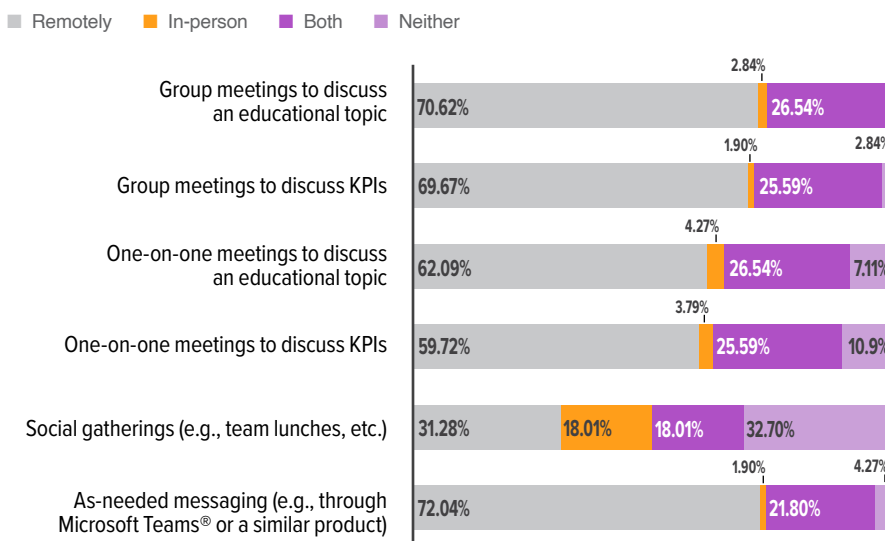
Based on the commonality of remote work in today’s CDI world, it’s logical that most survey respondents reported interacting with

staff either fully remotely or both in-person and remotely. The most common methods, according to respondents, are through group remote meetings to discuss an educational topic (70.62%) and group remote meetings to discuss key performance indicators (69.67%). Though budgets may have increased for hiring and in some cases for education, budgets for things like staff lunches are still tight: Nearly 33% of respondents said they don’t interact through such social gatherings at all, even remote ones. (See Figure 5.)

If your program is low on funds for team building non-educational activities, Goodwin-Esola suggests using your creativity. Icebreaker-type games can be done remotely with no extra budget and can help staff members get to know each other better as people, she says.

“One of the things I did recently was that I had a socialization game,” says Goodwin-Esola. “I had one member on my team with a twin and I didn’t think everybody knew that, so I asked in a meeting, ‘OK, who in our group has a twin? Who in our group is from Pittsburgh? Who in our group is an artist on the side?’ I tried to connect them that way. It sounded a little corny, but they had some

Figure 5. Interaction and collaboration among CDI staff



Selected other responses:

- We are fully remote due to COVID and aren’t able to meet in-person at all.
- We have optional drop-in hours via Teams.
- We offer webinars and performance reviews remotely.
- Our program is 100% remote, and we have staff nationwide.



fun with it. I'm trying to be the student and learn how to have fun with remote management.”

Asking staff members how they'd like to interact and what team building activities they'd like to participate in can remove some work from the leader's plate and empower staff members to be more involved with their department. At Green's organization, the CDI site teams set up events committees specifically for this reason.

“Our leadership team does different things for engagement, but what I want to highlight is that we also empower the team to come up with these things. So, all of our CDI teams at the different hospitals have events committees. The team members are responsible for planning different engagement activities for different holidays, nursing events, CDI Week, or whatever it may be,” she says.

Leaders can empower staff beyond coming up with team building activities, Sciandra suggests, by giving them time to think about process improvement. While it may not be as fun as planning for CDI Week, involving staff members in this way gives them

a stake in the department's success and opportunities for professional development.

“One great way to empower your staff is having dedicated time to focus on process improvement, methodology development from the individual contributor perspective—not leaders, managers, and supervisors developing new processes and demanding that the team adopt them,” says Sciandra. “Now, of course, it's going to require some supervision, but it really creates engagement and buy-in from that team on new processes.”

