

Remote CDI Services Increase Coverage Rate

Multi-hospital full-service healthcare network



Organization

A multi-hospital full-service healthcare network

Challenge

Grow CDI team's capacity to cover targeted cases and outpatient areas without additional CDI specialists

Solution

TrustHCS's Remote CDIS Services to review additional cases and meet organizational KPIs

Results

Reviewed an additional 40 cases per day, exceeded established KPIs for the CDI function, and identified key clinical documentation deficiencies for CHF, chest pain and mortality.

Too Many Cases, Not Enough Time

Like most healthcare organizations, a large Midwest regional healthcare network already had an established clinical documentation improvement (CDI) program. Started in 2007, the complex program uses a centralized model across the entire network and reports to case management leadership. Consistency for CDI policies, procedures, practices and reporting is an ongoing challenge.

In 2015, the team's leader and program manager set out to expand CDIS coverage to the system's disparate campuses and outpatient care locations while also striving to standardize and meet organizational KPIs of 40 active cases per specialist and 8 to 10 new reviews per day, per hospital.

Simultaneously, the organization's executive leadership expressed concern regarding clinical documentation gaps, unspecified coding of chest pain cases and congestive heart failure, and slowly increasing mortality scores since the implementation of ICD-10. The CDI team was asked to conduct a focused review of these targets—without adding additional CDIS staff or management.

In-House Liaisons Partner with Remote CDI Experts

To accomplish their goals, the system partnered with TrustHCS's Remote CDIS Services experts. CDI liaisons assisted in case reviews remotely via the system's EHR for three of the network hospitals. Both teams maintained open communication with their CDI counterparts. Over time, the partnership yielded best-practice guidelines for a successful remote CDI program.

“There is a difference between simply using outside CDI staff and building a remote CDI services program,” says Amber Sterling, RN, BSN, CCDS, Director of CDI Services, TrustHCS. “With full remote CDI programs, the service agreement must support onsite liaisons, full program reporting and physician engagement.”



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Physician Engagement Remains Top Priority

“Maintaining contact with our medical staff has grown increasingly difficult since implementing our EHR,” mentions the CDI team lead. “It was imperative that our remote CDIS partners didn’t further compromise physician communications.”

Experts at TrustHCS were well aware of this concern and corporate mandate. To bolster physician engagement, the following tactics were employed:

- All remote staff were nurses with at least three years in CDI and CDIS credentials.
- Physicians were given credit and positive reinforcement for query response and compliant documentation.
- Discharge summaries were used as an open communication channel between acute care and outpatient locations, and to reduce readmissions.
- Onsite physician liaisons were engaged at every facility—hospitalists are suggested.
- C-suite scorecards were used to interpret data and present CDI program results.

Three Criteria for Remote CDIS

“Through our partnership with TrustHCS, we learned what makes a top-notch remote CDI specialist,” adds the CDI team lead. Sterling concurs and provides three important factors here:

1. **Personality.** Make sure to involve the remote CDI specialist’s with your internal CDI team meetings, so they have the opportunity to get to know each other, promoting a better working relationship when not face to face.
2. **Autonomy.** Remote CDI specialists must be capable of working alone and be self-motivated.
3. **Initiative.** Remote CDI specialists are often asked to take initiative without the direction of a team lead or physician liaison. Top-notch remote CDIS will take the lead and make things happen.