

# Fall Meeting 12-8-2011 :)

December 13, 2011

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## NETWORKING MEETING

Notes from Angie Borth, RN, CCDS, Mercy Medical Center...



The round table on sharing “Tips to Educate Your Physicians” went very well. The following ideas were shared with the group:

**Trumbull Memorial:** Trifold handout to physicians. They orient new Dr.’s, focusing on their specialty. They have used a Tip Sheet & posters in Dr.’s lounge. Their CDI program has a medical advisor who receives unanswered queries. He will call other docs to get their queries answered. They find that Dr. to Dr. communication goes better than RN or CDI to Dr. Their CMO also does a tip of the week.

**Northside (Youngstown):** This is a teaching hospital with a lot of residents. They teach the residents in groups & teach Dr.’s one-on-one. They have 10 boards (hard posters) & put these boards near computers. Excisional Debridement, specificity of CHF & Neuro boards were some examples.

**Southeastern Ohio Med. Center:** They have informative cards at all dictation centers & also use face-to-face communication to educate their staff.

**Euclid Hospital (Cl. Clinic):** They have a physician champion they can call on for help. They fold their queries in half (like doctor’s orders) & put the Dr.’s name on it (in the chart), so they see it when they chart/round. They also feed Dr.’s & use one-on-one education.

**St. Vincent Charity:** They present for an hour at noon conference. They play a game (like Jeopardy) where residents get clickers & ring in to answer a question. This is done between July & November. All residents go on Case Management rounds, & so do CDI. They get queries answered here.

**Metro:** Pocket cards w/scripting are handed out. “If you document —, consider this— {eg:if you document anemia, consider blood loss anemia w/acuity}. They have found one-on-one education works best. They are getting a physician advisor in the future. Their department is under Revenue, and Revenue puts out a Topic of the Month. Table cards can be used in doctor’s lounge, etc.

**Akron General MC:** Dr. Peter, who attended, is their physician Advisor. He goes to all departments &

Information also found in this edition

- CEU follow-up
- Next meeting
- ACDIS chapter update
- Meeting planning help

Guest speaker congratulated us on such great participation in the round table discussion.

## NETWORKING MEETING CONT'D...from page 1

talks w/the Dr.'s. They use tip cards & tented cards on Dr.'s tables. "Urosepsis is NOT sepsis". They use case studies to show effectiveness of their queries. They are bale to calculate the SOI/ROM & show that, also. Their query sheets are blue & can't be missed. They also use Power Points.

From Dr. Peter (Akron General Physician Champion): When they began to approach the documentation needs from the Dr.'s perspective, their SOI/ROM Index saw the most results. Healthgrades moved them into the top 100 hospitals in the nation because of the CDI. Their CDI's call & fax the Dr. w/query needs. They present to all services & residents.

Aultman Hospital: Provides one-on-one sessions with any physicians having documentation difficulties.

Ohio Valley Medical Center: Likes to use pocket tips and tape them to computers in dictation areas.

Trinity Health System: Evolved their DRG of the Month to a presentation on the floors. Have posters and are on the floor answering questions for 2 hours.

***If you were unable to present due to the meeting's time constraints, we didn't get your tip written down, or you were unable to be at the meeting and would still like to share what has worked at your facility....please e-mail your tip out to the group or to Kris at Kristine.Cilona@cantonmercy.org. Just scan and send as an attachment, word document, etc. Thank You!***

## GUEST SPEAKER FROM MAXIM HEALTH INFORMATION SERVICES—STEVEN ROBINSON, SENIOR DIRECTOR CDI

Our guest speaker, Steven Robinson, covered CMS' IPPS 2011-2012 Rule Summary and a practical approach to using ICD-10 in CDI. Along with these updates he also discussed CMS' payment reduction to acute care facilities, the foundation being laid down for the "hospital readmission reduction program" and the upcoming coding freeze timeline. He also discussed ICD-10 in regards to the challenges it will pose to CDI teams, specifically the increased number of queries that will be written. A partial list of major and co-morbid conditions following conversion from ICD-9 to ICD-10 was reviewed. Chapter specific details were reviewed followed by identification of how Maxim can help your CDI program. His contact information if you want it is sterobins@mxhealth.com, office phone 866-265-0589.

Kris Cilona

## CEU/CONTACT INFORMATION RECAP...

The presentations for the day were approved for RN, AHIMA, AAPC, and CCDS hours. If you did not receive your certificates, please review the following:

For RN hours, there were specific sign-in sheets for both the morning and afternoon sessions. Surveys and certificates were then available.

For AHIMA, AAPC, and CCDS on the morning session, you needed to go to [www.hcpro.com/downloads/9578](http://www.hcpro.com/downloads/9578) to take a test and then print your certificate.

For AHIMA & AAPC on the second presentation, you should have received an e-mail from Kimberly Dubensky [kimccles@maxhealth.com] with your certificate of attendance attached.

For CCDS on the second presentation, there were certificates on the table for you.

If you forgot to pick up a certificate, please e-mail me and I'll try and get it to you.

Kris Cilona

Kristine.cilona@cantonmercy.org





Feel like your chart reviews are like looking for a needle in a haystack? Perseverance and education will pay off.

## Notes from the ACDIS Audio Conference Presentation - Documentation Improvement for Postoperative Complications: Understand Coding Guidelines and Overcome Challenges

The audio presentation on postoperative complications examined terminology definitions for “postoperative” and “complication”. It reviewed physician documentation and education. Different types of complications were looked at and examples were given. Sample queries for different “postoperative complication” scenarios were also shared.

The definitions of “complication” and “postoperative” were reviewed from a coding, physician/quality department, and medical dictionary perspective. Essentially, CMS looks at the complications as those diagnoses that extend the length of stay. The physicians and quality departments see it as a poor outcome. One of the medical dictionaries views it as a problem arising after a procedure, treatment, or illness that is secondary to the procedure (Medicine Net). Stedman’s refers to it as “an event during the course of a disease—it’s not an essential part of that diagnosis and it may or may not come from that diagnosis.” As far as the “postoperative” term, clinically it felt to be a condition in the postoperative period. Stedman’s says it’s “following an operation. And the coding world sees it as related to the procedure.

Coding clinic advice is to make sure you are querying if it’s not clear what the physician means. For a postoperative complication to be coded, it must be more than usually expected, it must be directly related to the care provided and the condition, and the physician must be link it to the procedure. The advice also reiterates that it’s the physician’s responsibility to determine whether an event /disease is a complication or not.

The audio conference touched on some of the rules for documentation, what is a reportable diagnosis, and the importance of physician documentation. In regards to physician education the audio conference stressed three important areas. First of all, the physicians cannot keep up with the constantly changing rules of CMS and coding. They need to rely on us, CDS’ and coding professionals, to help them with all of that.

Secondly, they need to be aware that their profiles are currently linked to the facility that they practice at. In the future, they will be profiled individually. And lastly, all physicians need to be educated on the definitional difference between the clinical and coding worlds on “postoperative” terminology. This will help prevent inaccurate profiling when the event is not a complication of care.

Different types of complications were reviewed from complications due to a device to complications affecting body systems to others. Examples were given and reviewed for cases that had postoperative ileus, postoperative atrial fibrillation, postoperative anemia, postoperative fever, intraoperative accidental laceration, and postoperative respiratory failure. A special reminder to code the complication as the principal diagnosis when the complication results from the procedure.

## AUDIO PRESENTATION CONT'D...from page 3

Finally, there were examples given of the wording that can be used in queries to clarify surgical complications. Remember to use the phrase "clinically significant" in your queries when appropriate.

To recap our audio conference, definitions of "postoperative" and "complications" were discussed. Physician documentation and education was reviewed. Different types of complications were looked at and examples of how to query for their clarification were shared.

Kris Cilona



## ACDIS CHAPTER NOTES

At our very first meeting, it was decided that we should remain an informal group. At this meeting, I asked if anyone wanted to change that. No one did. That being said, we will continue to function without a board, officers, dues, etc. There will be rotating facilities taking on the responsibilities of getting meetings together. As we are an official chapter of ACDIS, our group members are eligible for a discount on the national membership. If you decide to sign-up or renew, use the phrase "Chapter10" on your form (per Melissa Varnavas, Associate Director of ACDIS). It equates to about \$20 off. As a "chapter", we are also eligible to pick two HCPro products per year for the group. Normally, that is one audio conference and one book. After previously trying to survey our group for its choices (without much success), I made the decision to go with the "Documentation for Post-operative Complications" and the "2012 CDI Pocket Guide". From the surveys filled out following the audio seminar, a few thought the choice was "too basic" and "not new information" for our group. I'm sorry if you felt that way. I had gone with it knowing there were **new** CDS' in our group and I felt everyone could use a good review. If you choose to do the next meeting, may you have better luck pleasing more people.

As a chapter, we are required to submit two people (who are current ACDIS members) to be primary "contacts" for the National organization to just get current information out to the chapter level. Sharon Kelley (St. Vincent Charity Hospital) and I currently take care of this role. If you choose to look over a possible membership, please visit [www.cdiassociation.com](http://www.cdiassociation.com). There is a lot of information & networking available on this national website; for example, a forms and tools section where you can see other facilities clarification forms, a job postings section where you can post a position you've been trying to fill, and CDI Talk where you can network nationally and ask questions of your peers. Many facilities face the same challenges, see how everyone else tries to correct a certain situation.

With the other chapter leaders from Columbus and Dayton, we will try and get an all-Ohio Documentation Specialists meeting together for this summer. Shari Blanchard, Teri Sholder, and I have already been in contact with each other and are very interested in the networking opportunity this could provide for us all. We will keep you updated with the plans as they become available

Kris Cilona

*ACDIS local chapters do not have to have a formal structure and the members do not*

# Next Meeting For NODS...

Who wants to host the next meetings? In an effort to help out future host sites, here are some helpful suggestions:

## **Setting up a meeting:**

### *Several months prior to meeting:*

Pick a date and time. Must be coordinated with your speaker if having one. Try and remember that you won't be able to accommodate all of the group members.

Reserve your conference room.

Contact environmental services dept. for set-up & tear-down of the room that day.

Contact food & nutritional services dept. if they are catering that day for menu, prices, deadline for final count, etc.

Contact your media services dept. if you need audiovisual set-up and leave yourself time for a dry-run. Get speaker's presentation and your own (if you have one) to him/her if needed.

Plan your agenda for the meeting.

Develop a flyer, save-the-date, or send out meeting invitation to the members with rsvp, date, time, and directions.

### *Two weeks before meeting:*

Remind members to rsvp if still needed. Ask if anyone needs a special meal (vegetarian, kosher, etc.)

### *Week before meeting:*

Turn in final head count to food & nutritional services.

Make copies of handouts and sign-in sheets.

Get name tags.

Make directional signage if needed to find conference room.

Touch base with above departments if needed.

Contact security if needed to let them know your group is coming in (to help with any lost attendees).

### *Day of meeting:*

Hang up signs.

Have your handouts, sign-in sheets, extra pens, name tags, camera (?), and your presentation if speaking ready.

Have change available if needed for lunches, seminar cost, etc. while members are signing in.

### *Follow-up:*

Send summary of meeting, handouts, etc. out to rest of group.

*Akron General Medical  
Center volunteers to  
hold next meeting!*



# Our Meeting in pictures!



# OUR NEW HISTORY...



**CDI:  
Bridging the  
gap between  
coders and  
physicians to  
improve  
documentation  
and patient  
care.**

*In the fall of 2009, the Northeastern Ohio Documentation Specialists (NODS) networking group met for the first time. It was so exciting to meet folks that were out there doing the same job we were! We met twice after that—traveling to Elyria Memorial Hospital and to Genesis Healthcare System for more great information and networking. This past week, we finally had our 4th get-together. It was a jam-packed day for the 42 attendees from 21 facilities. There were some familiar faces and some new faces—as our group continues to grow. We quickly became a chapter of our parent organization, the Association of Clinical Documentation Improvement Specialists (ACDIS). From initially inquiring to ACDIS about other members in Ohio (note to self—don't ever do that again!) to hosting this last meeting, it has been quite a journey for me. From reaching out to other facilities in the 330 area code, to using the Ohio Hospital Association's list to contact hospitals in the surrounding northeastern Ohio counties, we've gone from me to 96 members. From my knocking knees at that first meeting to gaining some confidence since then, you all don't scare me nearly as much as you used to! With that being said, we do need some other facilities to step up and host meetings in the future. Akron is next, who wants to go after them? On a positive note, I'd like to sincerely thank all of you for your encouragement and participation at our meetings. It's been a pleasure to meet you, to network with you, and to learn along side of you in our constantly evolving field. Looking forward to still meeting those of you who couldn't be with us this time.*

Sincerely,

Kris  
Cilona



**THANK YOU EVERYONE FOR  
MAKING THE MEETING SUCH A  
SUCCESS!**

## NORTHEASTERN OHIO DOCUMENTATION SPECIALISTS

Meeting held at  
Mercy Medical Center  
Contact person: Kris Cilona  
330-489-1111 ext. 5857  
kristine.cilona@cantonmercy.org

Next Meeting to be held at  
Akron General Medical Center  
Contact person: Penny Stucky  
Phone number: 330-344-2038  
E-mail address:  
[Penny.Stucky@akrongeneral.org](mailto:Penny.Stucky@akrongeneral.org)