

# Improving Coding and Documentation Quality Through Real-Time Collaboration: Nurses and Coding Professionals Team Up to Tackle Documentation Issues

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While working through the recent implementation of ICD-10, leaders at Ardent Health Services began to focus on the re-bill process and what it would look like in the months following use of the new code set. Re-billing means submitting a corrected bill to the payer after it has been rejected. Leaders at Ardent assumed that denials and re-bills would increase based on the coding professionals and clinical documentation improvement (CDI) staff not having the necessary expertise with ICD-10. As the current model was evaluated, action was taken to outline a process that would reduce the impact of re-bills and denials for Ardent. The result was the creation of the health information integrity (H.I.I.) program—an interdepartmental CDI team.

Assigning a CDI team to review the record after it was coded and before it was completed for billing would create an environment that allowed feedback to be provided to both the coding and CDI staff, as well as build their skills with ICD-10. Hoping to use individuals that would see things “differently” than a coding professional, nurses were selected to serve as the H.I.I. program representatives at Ardent and make query recommendations to the coding team. Nurses also serve as CDI specialists at Ardent.

Coding leadership explained to the chief financial officers and other senior leadership that the volume of unbilled accounts would potentially increase, but that coding and CDI leaders would continue to manage the process. Instead of immediately dropping the bill, this new process would delay billing by at least 24 hours due to the added layer of additional review by the H.I.I. nurse. Early on in the creation of the H.I.I. program the focus was on the unbilled and keeping it low. Knowing this, Ardent began tracking the typical data points that a CDI team should track: severity of illness (SOI), risk of mortality (ROM), case mix index (CMI), and other data. Ardent has been able to identify DRG-focused opportunities with revenue integrity software, which allows staff to review claim data on a real-time basis in comparisons with other similar healthcare organizations. As a result, Ardent has significantly increased their SOI, ROM, and CMI. This allowed the organization to fully understand its strengths and weaknesses and tell its patients’ and care providers’ story.

The findings from the review were surprising. The CDI program showed signs of having a positive impact on all of the quality indicator priorities. These results helped build on the true intent of the program, which is to produce a high-quality record that tells the patient’s story. Although the initial intent of the program was to validate how well the CDI and coding staff were performing in the ICD-10 environment, several major benefits followed: an increase in case mix index, an increase in the MCC/CC capture rate, and an increase in the severity of illness and risk of mortality. Finally, there has been a positive impact of reducing the number of re-bills.

## Making a Health Information Integrity Program Operational

Here is how the process works at Ardent. Once a record is scanned by the HIM department and made available, the remote H.I.I. staff (nurses) review the entire hybrid record. They identify potential opportunities in documentation and optimal DRG assignment, which allows the record to reflect the most accurate DRG and prevent the claim from being identified as a potential re-bill. At this point, they e-mail the coding professionals directly with their findings and, ultimately, it is the coding professional’s responsibility to follow official ICD-10-CM/PCS coding guidelines, concepts, and *Coding Clinics*. If the coding professional agrees, he or she adjusts the coding or places a query on the chart. If the coding professional disagrees, he or she may choose to utilize the expertise of the H.I.I. Query Council, which was created as an additional resource for the coding professionals.

At times, the queries recommended by the H.I.I. team may not necessarily be queries the coding professional would initiate or may find hard to understand the reasoning for. While the H.I.I. nurse would not recommend a query to be initiated without strong clinical indicators to support it, the coding professionals need to have an avenue to obtain a second opinion. Therefore, this council was created to include the CDI director, the coding education director, coding professionals, and H.I.I. nurses. Members of the H.I.I. Query Council respond to the request, communicate their feedback, and all suggested findings are communicated back to the entire team during the next education roundtable.

## Roundtables Fill in the Gaps

The director of coding education and CDI holds weekly remote roundtables to provide constructive feedback with recent accounts and address e-mails seeking clarification. Collaboration with CDI specialists, members of the coding team, and the H.I.I. nurses has created a learning environment that participants believe is second to none.

Several individuals from these teams have presented case studies to the group, which allow coding professionals to gain more knowledge and understanding of clinical information. Likewise, the H.I.I. nurses and CDI specialists gain more knowledge and understanding of coding concepts. All participants have an opportunity to ask questions to see if others are having the same challenges finding the right diagnosis or procedure code. Additionally, they can discuss documentation that may not be easily understood, find out where to look for certain information in the chart, and discover helpful tips in arriving at the correct code using a book or an encoder.

Participants can also request that future roundtables include individuals from appropriate departments to share helpful information. This could potentially enhance understanding of clinical documentation, and it could help physicians to better explain certain diagnoses or procedures, as well as other benefits.

In fact, a recent poll taken during a roundtable asked what significant learning benefits participants have gained since the implementation of the H.I.I. initiative. Sixty-nine percent of the participants reported they have gained more clinical knowledge; 57 percent have gained more DRG and query knowledge; 54 percent have a better understanding of severity of illness, risk of mortality, and case mix index; and 17 percent reported they had not experienced significant learning benefits.

## Teamwork Gets Results

The reason this program works, its founders believe, is because it isn't just an education session. It is a living, breathing program that engages all parties, promotes collaboration, and is part of everyone's daily routine. Some would argue that it is overkill, but almost every coding professional in the country "grew up" with ICD-9. They have had years to build and improve their skills. ICD-10 has only been the norm for less than a year, and many feel that there aren't many true experts yet.

Ardent's program provides regular feedback, collaboration, and a learning environment for its team to improve their skills—combining both coding and CDI efforts.

"I think that this has made our team stronger," says Angie Tubb, CCS, an inpatient coder at Ardent Health Services.

"Combining the knowledge from nursing and coding gives us an advantage because we're looking at each case from several different angles and [are] better able to capture the most accurate codes to reflect the patient's encounter. It is reassuring to know that I can contact one of our nurses and ask their clinical opinion, and they know that they can contact me if they need help with coding guidelines."

The teamwork that has been created between coders and CDI/H.I.I. nurses is unprecedented, say program organizers. Where in the past there has been tension between these groups, now both teams are tapping into the strengths of both backgrounds.

"From a coding perspective, as with all new concepts and programs, skepticism can sometimes play into our acceptance and create negative impact. However, with this program, skepticism and negativity were short-lived," says Terri Walker, RHIT, CCS, data quality manager at Ardent Health Services. "The outcome of the H.I.I. program has gone beyond what I could have predicted. It continues to impact our case mix index, severity of illness, and risk of mortality with positive gain. The H.I.I. program continues to build our coders into highly skilled coders that are thirsty for the knowledge they are receiving. They ask

questions, they want to understand disease processes, and they are challenging themselves to learn and understand. The coders are thriving with this program, which in turn allows us as a company to thrive in their success as coders.”

The H.I.I. program also works largely in part because of the leadership team that is in place to support it. All of this could not have happened without strong leaders who understand the value of the program and are committed to excellence, program coordinators believe. CDI and coding leadership must lead by example by being willing to work together, be respectful of each other’s background, and promote a sense of unity among the team.

Because it challenges the norm and promotes collaboration, this type of program creates exposure. Issues must be addressed and resolved quickly. Routine communication must be provided to all parties involved. The program is not in a vacuum that allows participants to work with internal customers to continue to improve the integrity of the record. This is a part of Ardent’s everyday business and everyone involved understands their role.

For those who would like to create their own similar pre-bill initiative, growing pains are consistent with any new program that is introduced. Significant time should be spent gaining buy-in from the team as well as with the executives who will be sponsoring the program. Outlining the goals, understanding the capacity, and moving forward are also important, say Ardent coordinators. Several processes may need to be adjusted and transparency with shortcomings must be communicated. Finally, a commitment to excellence and continuous documentation and quality improvement must be reflected daily, and not something that is just said, throughout the entire healthcare organization.

For more information about the H.I.I. program, contact Kelli Horn at [kelli.horn@ardenthealth.com](mailto:kelli.horn@ardenthealth.com).

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