

What you need to know about Clinical Documentation Improvement.



Clinical Documentation Improvement (CDI) is a process to facilitate an accurate representation of healthcare provided through complete and precise reporting of diagnoses, comorbidities and procedures to ensure the acuity and complexity of the patient is available to be coded. The coded data is instrumental for performance tracking (e.g., admission and infection rates), understanding burden of disease, development of best standards, improvement of patient safety/outcomes and funding.

Inadequate documentation often results from missing information leading to higher readmission rates, longer length of stay (LOS), increase in harm indicators, costs and medication errors. Better documentation ensures there is no ambiguity with the diagnoses or treatment and it facilitates improved communication between clinicians.

It is crucial that hospitals accurately reflect the level of patient acuity in the medical record so the facility can be funded appropriately for the level of care that was given. Clinical Documentation Improvement (CDI) aims to minimize missing, incomplete or conflicting documentation so that when processed, the data conveys the hospital's true patient complexity. This in turn leads to appropriate hospital funding for the level of service that was provided and accurate data capture.

Successful CDI programs appoint a CDI specialist to ensure the documentation fully reflects the patient's episode of care. This process enhances patient outcomes and in turn enables complete and accurate coding and the allocation of an appropriate case mix group (CMG) assignment. 3M are experts in chart auditing and training CDI specialists and physicians so they make an immediate impact in their role. The return on the investment for this high-quality training has proven to exceed customer expectations.



Customer testimonials

"The quality of coding and documentation is a key focus - from both a quality of care and funding perspective. While looking for a company who specialized in coding audits, we also wanted to enhance documentation practices as we recognized that there was an opportunity to look at physician documentation and how it translates to our coded data.

3M provided us with a model where both nursing and HIM professionals audited our charts. It proved not only to have a positive impact to our HIG weights but also helped us to develop education tools for both physicians and HIM coding staff.

We continue to work with 3M to enhance our current coding query process and we are also in the process of introducing an eLearning tool which will be used for onboarding new physicians, residents and HIM professionals."

Niagara Health

"We were very delighted with our 3M engagement.

The review team was professional, extremely knowledgeable and very effective at engaging all our stakeholders (physicians, coders, and senior leaders).

Their approach was methodical and their findings were informative, quantifiable and actionable.

We are now actively working with 3M on prioritizing our action plan based on the identified recommendations and are confident we will be able to achieve the expected improvements in the near future. We look forward to continuing to build on this great partnership and would highly recommend the 3M team for any hospital."

Bluewater Health

"We've recently introduced the Clinical Documentation Improvement (CDI) physician query tool into our Clinical Documentation Program at London Health Sciences Centre. This tool has come at a time when we were ready to refresh with renewed vigor into advancing good clinical documentation practices.

The CDI tool is giving us a framework to document clinical findings we discover within an audit. It allows us to test with ICD-10-CA code assignment and to review what is viable based on the documentation found within a patient record, and according to the Canadian Coding Standards.

It will be a tool that will continue to help us in the future to track responses from physician queries and most importantly, it will help measure our success."

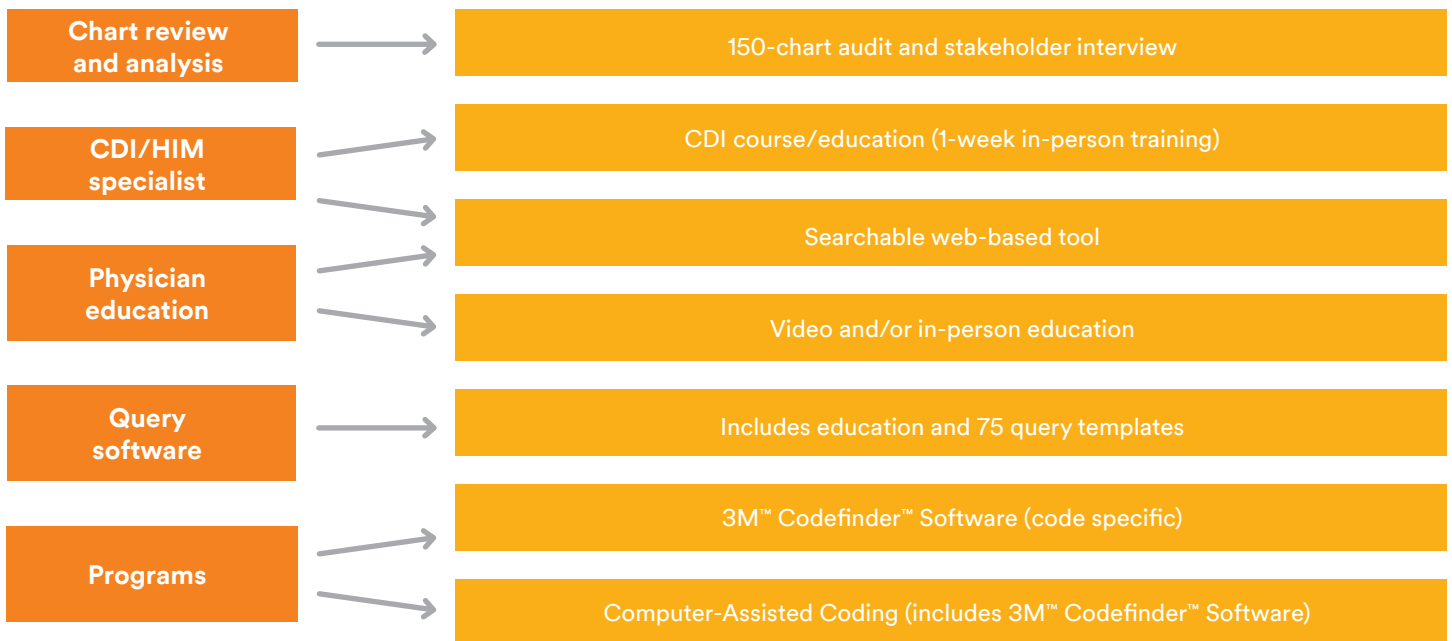
London Health Science Centre

Contact an expert

To further explore the various CDI products and services that 3M has to offer please contact us at 3MhisCanada@mmm.com.

CDI products and services include:

- 150-chart clinical documentation audit by expert clinical and coding auditors
- Customized physician education on documentation improvement (delivered in-class or online)
- Over 40 hours of training for Clinical Documentation Improvement Specialists/HIM Professionals to effectively audit charts and query physicians
- Set of over 75 customizable query templates based on Canadian Coding Standards for physician documentation clarification
- Query software tool integrated with your abstracting system to capture impact of physician responses on case mix and outcomes
- Web-based searchable application with physician documentation requirements listed by medical condition and procedure
- Canadian Computer-Assisted Coding (CAC) White Paper: “Improving Healthcare Data Quality Using Computer-Assisted Coding”
- Canadian CDI White Paper: “An Essential Guide to Clinical Documentation Improvement”
https://www.echima.ca/uploaded/pdf/reports/FINAL_Whitepaper_CDI_July5.pdf



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