CDI MAIL
Ongoing Physician Training

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Cathy Farraher has more than 30 years of nursing, case management, and clinical documentation specialist (CDS) experience. Her clinical roles included working as both a telemetry and ICU float in a large Boston level-one trauma center and teaching hospital, and her case management experience includes working under multiple state workers’ compensation acts as well as the Longshore and Federal Harbor Workers’ Compensation Act. Previously a Certified Legal Nurse Consultant, she has assisted both attorneys and insurance carriers with preparation and resolution of litigated medical cases. Farraher has worked in both large teaching and small community hospitals as a CDS, and has presented on multiple topics to a variety of audiences.

Farraher has won awards for being a top performer both as an individual and a team member. A former Mensa member, she thrives on helping others look at challenging situations from a different perspective, and is both passionate and frank with whatever material she is presenting.

Farraher’s presentation style is evident in these tips: direct and no-nonsense, appropriate for the physician audience, but with a unique focus on making the topic easier to swallow through the use of humor whenever appropriate.
Introduction

This compilation of CDI tips was designed to help you quickly and effectively provide education without the time and burden surrounding the task.

*CDI Mail* provides an overview of the most commonly queried-for issues. It is designed to increase your department’s ability to target documentation queries focused on quality and core measures.

The tips are short, sweet, and to the point, and can be tailored to your institution’s individual needs, including inserting contact information and/or your hospital logo.

I hope you find them both useful and effective in your pursuit of clinical documentation improvement. Questions and feedback are welcome.
Finding effective ways to continually remind physicians of ways to improve their documentation can often be an arduous task for CDI managers and directors. To support this effort, ACDIS has developed *CDI Mail*, a compilation of 52 separate easy-to-use, customizable email reminders that CDI managers can send to physicians and other staff members, such as HIM professionals or other CDI specialists. Each reminder provides focused education and documentation tips on a common CDI problem area, allowing managers to distribute user-friendly education quickly and easily across multiple departments.

These email reminders will reinforce training and provide effective, ongoing CDI education necessary now and in advance of ICD-10.

*CDI Mail* provides a way to reach all the physicians in your organization simultaneously with minimal effort and little cost. It includes two message formats.
The first is for use with your email application:

The second is a text-only version, formatted for users that only use Web email or do not have an email application:
When you insert your *CDI Mail* CD, it will start automatically, and you will be able to select the option that best suits your needs.
If your CD does not start automatically, browse your CD and double-click and open the index.html file.
Microsoft® Windows® Instructions

1. Insert CDI Mail CD.

2. Select “CDI Mail Ongoing Physician Training.”

3. Choose a message link to send from the menu, and double-click it.

4. Address and send the message.

Note: When you select an email title, CDI Mail will launch your email program. Depending upon your security settings, you may be asked if you want to continue. Select “Open” to continue sending the email.
Text-Only Instructions

1. Insert CDI Mail CD.

2. Select “CDI Mail Ongoing Physician Training (Text Versions).”

3. Select a weekly message in rich text format (RTF).

4. Cut and paste the message into an email message.

5. Address and send the message.

CDI and Quality Measures

Did you know...

Queries posed by Clinical Documentation Specialists often affect core measures.

Heart failure readmission rates, for example, may be affected by a principal diagnosis query clarifying the reason for an inpatient admission decision when there are other clinical indicators to support another condition (e.g., acute respiratory failure).

Whether a Stage III or Stage IV decubitus ulcer was present on admission would certainly also affect core measures.
Customizing CDI Mail

You will get your best CDI Mail training results if you spend some time customizing the messages to reflect your organization’s unique policies, procedures, and CDI needs. We have tried to make it as simple as possible for you.

Both versions of CDI Mail are fully customizable. Just add information to them as you would any other email that you send.

Even if you decide not to add any extra formatting to your messages, read each email message to ensure that the information is compatible with your organization’s policies.

Read the information and customize where appropriate.
Distribution Tips

• Create distribution lists for messages to eliminate the need to enter each recipient’s email address individually. Instead, you can simply select the appropriate distribution list.

• Store the email messages in your inbox without an address so you’ll remember to send them. Consider using a tickler file or reminder system in your computer (a system that reminds you automatically to send email, much like the calendar system).

• Some email systems allow you to schedule email transmissions and will send messages automatically at the desired time. If your computer system includes this technology, consider scheduling your email transmissions for the entire year.
CDI Mail: Ongoing Physician Training

CDI Mail Topics

1. CDI and Quality Measures
2. Present on Admission
3. Coding From Physician, PA, and NP Only
4. DRG/SOI/ROM/RW
5. Respiratory Failure
6. Malnutrition
7. Diabetes
8. Sepsis
9. Severity of Illness (SOI)/Risk of Mortality (ROM) Example
10. Lab Values vs. Diagnoses
11. Principal Diagnosis vs. Signs and Symptoms
12. CHF Specificity
13. Functional Quadriplegia
14. Coding Accuracy and Queries
15. Encephalopathy
16. CKD Stage and Linkage
17. Substance Use, Abuse, and Dependence
18. Anemia
19. Midline Shift
20. Postoperative Pulmonary Insufficiency
21. Acute Non-Cardiogenic Pulmonary Edema
22. AKI and ATN
23. Pneumonia
24. Severity of Illness/Risk of Mortality Example
25. Suspected or Presumed Diagnoses
26. Pancytopenia 2/2 Chemotherapy
27. Drug-Induced Delirium
28. CVA and Late Effects of CVA
29. PMH vs. Chronic Condition
30. Procedural Complication vs. Unavoidable or Expected
31. End of Life/Comfort Care
32. Fracture Specificity
33. Severity of Illness/Risk of Mortality Example
34. Septic Joint
35. Ischemic Stroke
36. Hemorrhagic Stroke
37. CHF vs. Respiratory Failure as PDx
38. Asthma
39. Morbid Obesity
40. Shock
41. Severity of Illness/Risk of Mortality Example
42. Organ Failure Specificity
43. HIV/AIDS
44. Psychiatric Diagnoses
45. Radiology Findings
46. Cause and Effect: Linkage
47. Neoplasm
48. Admission Decision
49. Dementia With Behavioral Disturbance
50. Excisional vs. Non-Excisional Debridement
51. Resolved and Resolving Diagnoses
52. Consistency vs. Conflicting Record