



POSITION DESCRIPTION

Core Mercy Values:	Compassion, Hospitality, Respect, Innovation, Stewardship, Teamwork		
Position title:	Clinical Documentation Improvement Specialist	Employee name:	
Entity/Group:	Mercy Hospital for Women	Date:	
Business Unit/Department:	Health Information Services		
Position reports to:	Manager, Coding Quality		
Position Purpose:	<p>The Clinical Documentation Improvement Specialist (CDIS) is responsible for reviewing medical records (paper and electronic) at the point of care to facilitate and obtain appropriate clinical documentation to reflect both care delivery and resource utilization to ensure optimal reimbursement of services.</p> <p>The CDIS will liaise closely with clinical staff in the clinical setting and provide advice, education and training to Senior Medical staff. The CDIS will also support the objectives of the Coding Quality Team.</p>		
Qualifications:	Bachelor of Health Information Management or successful completion of a recognised clinical coding course.		
Resource management:	Annual Operating Expenditure:	Annual Capital Expenditure:	

Mandatory Organisational Competencies	Personal Competencies	Job Competencies
<ul style="list-style-type: none"> • Orientation (on commencement) 	<ul style="list-style-type: none"> • Commitment to the Mercy values. 	<ul style="list-style-type: none"> • Comply with the requirements of the annual organisational mandatory and role related competencies policy and procedure.
<ul style="list-style-type: none"> • Equity & Inclusion (annual) 	<ul style="list-style-type: none"> • Demonstrated ability to build relationships with people at all levels. 	<ul style="list-style-type: none"> Comprehensive knowledge of ICD-10-AM coding and casemix, in particular in relation to Obstetrics, Gynaecology and Neonates
<ul style="list-style-type: none"> • Emergency Procedures (annual) 	<ul style="list-style-type: none"> • Ability to work as part of a team. 	<ul style="list-style-type: none"> Ability to conduct coding reviews and audits and provide feedback and education to other HIM/Coding staff to ensure coding consistency
<ul style="list-style-type: none"> • Work Health & Safety (annual) 	<ul style="list-style-type: none"> • Demonstrated organisational skills and the ability to prioritise tasks 	<ul style="list-style-type: none"> Ability to liaise with all levels of clinical and nonclinical staff in relation to medical record documentation, coding and casemix matters
<ul style="list-style-type: none"> • Infection Control (annual) 	<ul style="list-style-type: none"> • Well-developed interpersonal skills, confident and resourceful in approach 	<ul style="list-style-type: none"> • Understanding of DOH mandatory reporting requirements
	<ul style="list-style-type: none"> • Excellent verbal and written communication skills 	<ul style="list-style-type: none"> • Understanding of quality improvement principles and accreditation processes
	<ul style="list-style-type: none"> • Customer/client focused with commitment to privacy and confidentiality at all times 	<ul style="list-style-type: none"> IT application experience, including Microsoft Office suite and exposure to the Patient & Client Management System (PCMS) or ability to pick up in-house systems quickly
	<ul style="list-style-type: none"> • Ability to use initiative and be flexible 	<ul style="list-style-type: none"> • Excellent understanding of medical terminology
	<ul style="list-style-type: none"> • Commitment to own ongoing learning 	<ul style="list-style-type: none"> • Ability to engage all stakeholders to ensure clinical documentation supports coding accuracy and funding optimisation.
	<ul style="list-style-type: none"> • Demonstrated leadership qualities and influencing skills. 	

Leadership Capability Framework

All Mercy Health employees are required to demonstrate values and behaviours in alignment with our Leadership Capability Framework. The six capability clusters and respective descriptors are below. Behavioural indicators relevant to your specific Leader Level are available on MercyNET.

- **Performance** - Ensure performance is aligned with internal/external stakeholder needs and seeks to exceed expectations to deliver compassionate and responsive care to those in need.
- **Growth & Sustainability** - Give consideration to social, economic and environmental demands to support growth and strengthening of our position as an efficient, effective and responsive provider of health, aged and community services.
- **Self-development** - Build our organisational capability to support a highly skilled and diverse workforce as well as a culture of continued learning, self-development and engagement.
- **Advocacy** - Advocate for the vulnerable and disadvantaged to provide access to quality health, aged and home care services.
- **Innovation** - Support research, training and continuous improvement to remain competitive and responsive to the emerging needs of those whom entrust us with their care.
- **Collaboration** - Strengthen the provision of our services by developing collaborative and cooperative relationships with internal and external stakeholders including Mercy ministries, community, government and catholic affiliates.

Generic Requirements

- Act professionally and in accordance with the Mercy Health Code of Conduct
- Maintain clinical registration (where applicable)
- Participate in annual performance development review (PDR) process

Key Result Areas	Key Activities	Standard Measures
<ul style="list-style-type: none"> • Demonstrates and upholds the Values and Mission of Mercy Health. 	<ul style="list-style-type: none"> • Ensure the values of Mercy Health are incorporated into daily work practices. 	<ul style="list-style-type: none"> • Shows compassion and provides support to colleagues and patients. • Consistently shows respect and values each person's dignity. • Seeks opportunities to be innovative for improvement. • Communicates openly and honestly as an effective team member.
<ul style="list-style-type: none"> • Demonstrates an understanding of individual responsibility 	<ul style="list-style-type: none"> • Maintain a safe environment for patients/self/colleagues and members of the public. 	<ul style="list-style-type: none"> • Risk controls implemented. • Incident/s reported as soon as practicable. • Undertake incident investigations.

Key Result Areas	Key Activities	Standard Measures
<p>for safety, quality & risk and participates in organisational quality and safety initiatives.</p>	<ul style="list-style-type: none"> • Escalate concerns regarding safety, quality & risk to an appropriate staff member. • Participate in evaluation and continuous improvement and clinical indicator processes. • Demonstrate the principles of Person Centered Care: <ul style="list-style-type: none"> ○ Respect & Dignity ○ Information Sharing ○ Participation ○ Collaboration. 	<ul style="list-style-type: none"> • Orientation completed. • Training up to date. • Accreditation outcomes. • Patient satisfaction and experience survey results. • Participate in implementation and delivery of annual quality plan and business plan.
<ul style="list-style-type: none"> • Review clinical documentation to support appropriate care and reimbursement 	<ul style="list-style-type: none"> • Review medical records to evaluate documentation to ensure it supports accurate assignment of the principal diagnosis, secondary diagnoses and procedures for accurate DRG assignment by liaising with the treating clinical team. • Build relationships with multidisciplinary clinical staff in the clinical setting. • Provide daily support/mentoring/training to new employees as well as existing staff in relation to medical record documentation. • Assist with the development of a Documentation Improvement Plan for the Coding Quality Team that's measurable. • Complete clinical documentation improvement quality activities and audits as appropriate. • Assign preliminary DRGs in high acuity clinical areas. • Review inpatient care types and make recommendations in accordance with VAED definitions and business rules. • Attend daily consultant ward rounds and clinical meetings. 	<ul style="list-style-type: none"> • Identify conflicting, incomplete or nonspecific documentation within the medical record and formulate clinician queries by requesting and obtaining additional documentation within the medical record as necessary. • Proactive identification and management of documentation deficiencies. • Provide education (individual and collective) to address documentation deficiencies. • Make recommendations to ensure medical record forms (paper and electronic) support coding requirements. • Collaborate with clinical teams including doctors, nursing staff and allied health staff regarding documentation and formulate and resolve clinician queries prior to discharge. • Develop appropriate educational resources for clinical staff to support optimal documentation for coding. • Conduct formal and informal education for clinical staff to ensure clinical documentation supports timely and accurate completion of coding. • Record patient/episode level CDIS interactions for data collection, analysis and reporting.

Key Result Areas	Key Activities	Standard Measures
<p>Accurate and timely completion of coding by specified deadlines</p>	<ul style="list-style-type: none"> • Coding of discharged patient medical records utilising the 3M Codefinder and in accordance with the Australian Coding Standards. • Remain current with coding practices and National and Victorian coding advice. • Ensure medical record documentation reflects coded data • Assist with meeting coding deadlines 	<ul style="list-style-type: none"> • Maintain an excellent understanding of the Australian Coding Standards. • Timely review and application of newly published coding advice. • Code an agreed (small) coding allocation to remain current with coding skills.
<ul style="list-style-type: none"> • Provide education and training on medical record documentation, coding and casemix matters to new HIMs, Clinical Coders and Clinical staff 	<ul style="list-style-type: none"> • Liaise with clinical staff and advise on coding, casemix and documentation matters. • Conduct training sessions for clinical staff highlighting the importance of documentation and its direct impact on coding. • Assist in the development, implementation and coordination of the clinical coding education program. • Provide one on one and group training to new and experienced coders. • Actively participates in and contributes to the development and co-ordination of the senior coding team and ward/speciality partnership and education model and other coding initiatives. 	<ul style="list-style-type: none"> • Present and educate clinical staff on casemix, AR-DRGs and medical record documentation matters. • Create, update and distribute coding, casemix and clinical documentation information and education materials. • Participate in the Coding Quality Program, including performance of coding audits and provision of audit feedback and education to relevant staff to ensure a high standard of coding accuracy, consistency and timeliness. • Assist with identifying target audits based on documentation reviews. • Assist in the development of education schedules which incorporate coder competencies and training sessions based on coding audit outcomes. • Prepare educational material and examples for site coding meetings. • Assist with the compilation of bimonthly Coding Newsletters incorporating identified documentation deficiencies.
<ul style="list-style-type: none"> • Assist with Streamlining Paediatric Information (SPI) within HIS 	<ul style="list-style-type: none"> • Monitor and measure the impact of SPI data entry and documentation on the quality of neonatal coding • Make recommendations to improve the clinical data in SPI for coding in accordance with Neonatal and Ventilation Coding Standards. 	<ul style="list-style-type: none"> • Work with Clinicians to improve the SPI Neonatal Discharge Summary. • Ensure data required for the calculation of CMV and NIV hours is accurate and in the correct format • Ensure birth and admission weights are accurate • Co-ordination of feedback on matters relating to SPI

Key Result Areas	Key Activities	Standard Measures
		<ul style="list-style-type: none"> Educate coders in SPI functionality.
<ul style="list-style-type: none"> Assist the Manager Coding Quality in forward planning and target setting 	<ul style="list-style-type: none"> Regularly review an action plan to ensure that HIS objectives are met within required timeframes Perform any other tasks and responsibilities as directed by Manager Coding Quality 	<ul style="list-style-type: none"> Support senior leadership in achieving Health Information Services department objectives Participation in individual performance appraisal
<ul style="list-style-type: none"> Attend and contribute to department, organisational and professional meetings and update seminars. Complete any necessary training 	<ul style="list-style-type: none"> Attend and contribute to HIM/Clinical Coder and HIS meetings Attend and contribute to Coding and Casemix meetings Attend HIMAA and DHS seminar and update sessions when relevant Attend and contribute to any other meetings as directed by Manager Coding Quality. 	<ul style="list-style-type: none"> Complete minutes for HIM and coding meetings on a rotational basis Attend hospital forums and department meetings as required Attendance at seminars, meetings and in-service, including compulsory training Keeps up to date on contemporary work-related issues
<ul style="list-style-type: none"> Assist with HIM student placements 	<ul style="list-style-type: none"> Participation in La Trobe University's professional education and training program for HIMs. 	<ul style="list-style-type: none"> Assist with supervising HIM students that are on placement. Assist with preparation for onsite La Trobe Coding Practicums
<ul style="list-style-type: none"> Assist with Quality Improvement and Activities 	<ul style="list-style-type: none"> Assist the Manager Coding Quality to prepare for accreditation and ensure standards of accreditation are achieved for Mercy Health to achieve successful hospital accreditation Participate in quality activities Document quality improvement initiatives by completing a Quality Activity Summary Hospital Acquired Complications (HAC) monitoring Involvement in external VAED audits. Keep up to date with accreditation standards 	<ul style="list-style-type: none"> Completion and benchmarking of Key Performance Indicators (KPIs), Clinical Indicators and other quality studies Quality Activity Summaries aimed at improving service, systems and procedures Audit episodes with an identified HAC Provide HAC training to Clinicians Assist with preparing for VAED audits. Assist with the development of plans to address VAED Audit recommendations.

Employee's Signature: _____

Date: _____

Print Name: _____

Manager Signature: _____

Date: _____

Print Name: _____