

SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



ITEM: 3.15  
(ID # 12312)

MEETING DATE:  
Tuesday, April 21, 2020

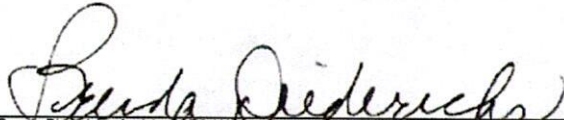
FROM : HUMAN RESOURCES:

SUBJECT: HUMAN RESOURCES: Approve the creation of the Clinical Document Improvement Supervisor classification; and amend Ordinance No. 440 pursuant to Resolution No. 440-9148 submitted herewith, All Districts. [Total Cost - \$0] [Source of Funds - Departmental]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the creation of the classification of Clinical Document Improvement Supervisor
2. Amend Ordinance No. 440 pursuant to Resolution No. 440-9148 submitted herewith.

ACTION: Policy

  
Brenda Diederichs, Assistant CEO / Human Resources Director 4/15/2020

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MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Jeffries, seconded by Supervisor Washington and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended and Resolution No. 440-9148 is adopted as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt  
Nays: None  
Absent: None  
Date: April 21, 2020  
xc: HR

Kecia R. Harper  
Clerk of the Board

By:   
Deputy

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<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$0	\$0	\$0	\$0
<b>NET COUNTY COST</b>	\$0	\$0	\$0	\$0
<b>SOURCE OF FUNDS: Departmental</b>			<b>Budget Adjustment: No</b>	
			<b>For Fiscal Year: 19/20</b>	

**C.E.O. RECOMMENDATION:** Approve

**BACKGROUND:**

RUHS-MC includes the 439-bed Medical Center in Moreno Valley, 10 Federally Qualified Health Centers and several primary and specialty clinics throughout Riverside County. The CDI Specialist classification was created on September 1, 2015 and is responsible for clinical documentation review for these facilities to assure patient information is accurately and completely documented in patient medical charts. The CDI Specialist review is necessary to increase hospital revenue since improved clinical documentation leads to increased patient care, which ultimately leads to increased hospital reimbursements.

There are four CDI Specialist in the CDI department and the department is expected to grow to meet documentation requirements as RUHS-MC strives for a level 1 trauma center rating. The CDI Specialists report to an Executive Director who is responsible for compliance and privacy countywide and management of the administrative health information, which includes the CDI department. The executive director has an additional twelve direct reports. Compliance and privacy duties take precedence over all other duties, due to the timelines and critical nature surround privacy breaches.

The CDI Supervisor will plan, direct and coordinate the operational and personnel activities with CDI staff, as well as assist the Executive Director in ensuring clinical documentation is present and accurate. The CDI Supervisor will provide dedicated oversight to the CDI Specialists, in order to relieve the Executive Director to focus on other aspect of their job. The CDI Supervisor will assure compliance with both the internal and external measures for CDI programs. The CDI Supervisor is responsible for ongoing staff growth and development, acts as a resources and facilitates ongoing collaboration and communication with numerous people and roles both within and outside the CDI department to assure continued program growth, and to contribute to the strategic planning process and is responsible for supporting the successful implementation of action plans to achieve strategic priorities of RUHS-MC and the CDI department.

**CLASSIFICATION ADDITION:**

**Clinical Document Improvement Supervisor:** It is recommended to add this classification to the Class and Salary Listing at salary plan/grade SEUS 576 (\$96,596 - \$122,760).

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**Impact on Residents and Businesses**

There is no impact to residents or businesses.

**ATTACHMENTS:**

A. Resolution No. 440-9148

B. Clinical Document Improvement Supervisor Class Specification





## CLINICAL DOCUMENT IMPROVEMENT SUPERVISOR

Class Code: 13394

COUNTY OF RIVERSIDE  
Established Date: Apr 30, 2020  
Revision Date: Apr 30, 2020

### SALARY RANGE

\$46.44 - \$59.02 Hourly  
\$8,049.67 - \$10,230.00 Monthly  
\$96,596.00 - \$122,760.00 Annually

### CLASS CONCEPT:

Under direction, supervises, plans, directs, and coordinates the operational of the Clinical Document Improvement (CDI) department, assures compliance to conduct complex and difficult research and analytical studies involving the operations and programs of the department served; to make recommendations for the development, implementation, and improvement of departmental operations, services, and programs; and to do other work as required.

The Clinical Document Improvement Supervisor is the supervisory level classification in the Clinical Document Improvement series performing the full range of supervisory duties and reports to an appropriate manager level position. The incumbent will coordinate and organize the CDI for both inpatient and outpatient services, facilitate physician documentation, denials and coding; collaborate with physicians, directors, providers and other healthcare team members to make improvements that result in accurate, comprehensive documentation that reflects completely, the clinical treatment, decisions, and diagnoses for the patient.

Incumbents may participate in the employee selection process, training, coaching and mentoring of employees.

**REPRESENTATION UNIT:** SEIU - Supervisory

### EXAMPLES OF ESSENTIAL DUTIES:

(Depending on the area of assignment, duties may include, but are not limited to, the following)

- Plan, assign, and direct the work of a unit of Clinical Documentation Improvement Specialists.
- Develop and deliver training and education to clinical, CDI and coding professionals regarding CDI practices, coding and documentation requirements.
- Actively communicate with providers to clarify information and to communicate documentation requirements for appropriate diagnoses based on severity of illness and risk of mortality.

- Develops and recommends policies and procedures; develops written procedures to clarify or describe standard practices; coordinates the publication and dissemination of procedures.
- Ensure admission reviews of patients' records are completed within 24-hours of notification of admission to evaluate and analyze documentation in order to assign the principal diagnosis, pertinent secondary diagnoses, and procedures for accurate and optimal CMS-Diagnostic Related Group (CMS-DRG) assignment.
- Initiate and perform concurrent documentation reviews of selected inpatient and outpatient records to clarify conditions/diagnoses and procedures where inadequate or conflicting documentation exists, and conduct follow-up reviews as necessary.
- Develop and implement methods of improving the clarity, accuracy, and completeness of clinical documentation; monitor and evaluate coding outcomes and provide periodic status to medical center departments and committees.
- Communicate with and serve as a resource for physicians, nurses, and other healthcare providers to facilitate complete and accurate documentation of the patient record; query physicians regarding missing, unclear, or conflicting medical record documentation and obtain additional documentation; keep physician leaders informed of pertinent data, documentation trends, and opportunities for learning and improvement related to documentation integrity.
- Collect data for performance improvement and report findings and outcomes; participate in the analysis and trending of statistical data for specified patient populations to identify opportunities for improvement.
- Participate in revenue cycle meetings, providing data relative to reimbursement concerns; educate physicians and healthcare providers regarding documentation matters related to coding, billing, and reimbursements.
- Select, train, assign, discipline, and evaluate the work of an assigned staff; write and discuss work performance evaluations.

**RECRUITING GUIDELINES:**

**OPTION I**

Education: Graduation from an accredited college or university with a Bachelor's degree in nursing.

Experience: Four years of Registered Nurse experience in an acute care hospital.

License/Certificate: Must possess and maintain a current valid license to practice as a Registered Nurse in the State of California.

Possession of valid Basic Life Support (BLS) Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) certificates issued by the American Heart Association for professional healthcare providers.

**OPTION II**

Education: Graduation from an accredited college or university with a Bachelor's degree in Health Information Management or Health Information Technology.

Experience: Five years of professional coding and abstracting medical records in an acute care hospital.

Certificate: Possession of valid certification as a Certified Coding Specialist (CCS), Registered Health Information Technician, or Registered Health Information Administrator issued by the American Health Information Management Association.

### OPTION III

Education: Completion of Doctor of Medicine degree.

Experience: Two years of clinical documentation improvement experience in a healthcare setting.

Certificate: Possession of valid certification as a Certified Coding Specialist (CCS), Registered Health Information Technician, or Registered Health Information Administrator issued by the American Health Information Management Association. Certification in Clinical Documentation preferred.

Knowledge of: The principles and practices of public and/or business administration; principles and practices of organizational analysis, fiscal management, budget preparation and control and contract monitoring and personnel management; principles and practices of supervision; coding, abstracting, and terminology systems such as: International Classification of Diseases, Clinically Modified (ICD-10), and Current Procedural Terminology (CPT- 4); comprehensive medical terminology covering a wide variety of medical specialties; clinical documentation standards; federal, state, and local laws and regulations governing professional aspects of nursing; payor source documentation requirements and governmental regulations affecting reimbursement.

Ability to: Analyze administrative problems, reach practical and logical conclusions, and put effective solutions into practice; develop cooperative working relationships; plan, organize, train, supervise and evaluate the work of others; prepare clear and concise reports; analyze and interpret the technical elements of a medical chart; analyze, code, and abstract complex technical data from medical records covering a wide variety of medical specialties utilizing an encoder and electronic abstracting system; prepare and maintain concise and complete records and reports; establish and maintain effective working relationships with physicians, patients and fellow employees; effective communication skills.

#### **OTHER REQUIREMENTS:**

License: Possession of a valid California Driver's License.

#### **PRE-EMPLOYMENT:**

All employment offers are contingent upon successful completion of both a pre-employment physical exam, including a drug/alcohol test, and a criminal background investigation, which involves fingerprinting. (A felony or misdemeanor conviction may disqualify the applicant from County employment.)

#### **PROBATIONARY PERIOD:**

As an Approved Local Merit System, all County of Riverside employees, except those serving "At Will," are subject to the probationary period provisions as specified in the applicable Memorandum of Understanding, County Resolution, or Salary Ordinance. Temporary and Per Diem employees serve at the pleasure of the agency/department head.