



POSITION DESCRIPTION

Date	May 2022
Position Title	Clinical Documentation Specialist
Division	Quality and Governance
Reports to	Manager - Quality

SECTION 1

Mission, Vision and Values

Mission: - To deliver the highest quality healthcare experience for patients

Vision: - To be the preferred choice of Doctor's, Staff and Patients, recognised for the provision of high-quality medium acuity surgical services and palliative care.

Values: Bethesda Health Care is committed to and promotes the following values:

- Teamwork – we create an environment of unity and togetherness
- Respect – we recognise and acknowledge the uniqueness and value of every individual
- Integrity – we demonstrate honesty and trust
- Compassion – we work to express God's love through a caring expression of kindness, tolerance and tenderness
- Excellence – we excel in all that we do so that we can promote the mission of our hospital
 - Professionalism – we have pride in the high level of care and service we offer

Staff are expected to demonstrate these values in the way they work and to live the positive behaviours as described in the Bethesda Health Care Code of Conduct.

SECTION 2

Position Summary and Role Purpose

The Clinical Documentation Specialist (CDS) is responsible for ensuring the clinical documentation in the patient medical record files is complete, specific, and accurate to ensure the complexity of the episode of care is appropriately translated improving the quality of care provided to patients.

The clinical documentation must meet the key Australian Coding Standards to ensure all conditions and procedures can be coded in full to ensure appropriate remuneration for patients' episodes of care.

SECTION 3

Key Working Relationships

INTERNAL	EXTERNAL
Manager – Quality	Surgeons
Executive Manager Clinical Governance	Anaesthetists

Executive Manager Clinical Operations	Specialist Physicians
Executive Manager Finance & Support Services	Allied Health Professionals
Health Information Manager	
Clinical Coder	
CNM's Surgical and Palliative Care	
Ward staff	
Hospital Medical Officer	

SECTION 4

Key tasks, Responsibilities, Outcomes and Activities

Administrative

- Act as an advisor to clinicians (nursing, medical and allied health) regarding complete and accurate inpatient documentation.
- Deliver formal and informal education to clinical staff on identified clinical documentation improvement opportunities
- Work collaboratively with the health care team to facilitate accurate, complete, and timely documentation within the medical record to support the patient's episode of care.
- Ensure a high quality, efficient and effective service provision by providing contemporaneous pre-discharge review of the clinical documentation in the medical record to ensure that co-morbidities/complications are documented appropriately.
- Build a positive, collaborative relationship with medical staff to provide a platform where queries are made as necessary via written/verbal communication to obtain accurate and complete clinical documentation that supports appropriate DRG allocation.
- Collaborates with clinicians to identify principal diagnosis options, additional diagnoses, and procedures, to assign working DRGs.
- Identify opportunities and priorities for inpatient clinical documentation improvement and instigate clinical documentation improvement initiatives where documentation is not currently in place, or not effective.
- Work collaboratively with the Health Information Manager and clinical coders to identify and target areas for clinical education and clinical documentation improvement including the review of clinical coding queries and coding audit findings.
- Act as a liaison between the clinicians and the coders with the goal of creating mutual understating of the multiple uses of medical record documentation.
- Protect hospital revenues through ensuring compliance with documentation standards and health fund regulations.
- Improve the quality of documentation to support best clinical practice and ability to be appropriately remunerated for patient care.
- Contribute to the development and implementation of clinical documentation guides and resources for clinical staff, both employed and accredited.

SECTION 5

Health, Safety and the Environment

- Adhere to policies, procedures, and standard operating procedures
- Report incidents, hazards, and injuries
- Use personal protective equipment as required and directed
- Raise OSH issues with OSH representative/s
- Promote a safe work environment by assessing the work environment and not misusing or bypassing systems of equipment

SECTION 6
Quality and Risk

- Record initiatives and issues in RiskMan
- Abide by Bethesda Health Care’s Code of Conduct, Occupational Health and Safety legislation, Equal Opportunity Act
- Complete mandatory training and participate in development reviews

SECTION 7
Partnering with the Consumer

- Acknowledging patients, responding to general nonclinical queries, providing assistance as appropriate, encouraging the use of formal feedback systems

SECTION 8
Selection Criteria

Qualifications
<p>Essential</p> <ul style="list-style-type: none"> ▪ Current Police Check. (No more than 6 months old) ▪ Clinical Documentation Specialist Certification or willingness to work toward same.
Knowledge
<p>Essential</p> <ul style="list-style-type: none"> • Knowledge of related medical record documents • Knowledge of disease processes and related procedures • Strong and broad-based clinical knowledge and understanding of pathology/physiology of disease processes • High level of verbal and written skills including demonstrated ability to effectively engage, influence and motivate and to educate and coach clinicians. • Demonstrated knowledge of Microsoft Applications. <p>Desirable</p> <ul style="list-style-type: none"> • Knowledge of hospital based clinical coding processes, the International Classification of Diseases (ICD-10-AM) and Diagnostic related Groups (AR-DRGs) and how they relate to inpatient funding. •
Skills

<p>Essential</p> <ul style="list-style-type: none"> • Highly developed communication skills, both written and verbal • Demonstrated ability to connect with key stakeholders • Demonstrated ability to develop and maintain positive, trustworthy relationships with external specialist medical practitioners and internal staff. • Demonstrated ability to adapt core messaging to different settings. • Ability to work independently in a time-oriented environment • Demonstrated ability to follow a process, organise and prioritise. • Demonstrated characteristics of persistence, resilience and motivation. • Demonstrated attention to detail. • Ability to quickly acquire knowledge of computer-based applications relevant to the position. <p>Desirable</p> <ul style="list-style-type: none"> • Understanding of 3M Codefinder / Turbocoder.
Experience
<p>Essential</p> <ul style="list-style-type: none"> ▪ A minimum of 5 years' post graduate experience in acute surgical/medical nursing and AHPRA registration as a Registered Nurse or a Bachelor's/Master's degree in, Allied Health, Medicine or Health Information Management <p>Desirable</p> <ul style="list-style-type: none"> ▪ Previous experience as a Clinical Documentation specialist, clinical coder or similar role.

SECTION 9
Acceptance of Position Description

Employee

Date

Manager

Date