

## Book review

# Successful collaboration in healthcare—a guide for physicians, nurses and clinical documentation specialists

Colleen Stukenberg

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This book addresses an important topic, especially for health professionals engaged in integrated care (IC). Also, the book is easy to read with about 120 pages in a fluent language that you feel is based on first hand personal job experiences.

Colleen Stukenberg is a certified nurse with more than 20 years' experience from a variety of hospital areas, a master's of science degree in nursing and specialization in health care education. The uniqueness of her approach to collaboration in health care is that she writes from her personal experiences developing a hospital post as a clinical documentation specialist (CDS) as the base for better collaboration rather than departing from a theoretical approach to organization.

Chapter 2 'Building Trust and Communication' outlines in 20 pages the general framework of the book: the key to collaboration in health care is better communication to overcome barriers and the root of communication is different communication styles:

- Aggressiveness
- Passive-aggressiveness
- Passiveness
- Assertiveness

This simple differentiation of personality profiles which are fairly described indicates an implicit inspiration from the psychological transaction analysis of Berne (TA). However, this line of inspiration is not explicated in the book. To overcome the personality differences assertiveness is stated as the important personality trait and a practical communication template (*SBAR*: Situation, Background, Assessment and Recommendation) from the Institute for Healthcare Improvement is presented and recommended. This is definitely the best part of the book, although,

a direct reference to TA would have increased the scientific credibility!

Chapter 3 outlines in the next 20 pages the impact of better collaboration on quality and finance. This part is closely based on the American diagnosis-related groups (DRG) used by hospitals to bill insurance companies. The pragmatic description of billing problems is probably of interest to Americans, only. For a broader international audience including Europeans I am missing a theoretical foundation of both the concepts of quality and finance.

- Regarding quality it would be relevant to base the concept of *lean* as elaborated in another recent book from the same publisher [1]. This parallel seems obvious as there is a growing interest in the study of clinical pathways as the core of the integration of care across settings.
- Regarding finance it would be relevant to base the concept of cost-effectiveness (CEA). CEA and related methods of economic evaluation are relevant for a societal evaluation of the usefulness of an intervention. Sticking to DRG subtleties, only, the guidance serves private hospital profit instead of societal benefit.

In all, these are serious weaknesses for a book aiming to guide the collaboration between key professionals at a hospital.

Chapter 4 elaborates in 25 pages the description of the CDS function which basically is a cross-departmental linking pin that may be anchored in either health information management, quality assurance or case management. Focusing accuracy of physician documentation based on coding skills the CDS may be accepted by leading clinicians. A special CDS Worksheet is presented and the pros and cons regarding unit-based versus physician-based job affiliation are discussed. Finally, the question of queries from the CDS to physicians is elaborated using an American standard structuring these queries in questions of 1) legibility, 2) completeness,

3) clarity, 4) consistency and 5) precision. This part is qualified by data collection by the author on her CDS-activity for four consecutive months. The CDS deals with about 500 discharge charts per month with a total of about 2000 queries per month which more than 80% are concurrent queries. These queries lead to changes in the DRG of about every fourth discharge which increases the billing amount many fold more than the salary of the CDS. In all, this is an informative chapter.

Chapter 5 outlines in 15 pages an educational program for the CDS which focuses training in terms relevant to coding—billing and the skill to make queries to physicians. The section on documentation queries is one of the most useful sections in the book.

Chapter 6 discusses in 13 pages the relationship between the CDS and the case manager. This discussion clearly reflects the difference between a private American and a public European health care system. In the American system, the primary focus is on the billing issue serving the financial interest of private hospitals by a strong CDS function. In a European public health system, the primary focus would be a patient-centric case management of concurrent patient care with a view to societal costs gathering the CDS and case manager in one integrated function.

The over-all assessment of the book has should differentiate sharply between American and European health care systems. Using a scale from 1 to 5 (poor, acceptable, good, very good and excellent) I shall summarize the over-all assessment as follows:

From the point-of-view of a private-for-profit American hospital the book is good as an introduction to a new inter-departmental function as clinical documentation specialist (3 stars for introduction to an American CDS). For a hospital in a European public health care system there is still a great need for a basic guide in integrated care which should integrate the CDS and the case manager functions from over-all patient-centrism. However, this book has to be rewritten to serve this purpose.

Despite the age of the book, the best existing introduction to organized collaboration in healthcare across administrative settings is to my knowledge the book by Alter and Hage from 1993 [2].

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## References

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