

# Fast track to CDI improvement: Mary Greeley Medical Center's journey

## Organization profile

Mary Greeley Medical Center (MGMC), located in Ames, Iowa, is a 220-bed healthcare facility with more than 9,000 annual inpatient admissions. Known for its focus on quality, safety and transparency, MGMC is a [2019 Malcolm Baldrige National Quality Award](#) recipient and Magnet-recognized by the American Nurses Credentialing Center. In addition to earning this prestigious designation, MGMC's consistent adherence to its strategic priorities—especially its [Big Dot Goals](#)—has been a key driver of its performance excellence. These priorities not only reflect the commitment to high-quality care and operational excellence but also position MGMC as a high-achieving organization.

This strong foundation enabled them to fully leverage the Solventum solutions and tools, further enhancing their capabilities. In many ways, this partnership's success is a testament to the strength and discipline already embedded in MGMC's culture.

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## Solventum technologies and services:

- [Solventum™ Advanced CDI Transformation Program](#)
- [Solventum™ Performance Data Management \(PDM\)](#)
- [Solventum™ 360 Encompass™ System](#)
- [Solventum™ Performance Advisory Services \(PAS\)](#)

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## Challenge: gaps and fragmentation

Despite its strong clinical reputation, MGMC's leadership identified several performance gaps tied to clinical documentation integrity (CDI). The organization struggled with:

- Higher-than-expected length of stay (LOS) statistics compared to peers
- Lower case mix index (CMI) relative to Centers for Medicare & Medicaid Services (CMS) and Iowa Hospital Association benchmarks

Extended LOS strained resources, staffing, supplies and beds, while reducing throughput and increasing operational costs. At the same time, documentation gaps limited the capture of severity of illness (SOI) and risk of mortality (ROM), impacting both financial performance and quality reporting. Further complicating matters, MGMC's CDI program, although several years in, had become stagnant and outgrew its third party application. The program was also experiencing high staff turnover and fragmented workflows.

## Solution

To address these issues, leadership sought a partner to:

- Build a comprehensive, sustainable CDI program
- Align teams across CDI, coding and quality
- Provide integrated training for staff and providers
- Create measurable financial and quality outcomes
- Offer a clear path to ROI, reinforced by shared accountability

## Developing distinctive CDI

MGMC partnered with Solventum to launch a five-year engagement plan centered on the Solventum ACT program. Supported by Solventum 360 Encompass, Solventum PDM and Solventum PAS, the strategy focused on building CDI excellence and empowering program transformation.

## Technology and data insights

Implementing Solventum 360 Encompass created a unified foundation for CDI and coding, enabling concurrent reviews and real-time documentation optimization. Solventum PDM delivered timely visibility into case mix index (CMI), SOI/ROM, and diagnosis related group (DRG) capture opportunities, empowering MGMC to benchmark against national and peer groups and cohorts using Solventum™ Client Comparative Benchmarks, while surfacing missed financial and quality opportunities.

## Process redesign and staffing changes

Solventum consultants partnered with MGMC leadership to reframe CDI operations. The department experienced some turnover when one clinical documentation specialist (CDS) retired and two others received promotions. To fill the gap, they hired one CDS but still had two open positions. MGMC went from the CDSs reporting to the quality team to three CDSs reporting into HIM, ensuring stronger alignment with coding. Workflows were redesigned to emphasize shared accountability, with ongoing reporting and mortality review processes built-in to sustain progress.

## Building capability through education

Education and training were the cornerstone of MGMC's transformation, with new staff creating a great opportunity to revamp the CDI program. Solventum provided:

- **Chart-based training:** A 100-chart review identified documentation gaps, which informed the development of a tailored training plan addressing those areas of improvement.
- **Inpatient CDI and coding education:** Two weeks of interactive, major diagnostic category (MDC) based training with specific condition and case examples, aligned CDI and coding staff.
- **Quality education:** A week focused on quality concepts such as value-based purchasing, hospital acquired conditions (HACs), patient safety indicators (PSIs), potentially preventable readmissions and complications (PPR and PPCs), hierarchical condition category (HCC) and proper patient placement designed for CDI, coding and quality staff.
- **Physician engagement:** Solventum introduced physician-to-physician (P2P) education, pairing physician consultants with peers to deliver specialty-specific guidance using real MGMC cases.
- **Follow-up training:** Regular 25-chart reviews reinforced lessons learned and created an ongoing cycle of education and accountability.

A physician champion was also appointed, supported by the CFO and physician leadership, to drive home the importance and benefits of physician participation. This role helped drive provider participation well above Solventum's best-practice benchmark of 70% of providers responsible for 75% of admissions.



**Contract signed**  
March 2024

**Project planning**

April 2024

**Assessment chart review**

May 2024

**Assessment findings**

July 2024

**Implementation training**

September 2024

**Shared accountability minimum financial objective met**

October 2024

**Post Solventum 360 Encompass shadowing**

April 2025

**Kickoff**  
April 2024

**Deep dive implementation methodology review**

June 2024

**P2P training**  
August 2024

**Quality training**  
October 2024

**Solventum 360 Encompass go live**  
January 2025

**Solventum Summit award winner**

July 2025

**Performance reporting and coaching - Year 1**

October 2024

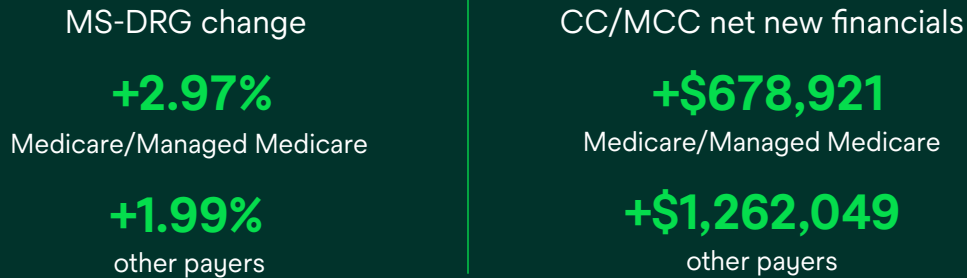
## The results

Through the Solventum ACT program, Mary Greeley Medical Center built a stronger, more engaged CDI program with better physician buy-in that delivered measurable improvements across quality and financial performance.

While the multi-year engagement continues, improved operational throughput and sustainable workflows are supported by ongoing consulting, chart reviews and training.

# \$1,126,969

## Total program financial impact

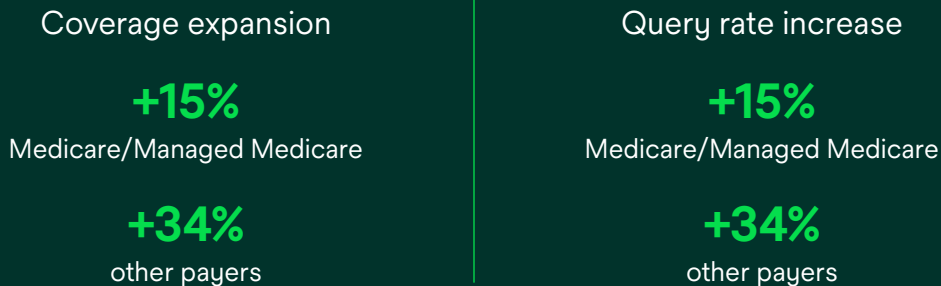


SOI Increased by **0.9%** in other payers

ROM improved by **83%** in Medicare/Managed Medicare populations



## CDI program performance



## Increased physician engagement

Physician response rate: Maintained above **90%** across all payers

Physician agreement rate: Maintained above **90%** for Medicare/Managed Medicare

## Conclusion

The MGMC journey illustrates how technology, process and education can combine to create lasting CDI transformation. By partnering with Solventum and implementing the Solventum ACT program, MGMC not only addressed immediate challenges but also built a sustainable framework for continuous improvement.

This partnership underscores a key truth: Meaningful CDI improvement requires more than software. It takes consulting expertise, CDI and coding team buy-in and commitment, provider engagement and shared accountability to achieve results that are financially impactful, clinically meaningful and operationally sustainable.



## Contact Solventum today

For more information on how our software and services can assist your organization, contact your Solventum sales representative, call us at 800-367-2447, or visit us online at [Solventum.com](https://www.solventum.com).

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