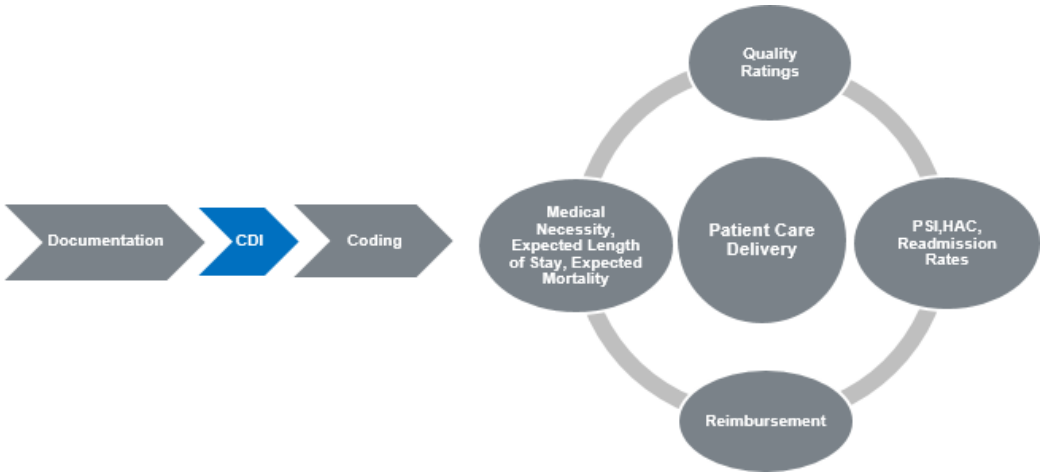
OhioHealth Inpatient Clinical Documentation Integrity

Your documentation is the only reflection of your care in patient's stay



Provider Documentation Opportunities

- *Attending provider's documentation* is captured as *final when conflict exists*
- *Clarify condition etiology with supporting documentation* or if not supported, note the condition is "ruled out" or "resolved"
- *Conflicting and inconsistent* documentation: CDS will query for clarifications of what other providers and ancillary staff have stated in patient record
- *POA status* of diagnoses
- *Link diagnoses* with conditions, pathology findings, test results
- Accurate discharge summary *reflective of entire patients stay* including *likely or suspected diagnoses*
- *Inaccurate inconsistencies* caused from *copy and paste*

Completing Query Process in Care Connect

View Queries in Care Connect

Incomplete Note

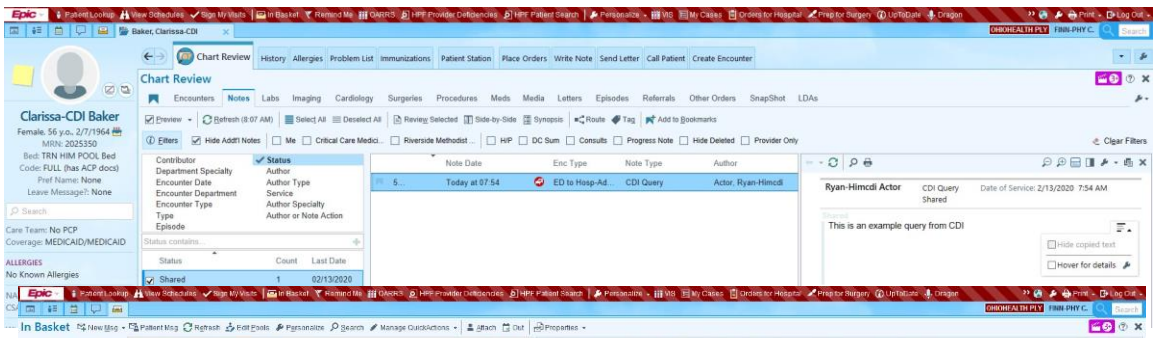
In Basket

Answer Queries in Care Connect

Progress Note, Discharge Summary

Attestation Note, Quick Note (carry query documentation through in next day progress note)

Incomplete Note



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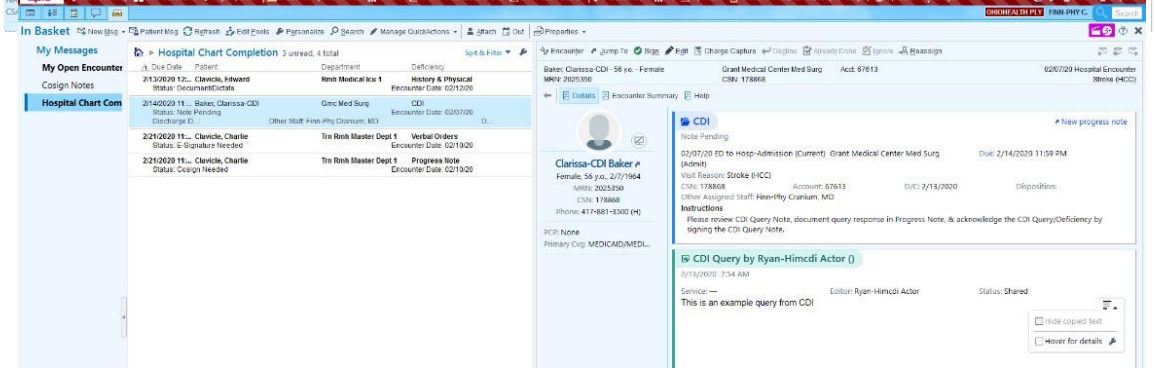

ALWAYS DOCUMENT

- The status of each diagnosis whether confirmed, ruled out, likely, suspected or resolved.
- The condition necessitating Inpatient admission from Observation status.
- All conditions as current not as "history of" if they are being treated, monitored, or impacting patient care.
- The diagnoses that correspond with abnormal test results (labs, radiology, etc.) and pathology findings. The provider must review, interpret, and document the clinical significance of these results in the medical record. ***Test results such as diagnostic, lab, pathology, and radiology auto-populated or copy/pasted in the medical record are not sufficient for the capture of diagnoses.***
- With as much specificity (type) of a diagnosis as possible. For example: *"non-rheumatic valvular heart disease with tricuspid insufficiency and/or aortic stenosis", "metabolic" encephalopathy, or type 2 diabetes with nephropathy."*
- The acuity of the condition: acute, chronic, or acute on chronic. For example: *acute* endocarditis or *acute on chronic* cystitis.
- In the progress note or quick note and carry through to the discharge summary all likely, probable, or suspected diagnoses.

LINK

- Signs and symptoms to suspected or known diagnoses.
- Infections to organisms.

SYMBOLS AND ABBREVIATIONS

- Symbols are not acceptable in general documentation. Their meaning can be misinterpreted.
- Abbreviations are acceptable only if found in *Dorland's Medical Abbrev/Acronyms*, available on eSource: *https://ohesource.ohiohealth.com/Clinical/default.aspx*. When in doubt, use words, not abbreviations, to accurately capture a patient's condition.
- Diagnoses with "versus", "vs", "Differential" or "DDx" cannot be captured in general documentation.

POA STATUS

- Diagnoses documented in the H&P or the first admission progress note as well as many chronic conditions listed in medical history with continued treatment in current hospital stay would be considered POA. In this scenario POA status does not need to be restated. For example, diabetes, diastolic heart failure, COPD, CKD (stage).
- ***If 'after study" the new diagnosis has been determined to be POA, specify accordingly with POA status within your documentation.***
- Present on Admission is defined as present at the time the order for inpatient admission occurs — conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery, are considered **POA** and do not need to be restated as such**.**
- *Some conditions to consider are ulcers (type, location), sepsis, catheter associated UTI, central line associated bloodstream infection, DVT and PE, DKA, acute respiratory failure, electrolyte disturbances, coagulopathies.*

CDI eSource Site: Clinical Documentation Integrity - Home (sharepoint.com)

Severity of Illness Progression TIPS

Low Severity	Medium Severity	High Severity
	Respiratory	
Asthma (specify type) COPD Infiltrate Fluid Overload Hypoxemia, Hypoxia Respiratory Distress (Acute) Respiratory Insufficiency Obstructive Sleep Apnea (OSA)	Asthma exacerbation COPD exacerbation, COPD w acute lower respiratory infection Pulmonary Edema (chronic) Chronic Respiratory Failure with Hypoxia, Hypercapnia Respiratory Acidosis (chronic), Respiratory Alkalosis Pleural Effusion not related to CHF Air Leak (persistent, post-op) Atelectasis Morbid (Severe) Obesity w Alveolar Hypoventilation Syndrome	Acute Pulmonary Edema (non-cardiac etiology) Acute Respiratory Failure with Hypoxia, Hypercapnia Acute Respiratory Acidosis Acute Respiratory Distress Syndrome (ARDS) Respiratory Arrest Acute or chronic pulmonary insufficiency following surgery
	Infectious	
Febrile Illness Positive UA Positive Urine Culture Cystitis Bacteriuria Positive Blood Culture Neutropenic Fever History of Osteomyelitis Discitis Myocarditis HIV positive	Cellulitis, Abscess UTI, Acute Cystitis Pyelonephritis Bacteremia Acute Osteomyelitis, Chronic Osteomyelitis Pyogenic Discitis Wound Infection (specify if related to post-op, device, or non-healing) Endocarditis HIV disease, AIDS Resistance to antimicrobial drugs Viral Meningitis	Intra-Abdominal (abdominal cavity/peritoneal) Abscess Retroperitoneal Abscess Spinal Epidural Abscess Bacterial Endocarditis Acute or Subacute Infective Endocarditis Acute or Subacute Myocarditis Bacterial or Viral Myocarditis Bacterial Meningitis Aseptic Meningitis
	Sepsis, SIRS	
SIRS Criteria SIRS with infection	Sepsis (bacterial, viral) SIRS non-infectious without organ dysfunction	Severe Sepsis (specify organ dysfunction) Septic Shock SIRS non-infectious w associated organ dysfunction
	Pneumonia Specificity	
Aspiration Infiltrate Positive sputum culture HCAP, CAP, VAP	Bacterial Pneumonia Viral Pneumonia Gram Positive Pneumonia Pneumococcal Pneumonia Pneumonia, unspecified	Aspiration Pneumonia, Pneumonitis COVID Pneumonia Gram Negative Pneumonia Klebsiella Pneumonia MRSA, MSSA Pneumonia
	Circulatory	
ACS Angina CAD Elevated troponin CHF Diastolic Dysfunction Atrial Fibrillation Post-op Type 2 Blocks Syncope (specify etiology) Hypotension Hypertension (benign, accelerated, or malignant) Hypertensive Urgency Elevated INR Chronic Cor Pulmonale	Acute Ischemic Heart Disease Angina with Spasm, Unstable Angina Demand Ischemia Non-ischemic myocardial injury Chronic Diastolic HF (HFpEF), Chronic Systolic HF (HFrEF) Recovered HF (HFrecEF) Cardiomyopathy (specify type) Persistent Atrial Fibrillation, Chronic A Fib,Permanent A Fib, Post op A fib, Atrial Flutter Heart Block (Third Degree or Complete) NSV, PSVT,arrhythmia due to surgery Cardiac Tamponade Shock, Unspecified Hypertensive Emergency or Hypertensive Crisis Blood Coagulation Disorder Acute or Chronic DVT	NSTEMI, STEMI (within 4 weeks) Type II MI Acute Diastolic HF (HFpEF) Acute Systolic HF (HFrEF) V Fib or V Flutter Cardiac Arrest Cardiovascular Collapse Shock (Cardiogenic, Hemorrhagic, Hypovolemic, Traumatic) Acute Cor Pulmonale with PE
	Renal	
Acute Renal Insufficiency or Acute Kidney Disease Azotemia, Pre-renal azotemia Chronic Renal Insufficiency CKD without stage & stages 1, 2, 3a, 3b Glomerulonephritis	Acute Renal Failure, Acute Kidney Injury CKD stages 4, 5 Hydronephrosis Pyelonephritis Renal Secondary Hyperparathyroidism	Acute Renal Failure with ATN ESRD Hepatorenal Syndrome Acute/subacute glomerulonephritis

Low Severity	Medium Severity	High Severity
	Neurology	
AMS, Obtunded Confusion TBI without LOC Unresponsive Weakness Mass effect Midline shift TIA Seizure	Acute Encephalopathy Anoxic Encephalopathy Hypertensive Encephalopathy Delirium due to drugs Dementia with Delirium, Post-op Delirium Dementia with Behavioral Disturbances Concussion or TBI with positive LOC Hemiparesis or Hemiplegia Right or Left Sided Weakness due to CVA ICU Myopathy (Critical Illness Myopathy) Auditory Hallucinations Hydrocephalus Focal seizure Status epilepticus	Metabolic Encephalopathy Toxic Encephalopathy PRES (posterior reversible encephalopathy syndrome) Unconsciousness, Coma Brain Death Functional Quadriplegia Hemorrhagic Conversion of CVA Brain Compression, Brain Herniation, Cerebral Edema, Vasogenic Edema Individual Glasgow Coma Scale Scores with traumatic brain injury
	Gastrointestinal and Hepatobiliary	
Appendicitis Acute abdomen Cholecystitis Gallstones without obstruction Gastritis Reflux esophagitis Ulcer (Gastric, Peptic or Duodenal) Transaminitis Decompensated Cirrhosis or Liver Diverticulosis without bleeding Constipation Hepatic encephalopathy Liver Injury	Acute Appendicitis Cholangitis, Hydrops of Gallbladder Acute or Chronic Cholecystitis Gallstones with obstruction Oral Thrush or Candidiasis Candida or Ulcerative Esophagitis GI Bleed Acute Ulcer (Gastric Peptic, Duodenal) C. diff. Enteritis, C. diff. Diarrhea Infective Colitis Diverticulitis Ascites Portal HTN Esophageal Varices without bleeding Chronic Ischemic Bowel Chronic Pancreatitis Small Bowel Obstruction Malabsorption, Steatorrhea Traumatic Liver Injury (Minor or Grade 1 or 2)	Acute Appendicitis w generalized peritonitis w abscess Acute Appendicitis w perforation w or without abscess Biliary Obstruction Ulcerative Esophagitis w bleeding Gastritis (acute, chronic, or alcoholic) with hemorrhage Acute or chronic ulcer (specify Gastric, Duodenal, Peptic) w hemorrhage or perforation Esophageal Varices with bleeding Shock Liver, Acute or Subacute Hepatic Failure Acute Ischemic Bowel Acute Pancreatitis Diverticulosis with hemorrhage Portal Vein Thrombosis Peritonitis, SBP Traumatic Liver Injury (Moderate, Major or Grade 3 or 4)
	Hematology	
Anemia due to blood loss Thrombocytopenia, Neutropenia, Leukopenia Supratherapeutic INR Cytokine release syndrome- unspecified, grade 1, or grade 2	Acute Blood Loss Anemia, Postoperative Blood Loss Anemia Drop in Hemoglobin or Hematocrit Pancytopenia Coagulopathy Bleeding enhanced by anticoagulant use (specify drug) Cytokine release syndrome- grade 3, 4 or 5	Hemorrhagic Shock, Traumatic Shock Pancytopenia due to chemotherapy or other drugs DIC, Consumptive Coagulopathy Tumor Lysis Syndrome
	Endocrine	
BMI over 40 BMI under 19 Low Albumin Failure to Thrive Hyperglycemia Electrolyte Abnormalities Unspecified Adrenal Disorder Elevated Lactate Increased Anion Gap	Obesity (Morbid) – BMI ≥ 40 Underweight – BMI ≤ 19 Cachexia or Emaciation Undernourishment, Undernutrition Moderate Malnutrition DM Uncontrolled with hyperglycemia DM Uncontrolled with hypoglycemia Hyponatremia, Hypernatremia, SIADH Adrenal Insufficiency or Adrenal Crisis Acidosis – Lactic, Metabolic	Severe Protein-Calorie Malnutrition DM (type 1,2) with hypoglycemia with coma DKA with or without coma DM2 with Hyperosmolality (HHS)
	Skin	
Erysipelas Skin Breakdown Skin Wound Skin Ulcer Pressure Injury (Ulcer) Necrotizing Soft Tissue Infection Necrotizing Myositis Necrotizing Cellulitis	Abscess Cellulitis Gangrene Skin or Subcutaneous Necrosis Chronic Non-Pressure Ulcer, lower limb Pressure Injury (Ulcer) I, II – please specify if POA, location, and stage or depth (Stage and depth can be deferred to Wound Care RN)	Gas Gangrene Necrotizing Fasciitis Pressure Injury (Ulcer) III, IV – please specify if POA, location and stage or depth (Stage and depth can be deferredto Wound Care RN)