

# Best Practice for Quality Clinical Documentation



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# Welcome



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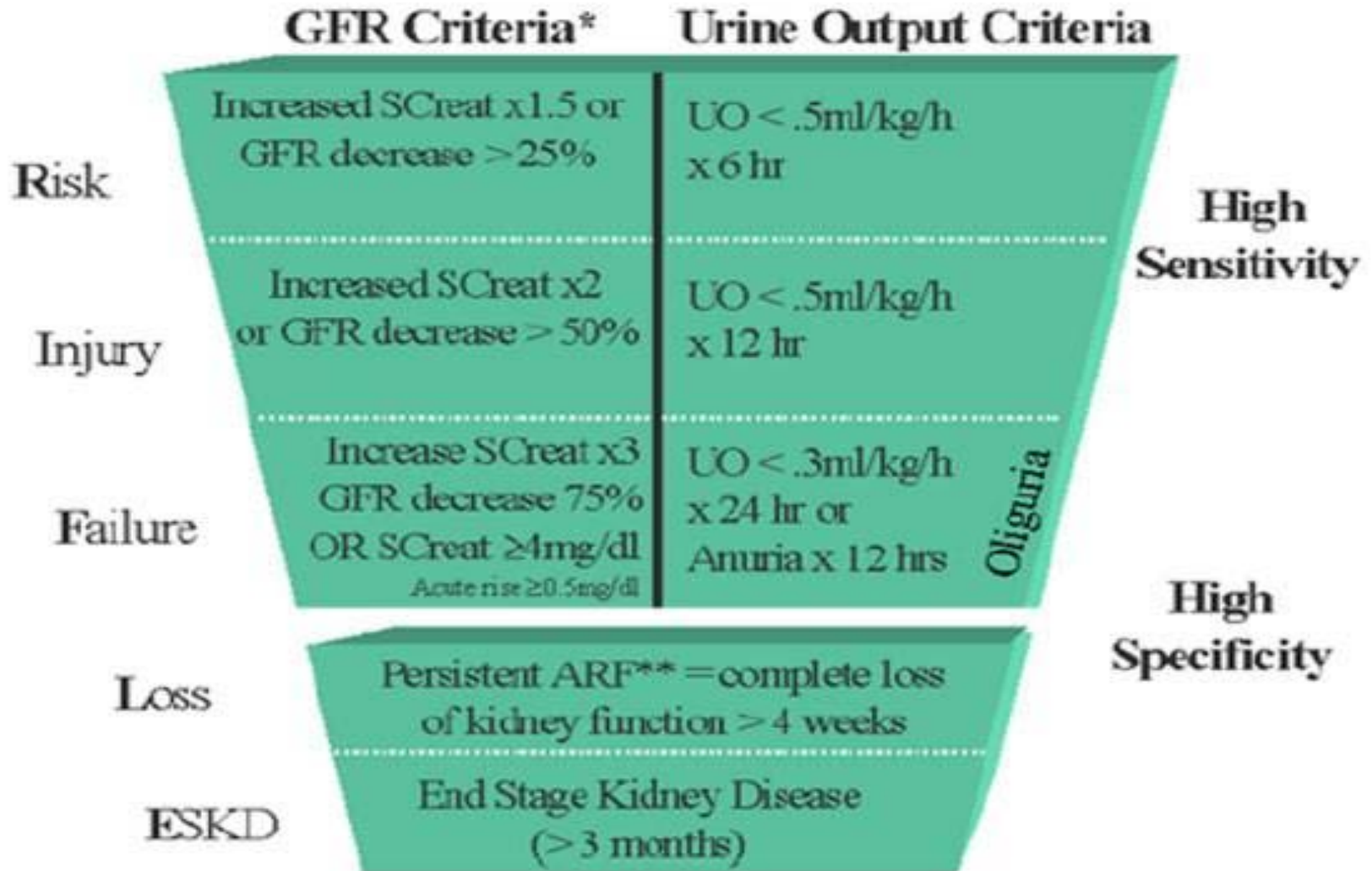
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## Top Three Queries

- AKI/ARF/CKD
- Congestive Heart Failure
- Respiratory Failure





Stage	Description	GFR
1	Kidney damage w/ normal or > GFR	> or = 90
2	Kidney damage w/ mild < GFR	60-89
3	Moderate <GFR	30-59
4	Severe < GFR	15-29
5	Kidney Failure	<15 (or dialysis)

- An 78 yr. old male was admitted with DIB. Workup in the ER showed CHF, renal insufficiency, and hypokalemia. HX: CHF, CKD and dementia. Labs: Sodium 125 and 127, BNP 5004, BUN/CR 81/2.95, K+ 3.3. Patient was given Lasix 60 mg IVP, cardiac monitor, O2, ASA, and a cardiac consult and echo was ordered. He received IV NS 100cc/hr and 40Meq KDUR PO. Baseline from last admission 23/1.3. Physician documents "CKD" in his progress notes.
- Query for clarification of renal insufficiency and Acute on Chronic Renal Failure? CKD Stage? Query answered as Acute on Chronic AKI with CKD Stage 4. Query for hyponatremia placed and answered in the affirmative. Physician documented in progress notes and discharge summary.

<p>Working MS DRG 293 Heart Failure and Shock w/ no CC/MCC RW = 0.6762</p>	<p>LOS: 3.1</p>	<p>RW x Blended Rate = Financial Impact: 0.6762 x 5,979.15 = \$4,043.10</p> <p>SOI=1 ROM=1</p>
<p>Final MS DRG 292 Heart Failure and Shock with w/CC RW =0.9824</p>	<p>LOS 4.5</p>	<p>RW x Blended Rate = Financial Impact: 0.9824 x \$5,979.15 = \$5,873.92</p> <p>SOI=3 ROM=2</p>

- Complete and specific documentation is needed
- The coders cannot interpret the “clinical picture” – if it is not documented it cannot be coded. Any relationship between diagnoses must be documented and cannot be assumed.
- The DRG assignment is based solely on the physician documentation in the record
- If you receive a query, please respond as soon as possible
- We need physicians to document **all** diagnoses/conditions that are being treated, monitored, increases the length of stay or requires additional nursing care. This will help to capture severity of illness.
- Documentation should be included in the progress notes or the discharge summary
- The importance of consistent, complete documentation in the medical record cannot be overemphasized.



- e-learning through Healthstream
- Modular design
- Specialty specific
  - Significant documentation requirements
  - Most common conditions
  - Specific examples
- CMEs available
- Apps for iPhone and Android/iPads



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**THANK YOU**

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