

Clinical Documentation Improvement Tips

Queries can be answered by any provider of the current treatment team.

When documenting Debridement: Specify Type: Excisional or non-excisional, deepest level, device, location of wound

**Sharp debridement does not mean excisional

Clarify any conditions that are complications of the surgery as surgical complications

Surgical blood loss anemias that are transfused/treated, clarify if due to Acute Blood Loss Anemia

SIRS + Infection = Sepsis and should be documented as such. If postop, clarify if there is a surgical relationship

Dietary's documentation of the degree of malnutrition should be confirmed and documented by treating provider

In neoplasms, specify the primary site as well as any secondary metastatic sites

Clarify all conditions that are "present on admission" (POA), including chronic co-morbid conditions

Thank you for your partnership in providing documentation specificity through utilizing the .RCCSURGERY note templates!

Clarify specific underlying cause of "AMS": Consider acute delirium, encephalopathy (and type), sundowning, acute confusional state, chronic dementia with behavioral disturbances, etc.

CHF: Is it Acute, Chronic or Acute on Chronic? AND is it Systolic, Diastolic or Combined?

When a patient is on home O2 for an underlying chronic condition, consider: Chronic Respiratory Failure

Best practice is to include all diagnoses, relevant during the current stay, in the discharge summary

Document all diagnoses with related evaluation, monitoring and/or treatment in your progress notes.

When documenting an MI: specify type, site and vessel, acuity, and specify if previous MI was within the past 4 weeks or greater

When documenting Pneumonia: Specify organism, cause, location, acuity, and associated conditions.

When documenting Respiratory Failure: Specify: acute, chronic, or acute on chronic, and with hypoxia or hypercapnia

Validate appropriate diagnoses from radiology and lab results/reports (path results, x-ray results, cultures, etc.)

Provide etiology for low BMI when appropriate. Consider underweight, malnutrition (mild, moderate, severe), in patients with low BMI or other nutritional deficits

Instead of using “Multi-system organ failure”, identify all specific organs/organ systems involved

When documenting A-Fib: Specify type: Paroxysmal, Persistent, Chronic, Permanent

When documenting Asthma: Specify type: Mild intermittent, Mild Persistent, Moderate Persistent, Severe Persistent

When documenting Hepatic Failure: Specify Acuity, with or without Coma, and Etiology: Alcohol, drugs, postprocedural, etc

Pressure ulcer: Document site, and if present on admission (POA)

It is acceptable to use “probable”, “suspected”, “likely” and “unable to rule out” when clarifying a condition

Always specify acuity of a diagnosis and all associated conditions.

When documenting End Stage Liver Disease (ESLD): also specify if with Chronic or Acute on Chronic Liver Failure