

Clinical Documentation Query

The Notes/Reminders/Queries Component is located on the Manage Specialty Workflow and the Discharge - Provider MPAGE.

Best practice is to address any queries from Clinical Documentation Improvement (CDI) specific to the provider's group/specialty throughout a patient's hospitalization and add diagnoses to the Problem List Component as well as the dynamic documentation note.

Manage Hospitalist Workflow

Notes/Reminders/Queries (3)

Problem List

Documents (4)

Click on the subject title to view query.

Notes/Reminders/Queries (3) Selected Visit

Documentation Queries (1) ?

Subject

THV Atrial Fibrillation

If the provider agrees with a diagnosis:

1. **Add** the diagnosis to the Problem List Component of the workflow.
- AND**
2. **Change** the diagnosis in the Assessment and Plan Component of the progress note.
3. **Click Sign.**

If the provider disagrees with a diagnosis:

1. **Add** a comment to the Provider Comments section at the top of the page.
2. **Click Sign.**

Clinical Documentation Query

Reviewer: Rita Kane Ext. 20233

Query Date: 01/25/2022 02:24:00 PM

Provider Comments:
This document is not part of the permanent medical record.
Please document medical diagnosis and treatment in progress notes, hospital summary and problem list.

PT Name:
MR #:
Acct #:
Payor:
Unit/Bed:
Adm Date:

CDI Contact Information

Acute Respiratory Change Query

By submitting this query, we are merely seeking further clarification of documentation to accurately reflect all conditions that you are monitoring, evaluating, treating or that extend the hospitalization or utilize additional resources of care.

Dear Provider

The patient's Clinical Indicators include:
 Per 1/24 2207 Focus Note - Slightly tachypneic. Very audible coarse/wheezes. Pt states difficulty breathing. Stats ok. Looks terrible. Coughing after water. .9@75 running. 2 breathing tx in last 1.5hrs.
 Per Dr. Valice, maintenance fluids to be held, pt now NPO, and HOB 30 degrees.
 1/24 0215 until 1/25 at 0830 - on 4L NC with O2 sats 92-96%

Please indicate the respiratory condition you are evaluating and/or treating:

Acute Respiratory Failure with Hypoxia
 Acute Respiratory Failure with Hypercapnia
 Acute on Chronic Respiratory Failure with Hypoxia
 Acute on Chronic Respiratory Failure with Hypercapnia
 Hypoxia without Respiratory Failure
 ARDS (Adult Respiratory Distress Syndrome)
 Other (please specify in progress note)
 Unable to Determine (please indicate unknown in progress note)
 Unknown

*****Reference Criteria*****

Acute Respiratory Failure Reference Criteria

Patient must meet at least one (1) element from each category (A, B, and C)

A Signs and Symptoms
 *Altered mental status
 *Tachypnea or lowered respiratory rate
 *Dyspnea or increased work of breathing
 *Hemodynamic instability

And

B Lab Values
 *SpO2 <92%
 *OR, a dependence on greater than 4L/min of O2 through nasal cannula to prevent SpO2 from dropping below 92% and further decompensation.
 *Acute respiratory acidosis: either a pH<7.35 from an arterial sample or a pH <7.3 from a venous sample.
 *10 mmHg change from baseline for those with known chronic respiratory failure.

And

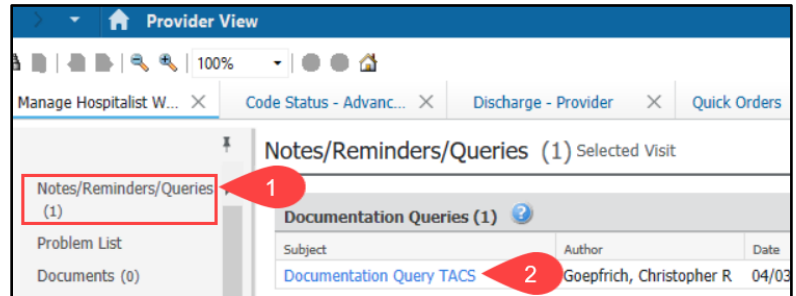
C Interventions
 *Unanticipated need for an intervention to support ventilation and/or gas exchange that is physiologically required to prevent decompensation.
 Interventions include mechanical ventilation, BIPAP, or CPAP and may also include oxygen delivered via high-flow therapy, non-rebreather mask or nasal cannula at 4L/min, provided it is administered ≥2 hours.

FOR CURRENT INPATIENTS, please add your response to the This Visit Problem List, to your Progress Note, and discuss in the Hospital Course narrative.
FOR DISCHARGED PATIENTS, please add the diagnosis by revising the Hospital Summary, Consultation Report and/or Operative Report. **HIM can no longer transcribe an addendum.** When adding the diagnosis to the Hospital Summary, please include supporting clinical evidence, treatments, and patient response to the Hospital Course Narrative. Thank you.

Addressing a Clinical Documentation Query

To complete a clinical documentation query:

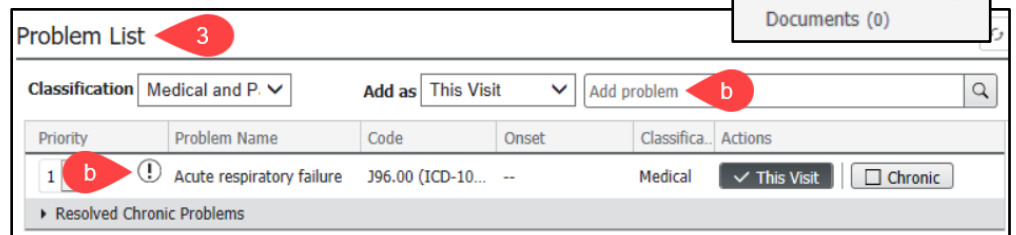
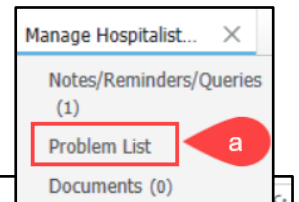
1. Navigate to the **Notes/Reminders/Queries** Component in the Manage Specialty Workflow or Discharge – Provider MPage within the Provider View.
2. Click the blue query hyperlink to read the query.



Note: The subject title of each query will contain the group/specialty the query applies to (e.g., TACS, Sound Physicians, etc.). Best practice is to address any queries specific to the provider’s group/specialty throughout a patient’s hospitalization.

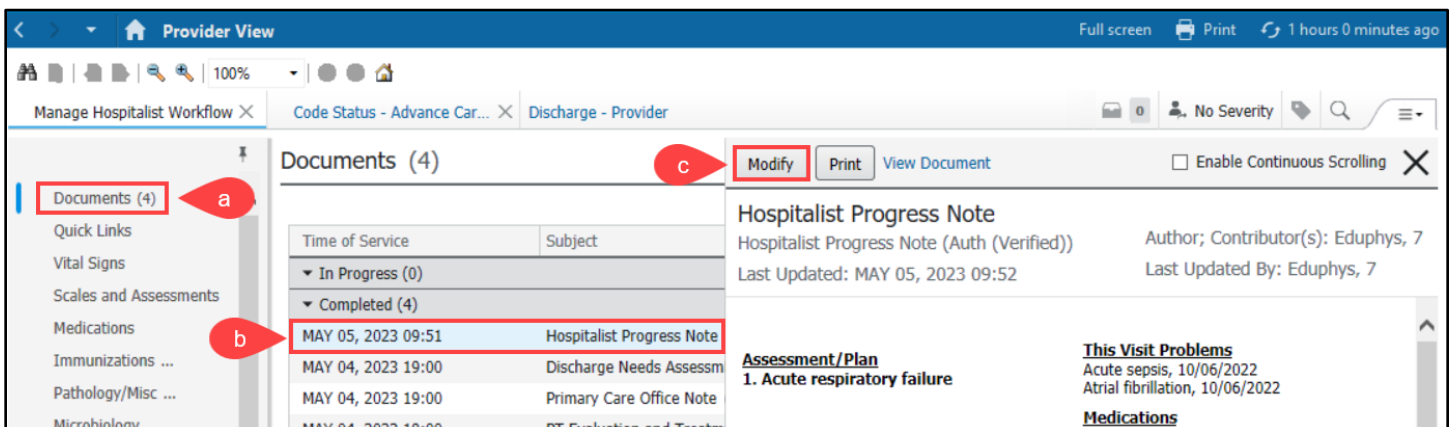
After reading the query and the provider agrees with a diagnosis:

3. **Add** the correct diagnosis to the Problem List.
 - a. Navigate to the Problem List Component.
 - b. Either type in the correct diagnosis or use the Diagnosis Assistant (by clicking on the exclamation point) to change an existing incorrect diagnosis to the correct one.

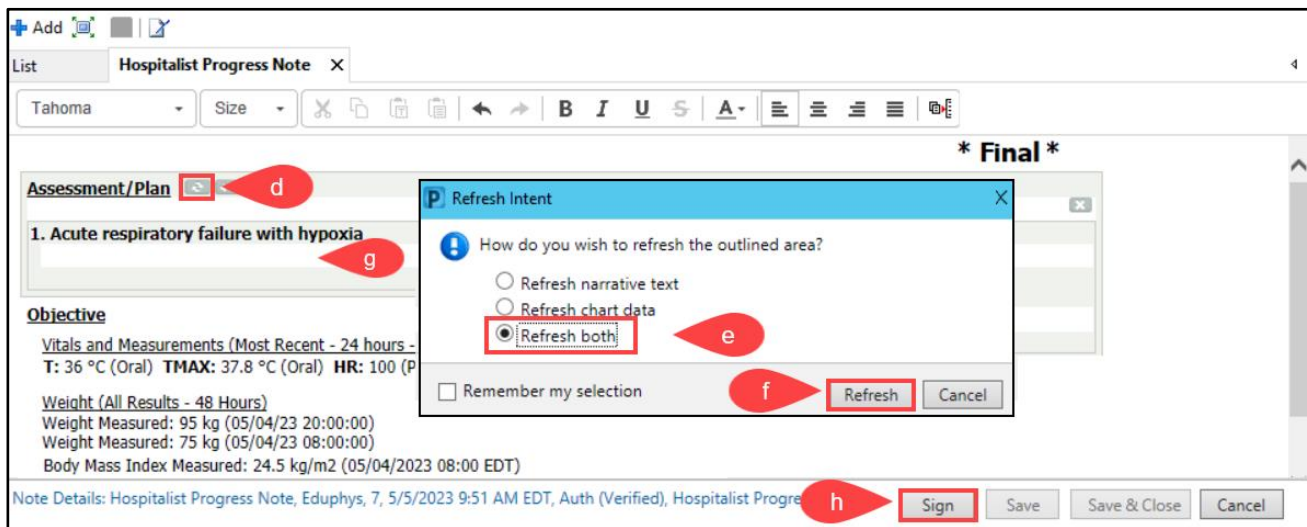


AND

4. **Change** the diagnosis in the Assessment and Plan section of the progress note. The provider who addresses the query needs to document in the chart WHY the diagnosis was added, state the rationale used, and identify the clinical indicators, labs, x-rays, etc. that led the provider to that conclusion.
 - a. Navigate to the Documents Component in the Manage Specialty Workflow.
 - b. Select the Progress Note.
 - c. Click Modify.



- d. To change the incorrect diagnosis to the correct diagnosis, click the Refresh icon in the Assessment and Plan box.
- e. Select **Refresh both**.
- f. Click **Refresh**. This will refresh the diagnoses listed in the Assessment and Plan.
- g. Below the new diagnosis, the provider who addresses the query needs to document WHY the diagnosis was added, state the rationale used, and identify the clinical indicators, labs, x-rays, etc. that led the provider to that conclusion.
- h. Click **Sign** to sign the note.



5. Return to the query in the Notes/Reminders/Queries Component. Click the blue query hyperlink and click **Sign** to complete the query.

After reading a query and the provider disagrees with a diagnosis:

6. **Add** a comment to the Provider Comments section at the top of the query and click **Sign** to complete the query.

