Avoiding Documentation Pitfalls

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Conflicts of Interest, Disclosures

I have no conflict of interest….

But I try my best to defend nephrologists and dialysis units from plaintiffs who file frivolous, unsubstantiated claims

Documentation

Objectives

EHR documentation is already an ominous part of patient care and will become increasingly important.

a) Reimbursement is tied to quality measures
b) NY is one of 4 states that mandate reporting incidents
c) The TPA (trans-pacific partnership) legislation will allow OP dialysis for patients with “reversible AKI”, without a 2728 form – 1 /1 / 2017
d) F2P “failure to place” documentation

Documentation STANDARDS

Established by JCAHO and AHIMA

Joint Commission on Accreditation of Health Care Organizations

American Health Information Management Association

- **Identify patient**
- **Justify diagnosis and treatment**
- **Document results of care**
- **Document condition (contemporaneously)**
- **Sign/ Date/ Time stamp**
- **Respond quickly to notifications**
- **No editing without explanation**
- **Addendums must be linked to the original doc.**

National Committee for Quality Assurance

NCQA identifies 21 standard elements for the EHR,

of which 6 are ‘”**CORE COMPONENTS**”

- 1) **problem list**: significant illnesses, condition
- 2) **medication allergies**: adverse reactions
- 3) **past med. history**: accidents, operations, illnesses
- 4) **working diagnosis** is consistent with findings
- 5) **current treatment** is consistent with findings
- 6) **patient never placed at risk**

Detailed Documentation avoids stress

PHILLIPS LAW OFFICES
Preparation • Persistence • Passion

PATRICK MALONE ASSOCIATES

Rosenfeld Injury Lawyers

U.S. Government

Why does documentation suffer?

- **Time constraints**
- **Lack of focus, boredom during "routine" dialysis**
- **Fear of "wrongdoing"**
- **Use of shortcuts**
- **Blind acceptance of prior documentation or "hand-off"**

Where can an error occur in a dialysis unit?

- **Umm, let me think**

- **EVERYWHERE**

  identification

  walking in, walking out

  on dialysis

  intake history error

  current conditions: dialysate, temperature, alarms

  patient encounters : symptoms, signs,

  medications : “complete” list, new meds, OTC meds

  etc, etc, etc,

Common Pitfalls

- **Not documenting important “negative” findings**
- **Medications: deleted meds, dose changes, new meds**
- **Getting too “used” to the sequence of check-offs**
- **Failure to update patient info in timely manner**
- **“Capricious Carry-overs”, “cut and paste HOPE”**
- **Not documenting reasons for signing out AMA**

The friendliest part of the EHR is “FREE TEXT”

- **“write” all details, negative findings as well as positive findings**

- **“write” patient specific speech, their own words,**
  not necessarily “nurse speech”

  “I have pain in my armpit”

  “ I have to go to my job”

  “I have a cough, and pain when I breathe”

  “My shirt had a blood stain on the sleeve yesterday”

Should I document even insignificant findings ?

Don’t avoid CLEAR documentation …failing to document a problem that you felt wasn’t serious

thinking that if you saw a serious problem, you would have “clearly” described it……

This could evolve into a “he said, she said” battle in court !

Example

It is much easier to defend "the wound is clean and dry with no drainage or redness"

than to explain to a jury that

"the wound wasn't infected because if it was, I would have documented it"

WE WANT TO AVOID SWEARING CONTESTS

Documentation Disaster

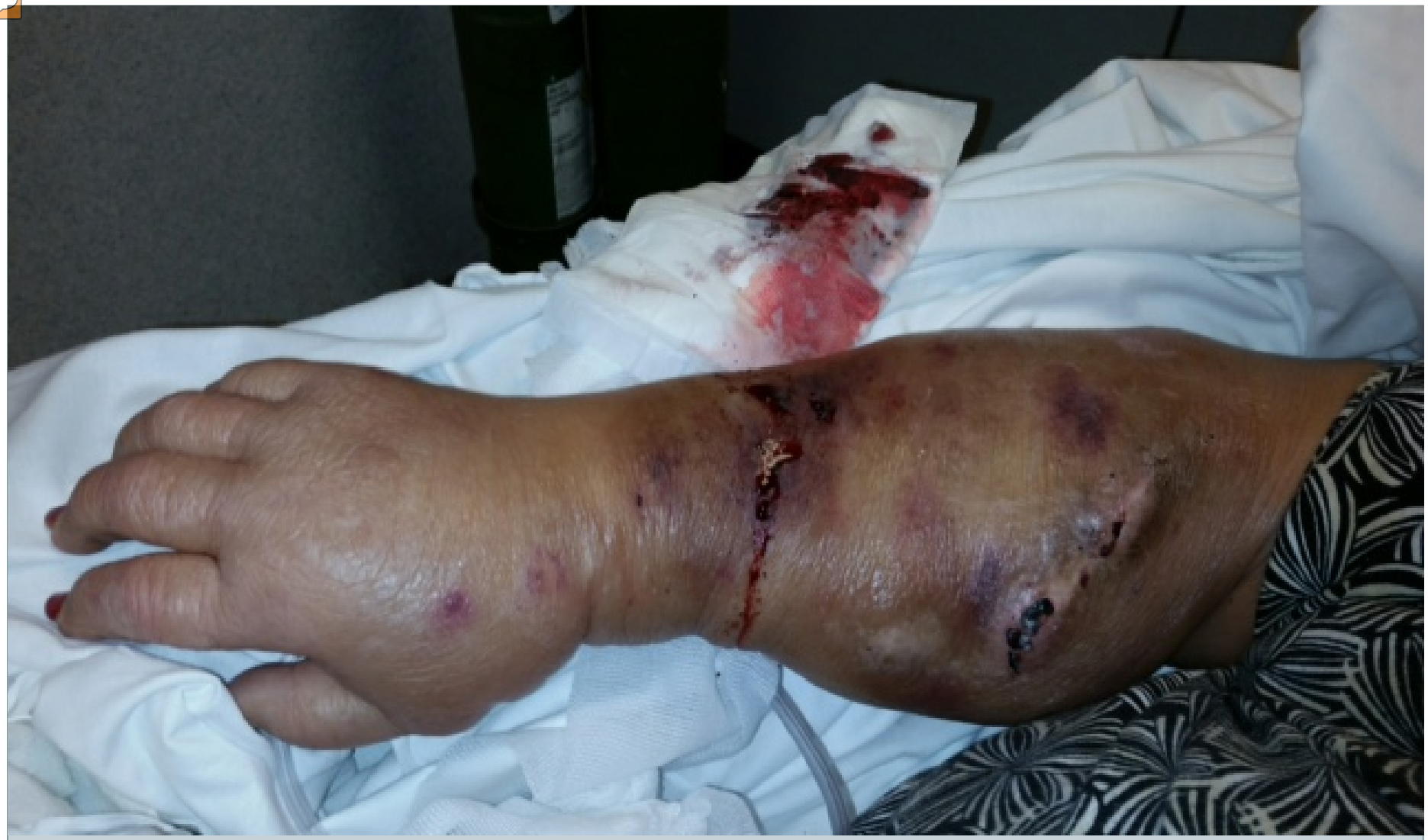
- **2 patients with the same name, at an SNF**
- **One is discharged to an OP unit**
- **The "wrong" patient "info" is sent to the OP unit**
- **The discharged patient notices "erroneous dialysis orders" at the OP unit, and questions the staff**
- **His questions are dismissed**
- **He has a fatal allergic reaction**

- **Check name, DOB, photo ID, phone no., SSN– Nothing for granted**

Documentation Disaster

- **Patient complains "my arm is leaking blood" –NOT documented**
- **NN: "patient's arm is swollen, some bruises, post-intervention yesterday"**
- **"some difficulty cannulating but entire treatment given"**
- **Patient is discharged home.**

Was this a CLEAR description of the arm.?



Patient brought to ER by family still bleeding after dialysis and had fever chills, bacteremia, endocarditis of a prosthetic valve

Holes in the “Swiss cheese”

- **Poor documentation or description of the arm**
- **If the CDT/RN wrote “MY ARM IS LEAKING BLOOD”, as clearly stated, the incident might have escalated. Use patient’s own words to describe events, incidents ---their word choice is like a finger print, and carries forward, even to court.**
- **The CDT/RN did not escalate to the nurse manager**

Nurse saves the day

- **Patient called OP unit at 4:15 am c/o SOB / dizziness**
- **Tech advises "go to the ED"**
- **6:20 am, patient arrives at OP unit**
- **Nurse writes "patient could not stand, or walk into the unit, helped to chair, complaining of being SOB all night, coughing and could not lie down. "so restless I could not even cannulate him" . 911 is called. He codes within 5 min.**

- **Patient's family stated he was fine until he sat in the chair and placed on dialysis…… completely rejected by the jury.**

This Nurse heard it correctly

- **During an intake history at OP dialysis unit, the RN noted that the patient was extremely HOH, and her husband had to shout in her ear. This was the only notation about childhood meningitis causing her loss of hearing.**

- **5 yrs. later she was admitted with perforated diverticulum and sepsis. Treated with Meropenem and Gentamicin –successfully !!!**

- **Post discharge, alive and well, she sued for loss of hearing due to aminoglycoside. Case dismissed at EBT . The nephrologist sent lunch to the dialysis unit for a week.**

Dialysis nurses, techs, assistants, dieticians, social workers

- **All bear the burden of measurement and data collection**
- **All bear the responsibility for the patient on dialysis**

- **OP dialysis is a "NURSE-SPECIFIC PROCEDURE"**

"patient outcomes are "nurse sensitive" and the outcomes improve with greater quantity and quality of nursing care".

"Nephrology nurses can no longer afford to remain in the background or to be considered an afterthought"

Norma J. Gomez, MBA, MSN,RN, CNN, Oct 2013, NNI

References

- "New law allows outpatient dialysis clinics to treat acute care dialysis cases", Nephrology News and Issues: M. Neumann, June 2015
- ProPublica: "Few states require reporting", 2013
- Kidney Dialysis Errors: http://rosenfldinjurylawyers.com
- Medical Mutual / Professional Advocate: "Doctors", D. Ted Lewers, M.D., Fall 2004
- Urologists and Nephrologists take team approach to "meaningful use"; Renal and Urology News, June 2012
- Five Challenges impacting nephrology nursing; Nephrology News and Issues, Norma J. Gomez, MBA, RN, CNN, October 2013
- The dilemma of dialysis nurse retention: Nephrology News and Issues, Francyne N. Rosenstock, February 2016