Nursing and Case Management Documentation

Rika Gotico, MSHI, BSN, RN, NI-BC

Sources: AHIMA CDI Toolkit · Bowman (2013) · O'Malley et al. (2005) · WHO Data Quality Guide

Nursing Documentation & CDI

Nurses document:

Nurses and CDI:

> *CDI staff "may have a supporting role serving as 'another set of eyes' during chart reviews for nursing — abnormal tests that are not addressed directly affecting the quality of patient care."*

CDI programs can be staffed by **nurses, HIM coders, or a combination of both**.

The EHR Documentation Crisis

Bowman (2013): Key Finding

> *"The introduction of HIT, rather than leading to improvements in the quality of data being recorded, has led to the recording of a greater quantity of bad data."*

84%

of progress notes had at least one documentation error

7.8

average errors per patient record

Source: Bowman, *Perspectives in HIM*, 2013 — citing VA EHR study

EHR Problem #1: Copy & Paste

82%

of residents' ICU notes contained 20%+ copied text

90%

of physicians used copy/paste daily

Risks of Copy/Paste:

- Inaccurate or **outdated** information carried forward
- Cannot identify the **original author** or when the note was created
- **False information propagated** across the record
- Notes become unnecessarily long and unreadable

🚨 Real Patient Harm:

> *"Copied and pasted text led to a failure to administer heparin to prevent venous thromboembolism, resulting in the patient being readmitted for a pulmonary embolism."*

EHR Problems #2 & #3

Templates

- Auto-populate fields inaccurately
- Document events **before they happen**
- Many records end up identical

Example: An amputee's EHR noted that his extremities were "normal."

Adjacency Errors

- Provider selects wrong item from a **drop-down menu**
- Wrong patient selected
- Wrong medication ordered

Technology helps with legibility. But it introduces new error types. Behavior matters more than the system.

Case Management Documentation

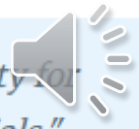
Case managers coordinate:

- Patient needs across the care continuum
- Social support assessment
- Referrals & discharge planning
- Insurance authorization

> *"Case managers have always played an important role in documentation improvement. They have had a strong working relationship with medical staff... This professional relationship with physicians is vital to CDI program success."*

The CDI–Case Management Partnership:

> *"Case managers can notify the physician when a query has been placed and explain the necessity for clarification. This team approach will ensure compliance, improve patient care, and reduce denials."*



What Case Managers Must Document

Clinical Needs

- Severity of illness
- Medical necessity for admission
- Justification for length of stay
- Complications requiring extended care

Social & Practical Needs

- Housing status
- Transportation access
- Family support
- Follow-up appointments
- Barriers to adherence

> *"Inadequate documentation, coupled with low healthcare literacy, can produce ineffective care plans that patients cannot maintain."*

Case Study: "Long Stay, No Explanation"

📋 **SETTING: URBAN SAFETY-NET HOSPITAL, U.S. — SERVES IMMIGRANTS & UNINSURED**

68-year-old man with diabetes. 12-day stay after foot surgery.

Doctor's notes: "Post-op infection" · "Slow recovery"

Nursing notes: Poor wound healing · High blood sugar · Difficulty walking

The case manager **cannot justify the long stay** to hospital leadership.

What's wrong?

- "Post-op infection" — **which** infection? What organism? What site?
- "Slow recovery" — why? What functional limitations?
- Nursing notes show the clinical picture but aren't linked to specific diagnoses
- No documented justification for 12 days

The CDI Query

❌ **Before CDI**

"Post-op infection"

"Slow recovery"

✅ **CDI Query**

"Can the post-operative infection be further specified as a **diabetic foot infection with delayed wound healing?**"

How Each Role Contributes:

- **Nurse:** Documents the clinical indicators (wound status, blood sugar, mobility)
- **CDI professional:** Reviews the chart, identifies the gap, sends the query
- **Case manager:** Follows up with the physician, explains the need for clarification
- **Physician:** Clarifies the diagnosis in the progress note

Discussion & Assignment

1. Using your diagnosis example from week 1, think about, if applicable, how nursing and/or case management documentation could have helped the CDI professional in reviewing the chart?
2. Think about and provide examples on how other allied health professional's documentation could also support CDI.

WEEK 2 · CLOSING

Week 2 Takeaways

Slide 10 of 10

"Good documentation supports the whole care team."

Remember:

- Nursing notes are **clinical evidence** — CDI uses them to support queries
- EHRs introduce new error types: copy/paste, templates, adjacency errors
- Case managers are **CDI allies** — they bridge documentation and care coordination
- Technology helps, but **behavior matters more**