Summary of DNV Findings

A few weeks ago, we had our annual visit from DNV to evaluate our compliance with Medicare Conditions of Participation. Amongst the non-conformities identified in that visit were three that directly relate to physician documentation. We need to pay close attention to these issues and collectively work to correct them.

History & Physical (H&P) Deficiencies

H & P requirements per Upstate Bylaws: “H&P will be completed no more than 30 days before, or 24 hours after, an admission or registration, but prior to surgery or other procedure requiring anesthesia. If the H&P is updated it must contain documentation that states it has been reviewed, the patient has been examined and the provider concurs with the findings of the H&P completed on the specified date, or that “no change” has occurred in the patient’s condition”. The findings indicated we are not in compliance with timeliness of completion (including signature of an attending if H & P performed by resident), completeness of documentation when updated, or being completed prior to surgical procedures or interventions. Corrective action requires education on requirements per bylaws, weekly audits will begin in mid September, and then follow up as indicated per audits.

Operative Report (Brief Operative Note)

Immediate (Brief) post op note requires ALL elements: surgeon and assistants, pre-operative and post-operative diagnosis, specimens removed, estimated blood loss including if blood administered, and complications. If some of these elements are not applicable it must be noted as “none” or “not applicable”. By not having these elements written it appeared they were not assessed. We will be reviewing the template to ensure all elements are listed and require assistance with completeness of documentation. Audits will be conducted with feedback beginning in October.

Anesthesia Services (Post Anesthesia evaluation documentation)

All elements of the Post Anesthesia Evaluation documentation must be documented. Our documentation was not always consistent for: mental status, pain, nausea and vomiting, and postoperative hydration. For this corrective action we are working with EPIC and anesthesia providers to rebuild the note template to ensure all elements are clearly documented and not able to be omitted. Then documentation audits will begin with feedback to providers.
Just wanted to highlight the progress we have made at our Downtown campus in bringing length of stay down to severity-adjusted benchmarks. “Excess bed days” represent patient-days in excess of these expected lengths of stay. Over the past two years this number has gone from nearly two thousand days/month to zero. This is critical, not only for timely and safe discharge of the index patient, but to also create greater capacity for care to the region. Definitely a team sport – want to thank Case Management, Social Work, our nursing staff and physicians for their work in improving this important metric.
Reminders for Use of Copy Paste/Copy Forward  

- Copying forward of patient information is acceptable when done appropriately. The information should be edited and new information added as appropriate. The new note should only reflect what was done at that visit. When copying forward notes pay close attention to DNRS. Copying this information can create conflicting information in the record.

- CMS has indicated that “Clinical plagiarism occurs when a physician copies and pastes information from another provider and calls it his or her own”. Copying other providers’ notes is not appropriate. If pertinent excerpts are taken from others notes they should be acknowledged. CMS has identified that they will not reimburse providers for documentation that is deemed to have been cloned from other existing medical record documentation.

- Lengthy progress notes may cause providers to miss critical information and could result in a patient safety issue. Incorporating lab, radiology or other results into your note is not recommended. When necessary this information can be summarized with inclusion of only relevant values.

- Problem lists should only be included in a note when all problems listed are addressed at that visit. Otherwise only list the diagnosis actively treated at that particular visit.

- Newer versions of EPIC will allow users to see what information was copied into a note.

Below is the link to the guidance document:
Outstanding Physician Comments

Each week we receive written comments from our patients regarding the care we provide within the Hospital. Below are this week’s comments from grateful patients receiving care on the units and clinics at Upstate:

6K – Drs. Benson and Kohlitz were very helpful and answered all questions.
6I – I owe my life to the doctors who treated me (Dr. Karmel and Dr. Zhang).
8F – Dr. Shaw anticipated my concerns, made sure I understood her, asked if I had any questions. Excellent and very professional. Excellent bedside manner!
9G – Dr. Latorre! I didn’t like doctors until I met him.
10E – Dr. Gentile has been excellent answering my questions and keeping me well informed of procedures. She is patient with all my queries, understanding and compassionate.
12E – Dr. Ajagbe was so kind, friendly and truly concerned for my daughter’s health and well being.
    Dr. Werner fantastic!
Joslin – Dr. Kelly took the time to answer questions about recent hospital stay; very knowledgeable.
ENT – Dr. Marzouk was very nice.
    Dr. Kellman is the consummate professional. His knowledge, skill & compassion are exceptional. I have total faith in his medical judgment and have recommended him to both family and friends.
University Cardiology – Dr. Villarreal – being an older patient his experience and beside manner are a breath of fresh air. He practices medicine the way it should be.
University Geriatricians – Dr. Berg is well advised in her field.
Upstate Urology – Dr. Shapiro could not have been more helpful and supportive.
Psychiatry Inpatient – Dr. Bliss; Dr. Megna – quite invested in my holistic health and life skills. I received a sense of care and service that was complete and thoughtful.
    Dr. Frankel because his narrative really impressed me.
Bariatric Surgery Center – Dr. Simon takes time to really talk to you and listen to you.
Breast Imaging – Dr Akhtar - very caring and comforting.
Center for Children’s Surgery – Dr Rivera is a very kind and honest person. He is the best provider, caring for his patients.

I thank God a lot. My family, my Dr. Lavelle and the other doctors. I am grateful to be alive.
Love Dr Ahmed - he is kind and patient, talented, and caring! He took great care of Erin.
Andre and Dr Rivera - both very friendly and professional. Great guys!!

Midwifery Clinic - CG – Dr Millar always has a way of treating me as a human being rather than being a set of organs that has to be studied. She also tries to make me aware of looking at my health holistically.
Dr Millar-Kind and a straight shooter!!

Upstate Outpatient Surgery Center – Dr Riddell is a miracle worker :) Amazing Dr!

PSC for Development, Behavior and Genetics – Dr. Pellegrino (unsure of spelling) was excellent. Provided good advice, kind and patient. Staff was friendly and kind!!
Dr. Dosa spending much time as needed with both my grandson and ourselves

University Pediatric & Adolescent Center – Dr. Kendall explained things to me and took special concern for my grandson. Easy to talk to and very pleasant.

Pediatric Specialty Center, Nephrology – Dr. Sherman - excellent,

Pediatric Specialty Center Surgery – We loved Dr. Wallenstein and Dr. Ahmed.
Dr. Meier was wonderful and personable! very professional.
Dr. Riddell is great with talking to my daughter and easing any fears she may have

The Surgery Center - CG – Dr. Smart - every person we came in contact with was very helpful, kind, informative. A++ all around!

UHCC Women’s Health Services – Dr. Landin. She expressed how she truly cared during my visit.