Documentation Auditing
Clinic
Day Two
Attendee License Agreement

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Important Notes

• When requesting additional information remember the following:
  ▪ Any addenda, modification, or additional information received must be reflective of the patient’s condition at the time of service
  ▪ Information is requested so that a proper billing decision can be made
  ▪ Requests for addenda must not be suggestive

How about this as a mantra

If you tell them, they will not believe you; if you show them, they have no choice but to agree.

- Gary Kinder

Crew members, supervisors, and managers can’t fix what they don’t know is broken
Why Do I Care About Auditing?

• As a Manager
  - Assess compliance with local protocols
  - Assess service effectiveness
  - Assess quality of care
• As a Supervisor
  - Assess equipment functionality and stock levels
  - Assess staffing needs
  - Assess compliance

Why Do I Care About Auditing?

• Coders/Billers
  - Already review every PCR created
    - You're on the front lines!
  - Notice trends in documentation practices before anyone else
    - Able to identify strengths and weaknesses

Let's audit the first PCR together

PCR Auditing Process

• For purposes of this clinic, we'll audit the PCR in this systematic fashion:
  - Times
  - Response Information
  - Mileage
  - Demographic
  - Initial Information
  - Narrative
  - Treatment Log
  - Crew Information

Run 2014T001

Grace Faulrohm

Times

• All times documented
• QA Points
  - Assess times in the PCR and if those times correlate to actual dispatch record times
  - Assess length of time on scene to assess for unnecessary delays in transport and compliance with local protocols
  - Assess there was an immediate response to support emergency level billing
Response Information

- Dispatched Bravo response for a fall
  - QA Points
    - Assess if there is a clear definition of what constitutes a Bravo response
      - ALS
      - BLS
      - Emergent
      - Non-emergent
    - Assess the volume of calls dispatched at Bravo level
    - Assess resources needed to respond to Bravo level (ALS or BLS crew)
    - Assess resource allocation after determining volume of calls
      - This includes appropriate staffing in coding/billing as well
      - In other words, does the service need to adjust the workforce to compensate for increased (or decreased) Bravo level calls?

Milestone

- Only “At Destination” Mileage documented
  - Can’t confirm loaded mileage on PCR – must use other method, such as mapping software
  - QA Points
    - Assess how often – and which crew – fail to document loaded mileage
    - Assess need for policy on mileage documentation practices if none are in place
    - Assess if crews understand importance of accurate mileage documentation and if not, develop and implement training

Demographic

- All fields completed
  - QA Points
    - Assess age range and patient populations within service area
    - Assess if there is higher incidence of specific type of call within service area
    - Assess whether community events should be held, targeted to specific populations, to decrease emergencies

Initial Information

- Chief complaint inconsistent
  - Crew documented in initial information chief complaint was none, but in narrative documented a chief complaint of left hip pain
  - Medication documentation unclear
    - Medications should be documented – not “on list” or “multiple”
  - QA Points
    - Assess whether documentation is consistent
    - Assess chief complaint quantities to determine resource allocation
Initial Information

• QA Points
• Examples:
  • If no pediatric cardiac arrests in over a year, move pediatric cardiac arrest materials from “first in bag” to shelf in unit
  • High rate of trauma calls in winter months on particular road, contact local authorities to focus corrective measures on that road

Narrative

• Inconsistent
• Skin was normal, yet crew also documented abrasions to ankles, hands, face
• Unclear
• Injury field (OPQRST) not completed
• Type of activity: Leisure doesn’t appear to match this situation
• Hip pain, but pain not rated nor described

Narrative

• Unclear
• Truck, but what kind?
  • Important to assist with determining mechanism of injury and level of fall
• Hard surface, but did she fall on parking lot or sidewalk?
• Capillary refill time documented, but unclear where capillary refill time was assessed – specifically, what extremity?
• Placed on backboard, but no documentation if patient was secured to the board

Narrative

• QA Points
• Ensures PCR is accurate, complete, thorough, and consistent
• Assess for compliance with local protocols
• Assess whether crew require documentation training
• Assess limitations in PCR fields
• Assess for signs that crew members may not understand anatomy, physiology, pathophysiology, and basic treatment

Treatment Log

• Vital Signs Incomplete
• No temperature - it is called a vital sign for a reason!
• Unclear
• No documentation how IV was secured, nor the measurement of volume infused
Treatment Log

• QA Points
  ▪ Assess how often equipment is used
  ▪ Assess quantity of equipment left in storage
  ▪ Assess consistency with other elements in PCR
  ▪ Assess whether the intervention is supported with rationale
    − Example: 18 gauge IV established in left a/c, secured with clear dressing, 5 cc NSS flush to ensure patency with no gross signs of infiltration. NSS bolus started related to trauma.

Crew Information

• No signatures
• QA Points
  ▪ Ensure crew signatures are consistent with state and federal law
    − At least one signature is required for claims submission to Medicare

Run P2014004

Mae B. Leeve

Times

• Call Received and Dispatch Time not documented
• QA Points
  ▪ Assess why initial dispatch information omitted as it may be an equipment issue that needs addressed
  ▪ No other documentation in PCR to explain why these times were not documented

Response Information

• Dispatched as a psychiatric call, but additional comments indicate this was an interfacility transport
• QA Points
  ▪ Assess whether call intake is effective
  ▪ Assess whether appropriate documentation was obtained to support need for interfacility transport

Mileage

• Loaded mileage was documented
  ▪ Appears odometer reset to capture loaded miles from origin to destination
• QA Points
  ▪ Assess whether closest most appropriate facility
  ▪ Assess quantity of psychiatric transports
    − Need for crew special training on managing psychiatric patients
    − Need for special equipment/crew for transports
Demographic

- Incomplete
  - Crew did not document patient address
  - QA Points
    - Assess whether simple omission or ongoing issue
    - Assess if this was communication issue between crew and hospital staff
      - May require supervisor/manager to open communication channel with hospital

Initial Information

- All fields completed
  - QA Points
    - Assess if data fields capture necessary information for psychiatric transports
      - Communicate with PCR vendor to create or activate fields tailored to meet service needs

Narrative

- Unclear
  - The specific conversation that occurred between crew and patient
  - Restraint use – patient was not restrained in hospital room so why would patient be restrained during transport
  - Why were bandages on patient wrists and what was the bandage condition (e.g., clean, dry, intact, secured, etc.)

Narrative

- Unclear
  - Skin: Intact, yet patient had bandages on wrist
  - Mental status: Combative, yet crew narrated patient appeared to calm down – does not appear repeat assessment occurred after this baseline information was obtained

Narrative

- QA Points
  - Assess how often crews are reassessing patients after baseline assessments

Narrative

- QA Point
  - Assess the specific reason why this patient could not be transported in a personal or private vehicle, such as:
    - Uber/Lyft
    - Taxi
    - Bus
    - Police car
  - There must be specific rationale and conclusions in the PCR – simply documenting “psychiatric transfer” is insufficient
Treatment Log

- Incomplete
  - Vital Signs – no SpO2 or temperature
- QA Points
  - Assess why full set of vitals not obtained
    - Assess if SpO2 broke or batteries dead
    - Assess if crews understand need for baseline vital signs on all patients

Crew Information

- Crew names populated, but no certification number, level, or signature
- QA Points
  - Assess why signature compliance is poor
  - Assess whether computer/technology issue

Run S2015002

Redd Burns

Times

- All times documented

Response Information

- Inconsistent
  - Dispatched for burns, yet additional comments were sick person
- QA Points
  - Assess how often dispatch is provided with new training and new materials
  - Assess last time dispatchers were trained

Mileage

- Crew documented loaded mileage
Demographic
• All demographic fields documented

Initial Information
• Inconsistent
  • Specific position patient was found in bed – supine, lateral, prone – is documented in narrative
  • But narrative also documented patient as in CT scan, not a bed
• QA Points
  • Assess if PCR documentation fields allow for specific position of patient during transport

Narrative
• Unclear
  • No pain score or scale
  • No history of present illness for either pulseless limb or burns
  • No history why patient received medication at 17:15
  • No documentation of skin condition to affected extremity
  • No documentation Doppler attempted

Narrative
• QA Points
  • Documentation lacks objectivity and specificity

Narrative
• Unclear
  • Normal is subjective – what was patient range of motion
    - Full
    - Impaired
    - Limited
  • IV site not documented nor assessed

Treatment Log
• All fields documented
• QA Point
  • Assess why crew did not intervene or address hypertension and tachycardia
Crew Information

- All fields completed
- QA Points
  - Don’t forget that it’s ok to congratulate crews for doing a good job
  - Reward for compliant practices – the longer the compliance, the bigger reward

Run NE2011005

Al Reen

Times

- Unclear
  - Crew documented call intake time as occurring back in August, yet date of service is December 3
- QA Points
  - Assess auto-populate functions in PCRs

Response Information

- Pre-scheduled alpha non-emergency dialysis transport
- QA Points
  - Assess quantity of dialysis transports and if necessary to increase staff and resources to meet demand
  - Assess whether repeat patient assessments were completed

Mileage

- Full odometer readings documented
- QA Point
  - Assess whether all mileage documentation is ending in same number

Demographic

- Unclear
  - All fields documented, but crew also documented patient weight as 0 lbs
- QA Point
  - Assess how crews are documenting weights – what unit of measurement (lbs or kgs)
  - Assess how patient was weighed and when – Hoyer lift, standing scale, 2 days ago, 4 months ago, etc.
Initial Information

• Crew did not document how the patient was found nor what medications the patient was currently prescribed
• QA Points
  • Assess whether data input issue or crew non-compliance
  • Assess if whether dedicated non-emergency dialysis transport team and equipment would be feasible

Narrative

• Unclear
  • Only primary assessment, no secondary assessment
  • LOC: Dementia – should assess specific LOC, such as person, place, time, event
  • Patient position in bed not documented
  • Large bump subjective – should specify dimensions
  • Not documented how patient moved to stretcher

Treatment Log

• Crew documented patient did not want vitals taken, but no paperwork attached that patient refused care
• Also, at least respirations could be counted
• Unclear
  • No documentation how patient secured to stretcher
  • Patient resting, but not documented how – specific position
  • What is an uneventful trip?

Narrative

• QA Points
  • Assess need for dedicated dialysis reviewer/case manager in office
  • Assess quality of documentation
  • Assess need for crew training on non-emergency documentation practices

Crew Information

• Only one crew member signed the PCR
• QA Point
  • Assess if policy if both crew members sign

Treatment Log

• QA Points
  • Assess if repeated use of “patient denied vital signs” per patient, provider, complaint
Run B2015003
A.P. Seep

Times
• All times documented
• QA Points
  • Assess whether 4 minute response time was appropriate

Response Information
• Dispatched for Delta response, difficulty breathing
• QA Points
  • Assess volume of difficulty breathing dispatches
  • Assess need for MIHC
    – High population of COPD/black lung
    – Communicate with home health and local Primary Care Physicians (PCP)

Mileage
• No mileage documented
• QA Points
  • Assess crew understanding of importance of mileage
  • Assess reasons why mileage was not documented – user error, computer issue, odometer broken

Demographic
• All fields completed

Initial Information
• All fields omitted
• QA Points
  • Assess whether crew understand the PCR fields
  • Assess whether crew know how to input data into PCR correctly
    – Does crew need remedial training?
  • Assess if technology issue
### Narrative
- Unclear
  - Define priority 1 in plain terms – lights, sirens, emergent, etc.
  - Elaborate why dispatched with BLS unit
  - No documentation when BLS unit arrived and started providing care or how patient was moved to BLS stretcher
  - ALS skills (EKG) performed, yet patient transported BLS
- Excellent assessment
  - Respiratory quality and work of breathing
  - Ability to speak without being SOB
  - Dyspnea on exertion
- QA Points
  - Assess need for CDI checklists
  - Do crews utilize OPRST fields on PCR effectively?
  - Assess need for documentation training

### Treatment Log
- Unclear
  - Only one blood pressure
  - No response to treatment documented
  - Inconsistent
  - Narrative documented IV unsuccessful, yet Treatment Log documented NSS at TKO
- QA Points
  - Assess IV success rates per shift or per provider
  - Assess accurate and complete OPQRST documentation per shift, provider, complaint, etc.

### Crew Information
- All fields documented
- QA Points
  - Assess how often providers compliant with full signature requirements