**2025 CDI Week Escape Game Rationales**

**Puzzle 1: Rationale for Query Compliance Audit**

* A - No, this query is not compliant: This is noncompliant because it includes an irrelevant answer option ("Obesity") that is not supported by the clinical indicators. Including clinically unsupported options violates the guideline requiring all choices to be clinically credible.
* C - Yes, this query is compliant: This query is compliant because it presents objective clinical indicators and offers clinically supported options without leading the provider. It aligns with multiple-choice query standards and excludes “unable to determine,” which is not required in this format.
* D - No, this query is not compliant: This is noncompliant because it uses a yes/no format to introduce a new diagnosis (severe sepsis) that is not documented in the record. According to the guidelines, yes/no queries may only be used to clarify already documented diagnoses—not to introduce new ones.
* I - No, this query is not compliant: This query is noncompliant because it introduces metabolic encephalopathy as a new diagnosis without it being previously documented in the record. While the format is multiple choice, the query includes subjective interpretation (“findings are consistent with metabolic encephalopathy”), which is not permitted. Additionally, it fails to present the clinical indicators objectively, and includes diagnoses not clearly supported by the documented clinical picture (e.g., dementia). The query subtly leads the provider toward a specific diagnosis, violating the principle of neutrality.
* S - Yes, this query is compliant: This query is compliant because it seeks specificity of an already documented diagnosis, presents objective clinical indicators, and references treatment initiated during the current encounter. It avoids leading language and allows the provider to determine the most accurate classification using clinical judgment.
* Mobile clue: I guide the queries that clarify care, ensuring documentation is accurate and fair. With coding and clinicians, I bridge the divide, now go audit the queries where truth must reside. Who am I with CDI as my pride?
  + Answer: ACDIS

**Puzzle 2: Rationale for Provider Education**

* Infection vs. Sepsis: Infection is the presence of a pathogen causing localized symptoms, such as pneumonia or cellulitis. Sepsis is a systemic diagnosis that occurs when the body’s response to infection leads to organ dysfunction. It carries higher morbidity and requires prompt recognition and treatment. Documenting sepsis when criteria are met ensures accurate reflection of severity and supports appropriate resource use and coding.
* Weight Loss vs. Malnutrition: Weight Loss is a physical change that may result from various causes, including illness, poor intake, or aging. It is not a diagnosis on its own. Malnutrition is a clinical condition characterized by inadequate intake or absorption of nutrients, often with systemic consequences such as muscle wasting, immune compromise, and delayed healing. Documenting malnutrition when criteria are met supports appropriate nutritional interventions and reflects the patient’s true clinical status.
* Hypoxia vs. Respiratory Failure: Hypoxia refers to low oxygen levels in the blood and is a measurable finding, often transient or responsive to supplemental oxygen. Acute Respiratory Failure is a diagnosis that indicates the lungs are unable to maintain adequate oxygenation or ventilation, often requiring more intensive support. Recognizing and documenting respiratory failure when present reflects a higher level of acuity and guides escalation of care.
* Altered mental status vs. Encephalopathy: Altered Mental Status (AMS) is a general symptom describing changes in cognition, alertness, or behavior. It does not explain the underlying cause and cannot be coded as a definitive diagnosis. Encephalopathy, however, is a clinical diagnosis that reflects brain dysfunction due to metabolic, infectious, toxic, or other systemic causes. Documenting encephalopathy when criteria are met ensures accurate representation of severity and supports appropriate treatment and coding.
* Answers using cipher alphabet:
  + M N W M Y M = S E P S I S
  + F H V G X U Z Y U Y O G = M A L N U T R I T I O N
  + Z N M W Y Z H U O Z P Q H Y V X Z N = R E S P I R A T O R Y F A I L U R E
  + N G K N W T H V O W H U T P = E N C E P H A L O P A T H Y
* Mobile clue: I am the subject of every clinical note and the reason documentation matters. Your words define my condition, guide my treatment, and impact how my care is measured. Provider education emphasizes accuracy and specificity because every detail reflects me. Who am I, central to clinical care, coding, and communication?
  + Using the letters underlined in red, answer: PATIENT

**Puzzle 3: Rationale for Medical Necessity**

* 3 Across - Clue: Requires this hospital-level of care due to unstable vitals, oxygen needs, and altered cognition
  + Answer: Inpatient
  + Rationale: The patient meets criteria for inpatient admission due to unstable vital signs, hypoxia requiring oxygen support, and altered mental status, indicating the need for hospital-level monitoring and treatment.
* 4 Across - Clue: Empiric therapy initiated for suspected systemic infection with fever and tachycardia
  + Answer: Antibiotics
  + Rationale: Empiric IV antibiotics are initiated to treat a suspected systemic infection, supported by clinical signs such as fever, tachycardia, and abnormal lung findings consistent with pneumonia.
* 5 Across - Clue: Consult needed for progressive confusion without focal neurological findings
  + Answer: Neurology
  + Rationale: A neurology consult is warranted to evaluate progressive confusion and intermittent responsiveness, in the absence of focal neurological deficits, to rule out metabolic or infectious encephalopathy.
* 6 Across - Clue: Medication initiated for gastric acid suppression in patient with reflux history
  + Answer: Protonix
  + Rationale: Pantoprazole is prescribed for gastric acid suppression in a patient with a documented history of GERD, aligning with standard treatment protocols for reflux management.
* 1 Down - Clue: Referral indicated for weight loss, poor intake, and frailty
  + Answer: Nutrition
  + Rationale: A nutrition referral is indicated due to evidence of moderate malnutrition, including low BMI, poor oral intake, and physical signs of frailty, requiring dietary intervention or support.
* 2 Down - Clue: Safety measures needed due to confusion, weakness, and fall risk
  + Answer: Precautions
  + Rationale: Fall precautions are implemented based on the patient’s confusion, weakness, and lethargy, which increase the risk of injury and necessitate enhanced safety measures.
* Answers when in Roy G. Biv (red, orange, yellow, green, blue, indigo, violet) order:
  + 3 Across: INPATIENT
  + 4 Across: ANTIBIOTICS
  + 5 Across: NEUROLOGY
  + 6 Across: PROTONIX
  + 1 Down: NUTRITION
  + 2 Down: PRECAUTIONS
* Mobile clue: Medical necessity guides the care, but no single discipline can meet every need. Like Roy G. Biv, each team member adds a vital color—together forming the full spectrum of healing. What does this collaboration create to uphold the patient?
  + Answer: SUPPORT

**Puzzle 4: Rationale of Quality Review – PSI Validation**

* Rationale for Event Sequence (1:00 PM – 2:00 PM)
* Blood Culture Growth Timing
  + The clue states: “The blood culture growth was not at 1:00 PM or 1:15 PM.”
  + Therefore, the growth must occur at 1:30 PM, 1:45 PM, or 2:00 PM.
  + Another clue says: “Eric received antibiotics 15 minutes before the blood cultures grew.”
  + This means antibiotics must be administered one time slot before the growth.
  + To satisfy both clues, the blood culture growth is placed at 2:00 PM, and antibiotics at 1:45 PM.
* Fever and Blood Cultures Drawn
  + The clue says: “Eric had blood cultures drawn right after his fever.”
  + This means the fever and blood cultures drawn must be in consecutive time slots, with fever first.
  + Also: “The fever was not at 1:00 PM.” So the earliest it can be is 1:15 PM, followed by blood cultures drawn at 1:30 PM.
* PICC Placement
  + The clue says: “Eric required placement of a PICC following admission, but earlier than both the blood cultures being drawn and his blood cultures growing.”
  + Blood cultures drawn = 1:30 PM
  + Blood culture growth = 2:00 PM
  + Therefore, PICC placement must occur before 1:30 PM, and after admission.
  + The only remaining time slot that satisfies this is 1:00 PM.
* Final sequence of events
  + 1:00 PM: PICC placement
  + 1:15 PM: Fever
  + 1:30 PM: Blood cultures drawn
  + 1:45 PM: Antibiotics administered
  + 2:00 PM: Blood culture growth
* Mobile clue: Oh no! The documentation indicates that Eric has a CLABSI. Quality is pulling in CDI like it’s CSI: Sepsis. In an effort to assist, what happened at 1:15 PM on hospital day 4?
  + Answer: FEVER

**Puzzle 5: Rationale of Hospital Billing**

* The financial impact is $12,960. Subtract baseline relative weight from final relative weight: 1.9621 – 0.6227 = 1.3394. Multiply the difference by the blended rate: 1.3394 \* $9,676 = $12,960.
* Mobile clue: Baseline and final, a payment shift, find the difference, it holds the gift. CDI hunts what hides beneath, in the documentation, we discover these.
* Using the cipher table, determine the corresponding letters:
  + 1 = C
  + 2 = L
  + 9 = U
  + 6 = E
  + 0 = S
* Answer: CLUES