

Start here! Read this page first before moving on.

Welcome to: CDI and the Case of the Missing Documentation

As champions on high-quality documentation, your sharp eyes and clinical expertise are needed to crack the case. In front of you lies the patient's History & Physical, along with key documents from the interdisciplinary team. Somewhere in these pages, critical documentation clues are hiding and it's up to you to find them.

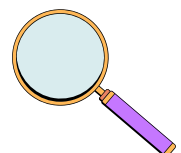
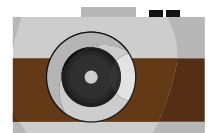
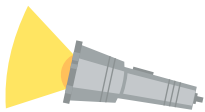
Your mission:

Work to solve puzzles, decode clues, and uncover documentation gaps that impact patient care, compliance, and reimbursement. Each correct discovery brings you one step closer to solving the mystery and unlocking the final code, proving that **Clinical Documentation Integrity** is the key to quality outcomes.

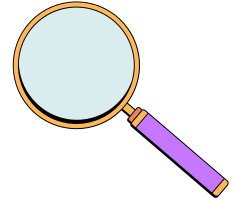
Hint: Tackle each riddle one at a time. Solving one will lead you to the next. Start by reviewing the H&P and CDI queries.

You may write on these materials, and calculators are allowed.

Scan to begin your investigation!



History and Physical



Patient Name: Eric Ocean

Age: 68 years

Sex: Male

Date of Admission: 08/21/2025

Admitting Physician: Waters, Ariel, MD

Reason for Admission: Fever, confusion, and worsening shortness of breath

History of Present Illness:

The patient is a 68-year-old male brought to the emergency department by family due to progressive respiratory symptoms and altered mental status. He developed a productive cough with yellow sputum approximately 3 days ago, followed by fever and increasing fatigue. Over the past 24 hours, he has become increasingly confused and lethargic, with difficulty staying awake and responding appropriately. Family reports that he has had minimal oral intake for several days and has appeared increasingly frail. He has no history of similar episodes. Denies chest pain or hemoptysis. No recent travel or known sick contacts.

Past Medical History:

- Gastroesophageal reflux disease (GERD)

Past Surgical History:

- None

Family History:

- Hypertension (father)
- Type 2 Diabetes Mellitus (mother)

Social History:

- Retired, lives alone
- Casual alcohol use (1–2 drinks/week)
- No tobacco or illicit drug use

Allergies: No known drug allergies (NKDA)

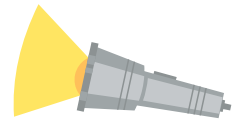
Home Medications: Pantoprazole (Protonix) 40 mg daily

Anthropometric Measurements:

- Height: 5'10" (178 cm)
- Weight: 128 lbs (58.1 kg)
- BMI: 18.4

Vital Signs:

- Temperature: 103.1°F (39.5°C)
- Heart Rate: 118 bpm
- Respiratory Rate: 32 breaths/min
- Blood Pressure: 104/62 mmHg
- SpO₂: 84% on room air → improved to 90% on 6L nasal cannula



Physical Exam:

General: Thin, ill-appearing male in moderate respiratory distress. Drowsy and intermittently responsive.

HEENT: Dry mucous membranes, no scleral icterus

Neck: Supple, no lymphadenopathy or JVD

Cardiovascular: Tachycardic, regular rhythm, no murmurs

Respiratory: Labored breathing with accessory muscle use. Diffuse crackles and diminished breath sounds bilaterally.

GI: Soft, non-distended, hypoactive bowel sounds

GU: Deferred

Extremities: No edema, cap refill <2 seconds

Skin: Warm, dry, no rashes or lesions

Neuro: Disoriented to time and place. Follows simple commands inconsistently. No focal deficits noted.

Psych: Appears confused, flat affect

Assessment & Plan: 68-year-old male presenting with fever, productive cough, hypoxia, and altered mental status. Imaging reveals bilateral pulmonary infiltrates consistent with pneumonia. He is febrile, tachycardic, tachypneic, and requiring high-flow oxygen to maintain saturation. He appears significantly underweight with poor nutritional intake and has a depressed level of consciousness without focal neurologic signs.

Plan

1. **Antibiotics:** Start IV Ceftriaxone and Azithromycin for suspected pneumonia.
2. **Oxygen Support:** Maintain oxygen via high-flow nasal cannula; monitor saturation and respiratory effort.
3. **Cultures & Labs:** Obtain blood and sputum cultures; monitor CBC, CMP, lactate, and procalcitonin.
4. **Neuro Monitoring:** Frequent neuro checks; evaluate metabolic causes of confusion.
5. **Nutrition:** Nutrition consult; initiate high-calorie diet or enteral support if needed.
6. **Safety & Support:** Fall precautions; discuss goals of care with family.

Query Compliance Audit

1. Query Title: Nutritional Status

Query Text:

The patient has a BMI of 18.4, poor oral intake, and appears cachectic.

Please clarify the patient's nutritional status:

- Severe malnutrition
- Moderate malnutrition
- Obesity
- Other (please specify): _____

B. Yes, this query is compliant

A. No, this query is not compliant

2. Query Title: Clarification of Respiratory Status

Query Text:

The patient is documented as having:

- SpO₂ 84% on room air, requiring 6L O₂ to maintain 90%
- Respiratory rate of 32
- Use of accessory muscles
- Bilateral crackles and diminished breath sounds
- Chest X-ray showing bilateral infiltrates

Based on the above clinical indicators, can you clarify the patient's respiratory condition?

- Acute respiratory failure with hypoxia
- Other respiratory condition (please specify): _____
- Not clinically significant

C. Yes, this query is compliant

D. No, this query is not compliant

3. Query Title: Severe Sepsis Confirmation

Query Text:

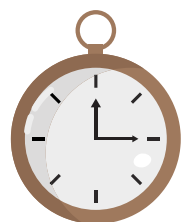
The patient is febrile (103.1°F), tachycardic (HR 118), tachypneic (RR 32), and has leukocytosis. These findings are consistent with severe sepsis.

Can you confirm the diagnosis of severe sepsis?

- Yes
- No

C. Yes, this query is compliant

D. No, this query is not compliant



4. **Query Title:** Clarification of Mental Status

Query Text:

The patient is documented as disoriented, minimally responsive, and follows commands inconsistently. Labs show elevated lactate and sodium of 128. These findings are consistent with metabolic encephalopathy.

Please clarify the patient's mental status:

- Metabolic encephalopathy
- Delirium
- Dementia
- Other (please specify): _____

H. Yes, this query is compliant

I. No, this query is not compliant

5. **Query Title:** Pneumonia Type Clarification

Query Text:

The patient is documented as having pneumonia. Clinical indicators include:

- Fever of 103.1°F
- Productive cough with yellow sputum
- Respiratory rate of 32
- SpO₂ 84% on room air, requiring 6L O₂
- Chest X-ray showing bilateral infiltrates
- Empiric antibiotics (Ceftriaxone and Azithromycin) have been initiated

Can you further specify the type or etiology of pneumonia based on the clinical findings and treatment provided?

S. Yes, this query is compliant

T. No, this query is not compliant

Audit Summary:

- 1.
- 2.
- 3.
- 4.
- 5.



Provider Education

Accurate clinical documentation is essential for capturing the true severity of illness and guiding appropriate care. Providers often use terms interchangeably that have distinct clinical meanings, which can lead to confusion in diagnosis and coding. “This vs that” reminders help clarify these differences by highlighting key clinical indicators. These quick comparisons support better decision-making and stronger documentation integrity.

Try it Out!

Infection vs. M N W M Y M

— — — — —

Weight loss vs. F H V G X U Z Y U Y O G

— — — — —

Hypoxia vs. Z N M W Y Z H U O Z P Q H Y V X Z N

— — — — —

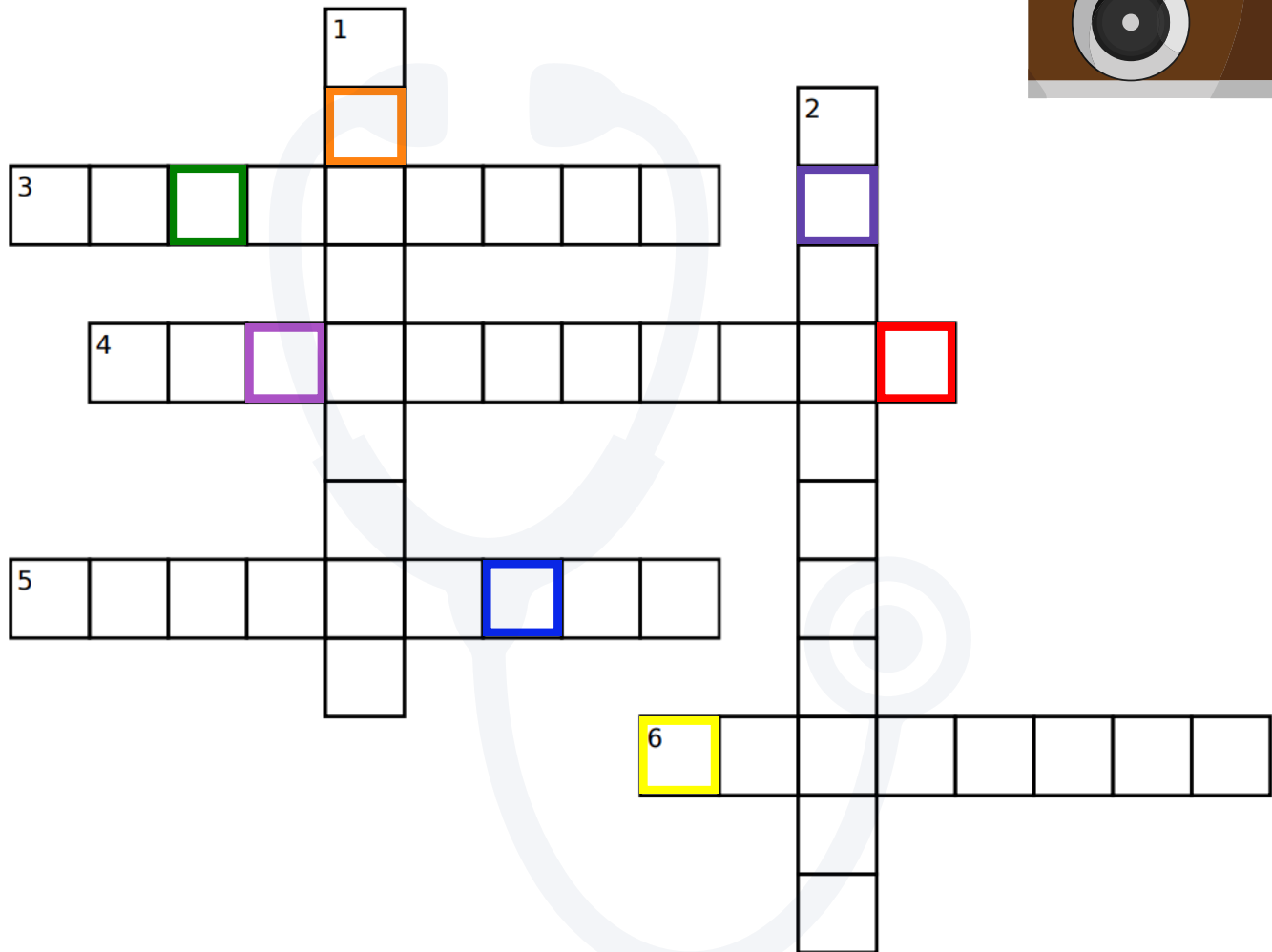
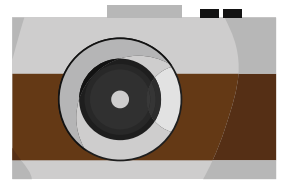
Altered mental status vs. N G K N W T H V O W H U T P

— — — — —

A = B	H = A	O = O	V = L
B = V	I = D	P = Y	W = P
C = G	J = Z	Q = F	X = U
D = Q	K = C	R = J	Y = I
E = K	L = W	S = X	Z = R
F = M	M = S	T = H	
G = N	N = E	U = T	



Medical Necessity



Across	Down
3: Requires this hospital-level of care due to unstable vitals, oxygen needs, and altered cognition	1: Referral indicated for weight loss, poor intake, and frailty
4: Empiric therapy initiated for suspected systemic infection with fever and tachycardia	2: Safety measures needed due to confusion, weakness, and fall risk
5: Consult needed for progressive confusion without focal neurological findings	
6: Medication initiated for gastric acid suppression in patient with reflux history	

Quality Review - PSI Validation

During a recent clinical documentation review, this patient was identified as having a Central Venous Catheter-Related Bloodstream Infection (CLABSI). This case has been flagged for potential inclusion under the **AHRQ Patient Safety Indicator 7 (PSI 7)**, which monitors CLABSI rates in adult populations.

To ensure accurate representation of the clinical scenario and appropriate risk adjustment, we are reviewing documentation for clarity regarding:

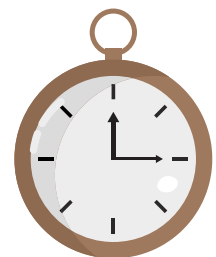
- The presence and timing of the CLABSI
- Any clinical indicators supporting or refuting the diagnosis
- Potential exclusions or alternative explanations

To ensure accurate reporting and potential exclusion from this quality metric, we are requesting a review of the documentation for this infection. Please review the case details below:

- On day 4 of hospitalization, 5 different activities took place, starting at 1:00 PM and ending at 2:00 PM. Each activity took place in 15-minute increments, and no two activities happened at the same time.
- Eric received antibiotics 15 minutes before the blood cultures grew.
- Eric had blood cultures drawn right after his fever.
- Eric required placement of a peripherally inserted central catheter (PICC) following admission, but earlier than both the blood cultures being drawn and his blood cultures growing.
- The blood culture growth was not at 1:00 PM or 1:15 PM.
- The fever was not at 1:00 PM.

Thank you for your attention to this important matter.

Sincerely,
Office of Quality and Patient Safety



Hospital Billing

Hospital blended rate: \$9,676

\$ _ _ , _ _ _

Baseline MS-DRG		MS-DRG Relative Weight
195 Simple pneumonia and pleurisy without CC/MCC		0.6227
Diagnosis Code Detail		
J18.9	Pneumonia, unspecified organism	
R41.82	Altered mental status, unspecified	
R09.02	Hypoxemia	
K21.9	Gastro-esophageal reflux disease without esophagitis	

Final MS-DRG		MS-DRG Relative Weight
871 Septicemia without MV >96 hours with MCC		1.9621
Diagnosis Code Detail		
A41.9	Sepsis, unspecified organism	
J15.9	Unspecified bacterial pneumonia	
G93.41	Metabolic encephalopathy	
J96.01	Acute respiratory failure with hypoxia	
E44.0	Moderate protein-calorie malnutrition	
K21.9	Gastro-esophageal reflux disease without esophagitis	

A 5	B 20	C 1	D 13	E 6	F 17	G 10	H 15	I 22	J 7	K 26	L 2	M 24
N 23	O 8	P 19	Q 3	R 14	S 0	T 21	U 9	V 18	W 4	X 11	Y 25	Z 16

