



# Improving your documentation: Lessons learned from the CMPA

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**Faculty:**, Janet Nuth, MD

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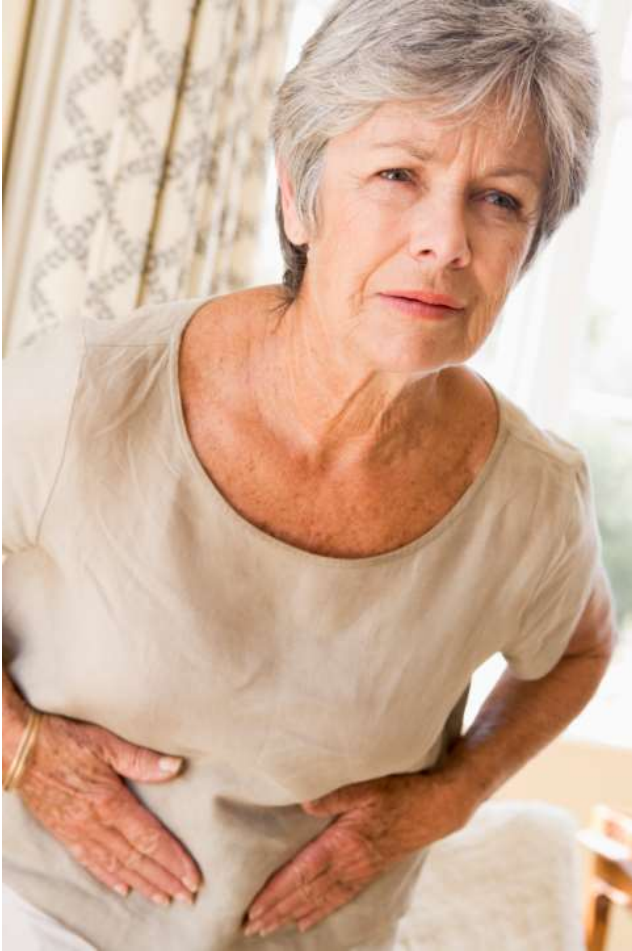
Cases have been removed from this handout.  
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# Learning Objectives

- Outline 5 documentation deficiencies identified in CMPA cases
- Describe 3 best practices when documenting using an EMR
- Develop 2 documentation strategies that you can implement to improve patient safety



# Case



What is the most frequent issue with documentation seen in CMPA cases?

**A**

**Illegibility  
of  
records**

**B**

**Late entries  
incorrectly  
done**

**C**

**Unprofessional  
comments**

**D**

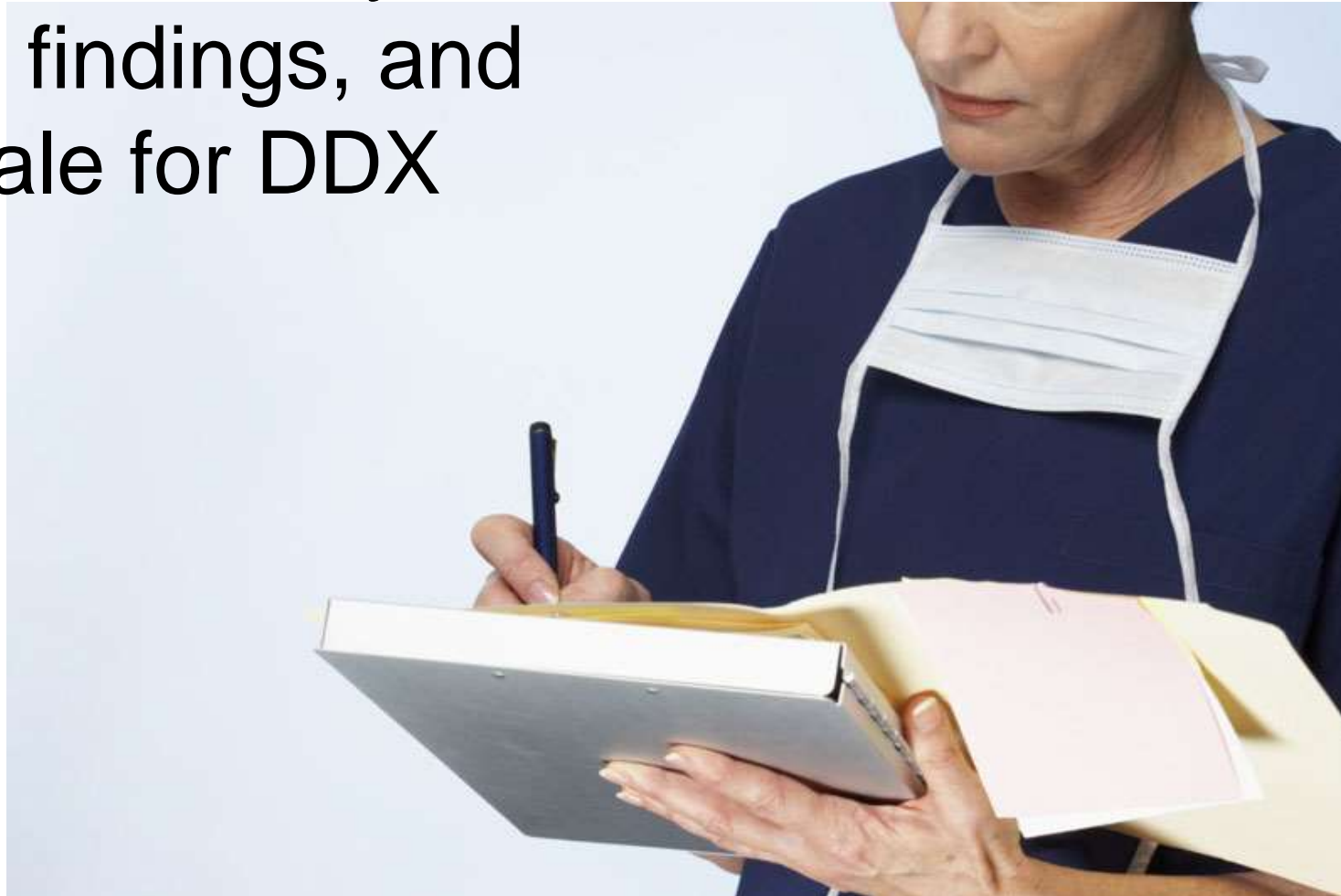
**Incompleteness  
of  
assessments**

# CMPPA cases with a diagnostic delay/ misdiagnosis



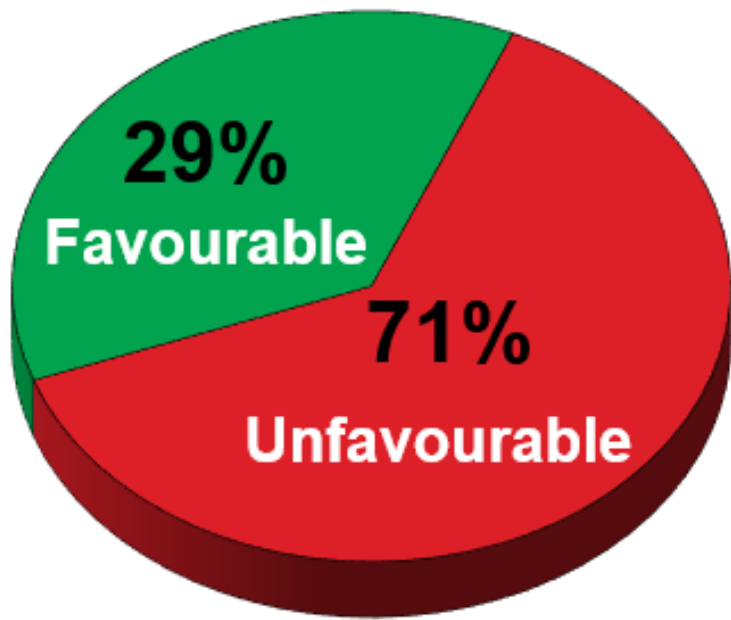
**86%**  
Deficient  
assessment

# Failure to document pertinent history, physical findings, and rationale for DDX

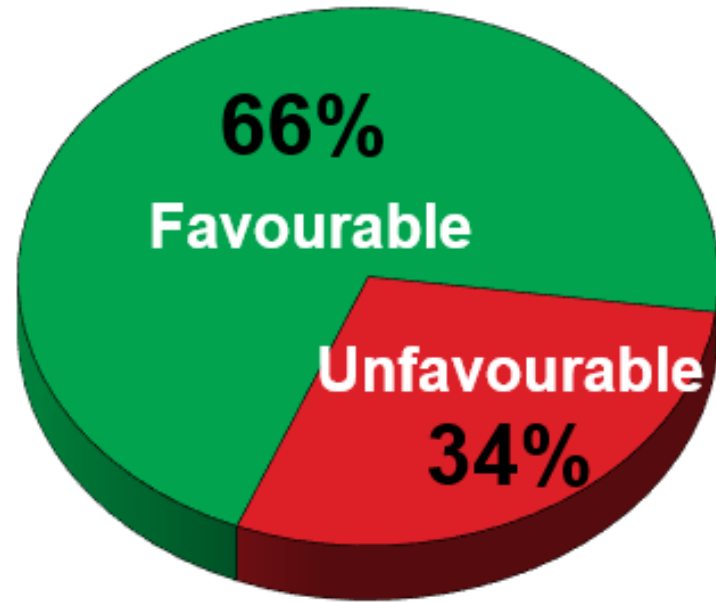




# Legal outcomes: Over 5 year period



Record Keeping Issues



No Record Keeping Issues

College  
complaints with  
documentation  
issues

**93%**  
unfavourable  
outcomes



# You are an expert reviewing the record:

What are 5 things missing?

## Deficiencies

- history
- physical
- 3 other deficiencies



# Most common documentation deficiencies

- ❑ History: missing key red flags, pertinent positives and negatives
- ❑ Physical examination: missing key elements, pertinent negatives
- ❑ Call to consultant/staff: name, information conveyed, advice given
- ❑ Diagnostic reasoning: DDx and justification for excluding more serious diagnoses
- ❑ Discharge instructions: Symptoms triggering return visit, urgency of response



# Medical record

# Which of the following elements of proof is the BEST to demonstrate your diligence?

**A**

The opinion of medical experts about what instructions you should have provided

**B**

The patient's written recollection of the instructions you gave her

**C**

The discharge instructions recorded on the emergency department chart

**D**

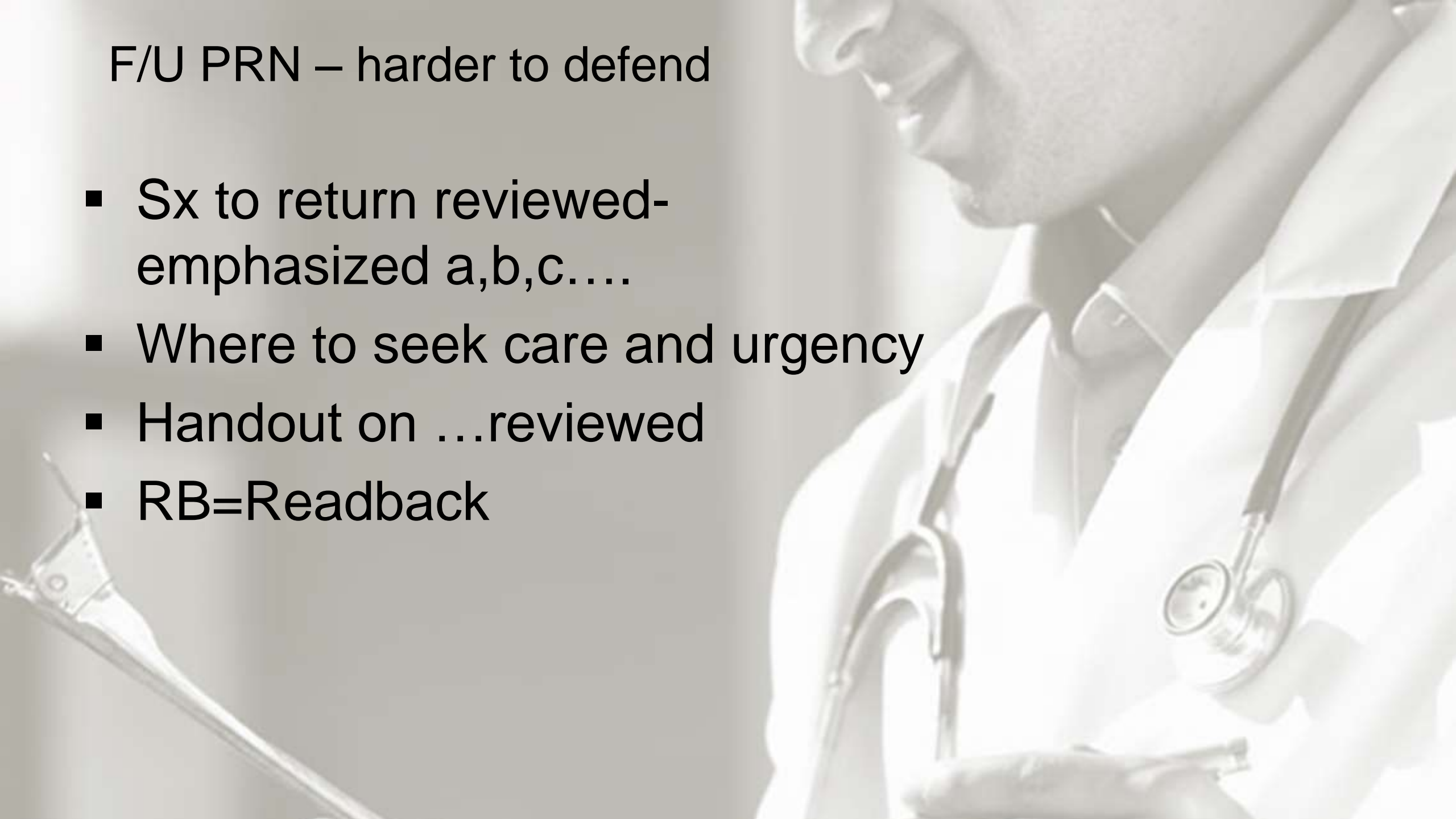
Your testimony about the usual instructions you provide to patients

# Inadequate Discharge Instructions



F/U PRN – harder to defend

- Sx to return reviewed-  
emphasized a,b,c.....
- Where to seek care and urgency
- Handout on ...reviewed
- RB=Readback





# Other areas with documentation deficiencies



Informed  
Consent



Telephone  
Advice



Handover

# What about EMRs?

Patient Chart: BARRS, TRISTAN

Edit Profile | Print | VISIT DATE: June 17, 2009 | New Visit | Edit Visit | Save Changes

ID#: 290117 | TRISTAN BARRS | Male | D.O.B. 07/13/1974 | Phone #: 613-832-0031

**TEMPLATES**

- Acute motor deficit
- Altered mental status
- Anemia
- Aphasia
- Ascites
- Ataxia
- Back pain**
- Balance disorders
- Breast mass
- Cardiomyopathy
- Chest pain

**BACK PAIN SYMPTOMS**

<input checked="" type="checkbox"/> Onset <1 week	<input type="checkbox"/> Constant pain
<input type="checkbox"/> Onset <1 month	<input checked="" type="checkbox"/> Intermittent
<input type="checkbox"/> Onset >1 month	<input type="checkbox"/> Worse on flexion
<input type="checkbox"/> Back dominant pain	<input type="checkbox"/> Worse on exten.
<input type="checkbox"/> Leg dominant pain	<input type="checkbox"/> Better w/ rest
<input checked="" type="checkbox"/> Radiates <input type="text" value="groin"/>	<input type="checkbox"/> Worse w/ activity

**RISK FACTORS**

<input type="checkbox"/> Hx of trauma	<input checked="" type="checkbox"/> Recent hx of lifting
<input type="checkbox"/> Hx of back pain	<input type="checkbox"/> Occupational ha...
<input type="checkbox"/> Hx of osteopor...	<input type="checkbox"/> Recent infection
<input type="checkbox"/> Hx of cancer	<input type="checkbox"/> Corticoster...
<input type="checkbox"/> Psych hx (depre...	<input type="checkbox"/> Age >50y/o

**OTHER SYMPTOMS**

<input type="checkbox"/> Fever
<input type="checkbox"/> Weight loss
<input type="checkbox"/> Night sweats
<input type="checkbox"/> Fatigue
<input type="checkbox"/> Urinary rete...
<input type="checkbox"/> Fecal incont...

**IMAGING**

<input type="checkbox"/> X-Ray
<input checked="" type="checkbox"/> CT
<input type="checkbox"/> MRI
<input type="checkbox"/> Ultrasound
<input type="checkbox"/> Bone scan

## Common pitfalls:

- overuse of templates and check boxes
- underuse of free text
- inappropriate use of copy-paste function

# Documentation

Paper charts

If it wasn't charted it wasn't done

With EMRs

It's charted, but was it done?



# EMR audit function

- User's identity
- Date and time
- Duration of access
- Any changes or additions





# Case example

Keep your hands off the keyboard!



# Record your intellectual footprint

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Empowering  
better healthcare

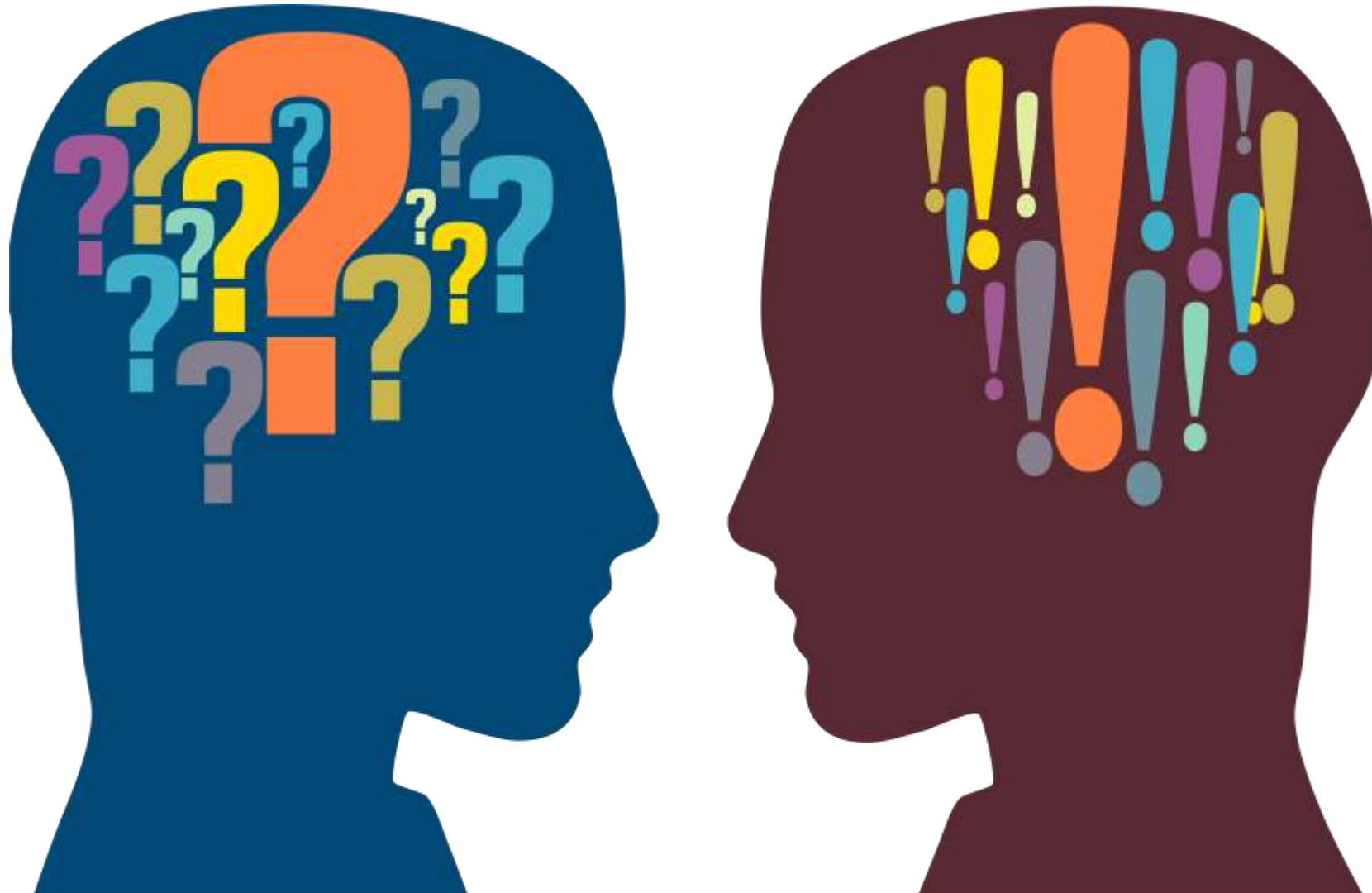


# ***The Bottom Line ...***

- 1. Deficient assessments are the most common documentation issue in CMPA cases**
- 2. Leave your intellectual footprint in the chart**
- 3. Beware templates, copy/paste function, addendums/ late entries when using EMRs**



# What will you do differently in your practice?





## CMPA's collection of self-guided eLearning activities



### Documentation

*0.5 Mainpro+ credit*

*MOC Section 3 – 0.5 hours (1.5 credits)*

*15 to 20 minutes to complete*

*CanMEDS: Professional, Communicator*

#### Upon completion, you will be able to

1. Describe the principles and elements of good medical documentation.
2. Recognize the importance of good documentation for your patients, your colleagues, and you.

[Get started](#)

▼ Accreditation & disclosure

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[www.cmpa-acpm.ca](http://www.cmpa-acpm.ca)

■ **CMPA Good Practices Guide**

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# Questions

