

## Query Deficiency Management for Providers

**IMPORTANT NOTE:** *Completing documentation prior to 45 days from discharge is necessary to avoid additional physician workflow impacts.*

### Query Workflow

If queries are assigned to a provider, then they will be notified by a **red alarm** on the “pill box.” A preview of the patient’s with pending queries can be seen or it can be minimized to take up less space on the screen.



**Condition General 360MD**

**SPLIT INPATIENT**

M 40 y/o (01/01/1980)

Admit: 1/16/2020 (5 days)

Location: 1.4W - 1.400-4

MRN: COCQA2I000037845.

Visit: COCQA2I00021044551.

ASSIGNED TO ME AND OTHERS

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QUERY DETAILS

Query related questions should be directed to:

[Overwrite this text with your query question and reasonable options for the physician response.]

The patient's Clinical Indicators include:

PK testing

RESPONSE OPTIONS

**A**  Respond - Create new note now

OTHER OPTIONS

**B**  Disagree - Not applicable / Not valid

Disagree - Clinically unable to determine / Unknown

**C**  Assign to another provider

DSCHG Reviewed by: Pulliam, Kristin 2/3/2020 12:48 pm Offline

Always choose the most appropriate response.

- A Respond – Create new note now:** If a custom query response option does not appear in the eMD window (or is inapplicable), select **Respond – Create new note now** which will record your response as “Agree” and prompt for a Response Note.
- B Disagree –**
  - **Not applicable/Not Valid:** You will be required to provide a reason. Note that you will likely get another query if this option is chosen, unless you provide an adequate explanation for marking this query as invalid.
  - **Clinically unable to determine/ Unknown**
- C Assign to another provider:** Type the provider number or name in the blank field provided and select the applicable provider from the search results.

Some queries may appear with additional response options.

- A Custom Responses –** If a custom response for a query type is provided, a secondary question may appear.
  - **Secondary Question - A required secondary question appears based on the primary response selection. Click Save to complete.**
- B Other – I will add my own diagnosis:** This option is presented on all queries with custom responses. It records your response as “Agree” and allows you to manually enter a diagnosis which becomes part of the official medical record (details on following slide).

ASSIGNED TO ME AND OTHERS

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MRN: COCQA2I000037823  
Visit: COCQA2I00021044288

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RESPONSE OPTIONS

**A**  Skin

Fascia/Subcutaneous

Muscle

Tendon

Bone

**B**  Other - I will add my own diagnosis

OTHER OPTIONS

Disagree - Not applicable / Not valid

Disagree - Clinically unable to determine / Unknown

Assign to another provider

## Query Deficiency Management for Providers

### Signature Deficiency Workflow

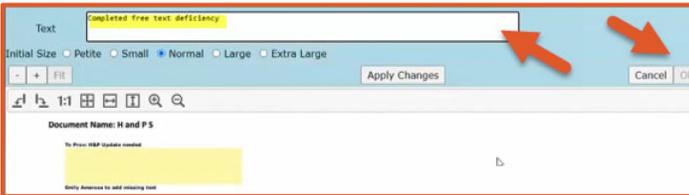
1. Select **Sign**.



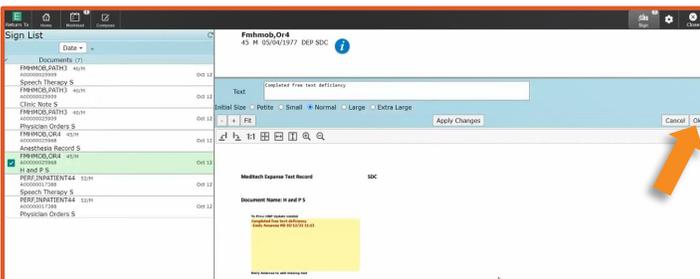
2. Select **Sign** or **Reject**.



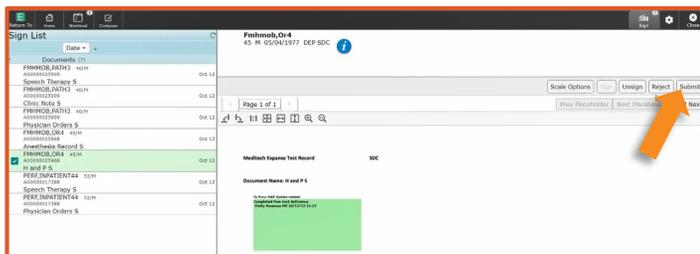
3. After clicking **Sign**, enter any missing text in the text box that appears for deficiency completion.



4. When all changes are complete, click **Ok**.



5. The yellow text box turns green and the provider can click **Submit** to finalize the deficiency.

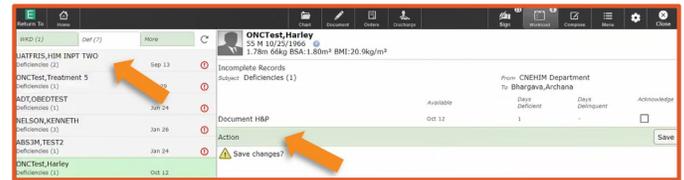


### Missing Document Deficiency Workflow

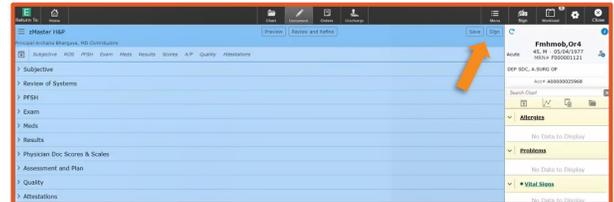
1. Select **Workload**.



2. Select **Deficiencies** tab. Double-click document type to access pDoc.

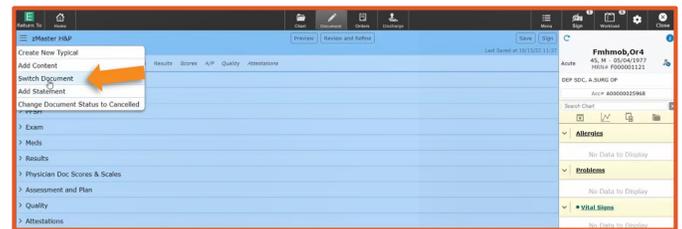


3. Document will open for deficiency completion. Click **Sign** to complete.



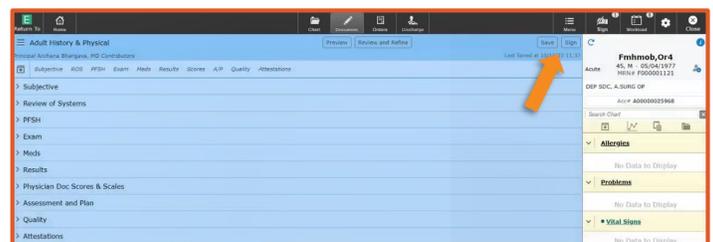
4. In the event the provider wishes to change the HIM selected general template to a more specific template, click the **≡** three bars.

5. Click **Switch Document**.



6. The new document template loads and the provider can now make applicable updates.

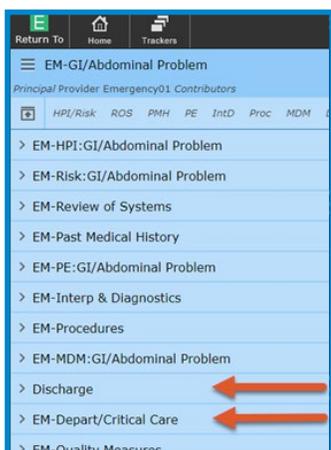
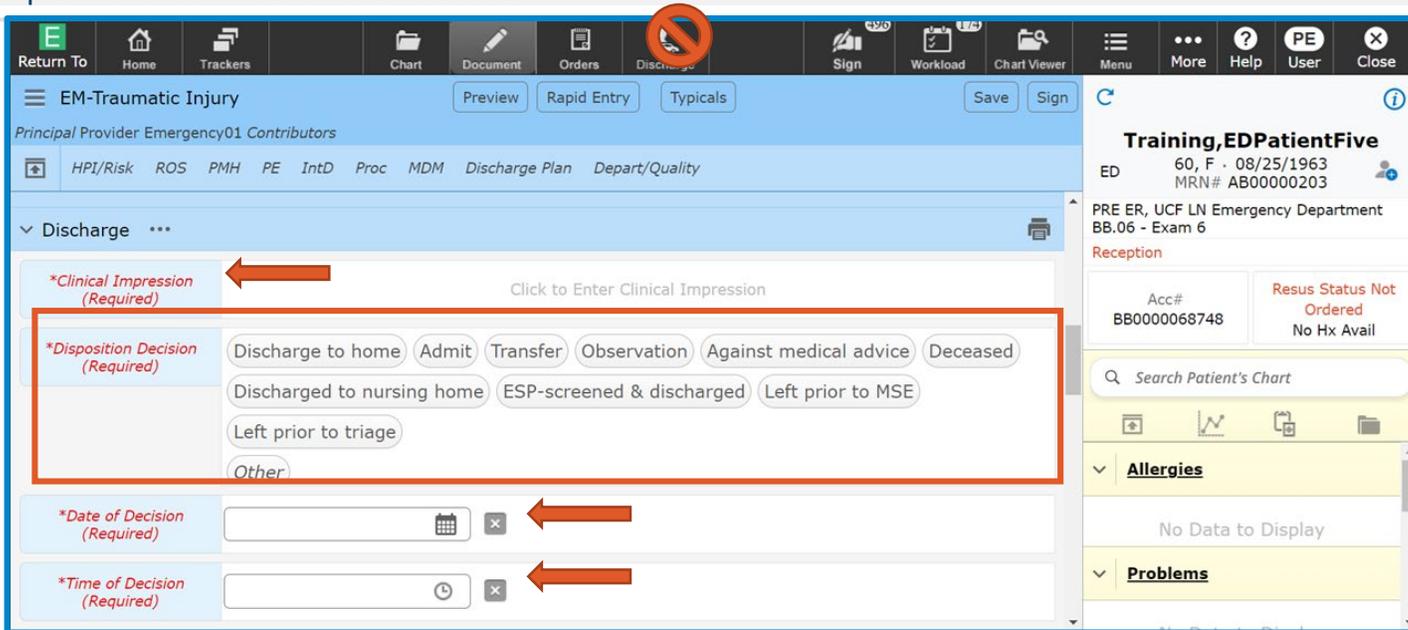
7. Once complete, Click **Save** to edit later or **Sign** to complete the deficiency.



## ED Provider Disposition Documentation

### Process for documenting Clinical Impression and ED Disposition

Clinical impression and discharge disposition is not currently a required field in order to final sign ED provider notes in Expanse, therefore these steps must be followed to ensure the disposition decision and disposition timestamps are captured. After 45 days from discharge, a downtime form will need to be completed and scanned into the record.



- Clinical Impression** documentation can be found in the Discharge tab and should be documented within the **Discharge** section (shown above) of the ED note templates. Expand this section. Documentation is bidirectional with the D/C plan screen found on the top tool bar.

**Note - if entered within the D/C plan after the note is final signed the impression will not cross to the note template leaving this as a deficiency.**

- Disposition Decision** can be found in the EM Depart/Critical Care tab.
  - Within the ED note template, find EM Depart/Critical Care and expand.
  - Select the appropriate Disposition and complete the Time/Date of the decision.
  - Once the Disposition Decision is documented, the time and date of decision will become required.

**Note:** Additional details will be completed for patients that are admitted or transferred.

- Setting the Status event to 'Ready for Discharge' does not capture disposition date/times.
- Status Events are only for communication. The disposition timestamps are captured within the provider note.

Please refer to the [ED Outlier Tracker Education Tip Sheet](#) for directions on using the ED Outlier Tracker and how to reconcile deficiencies.