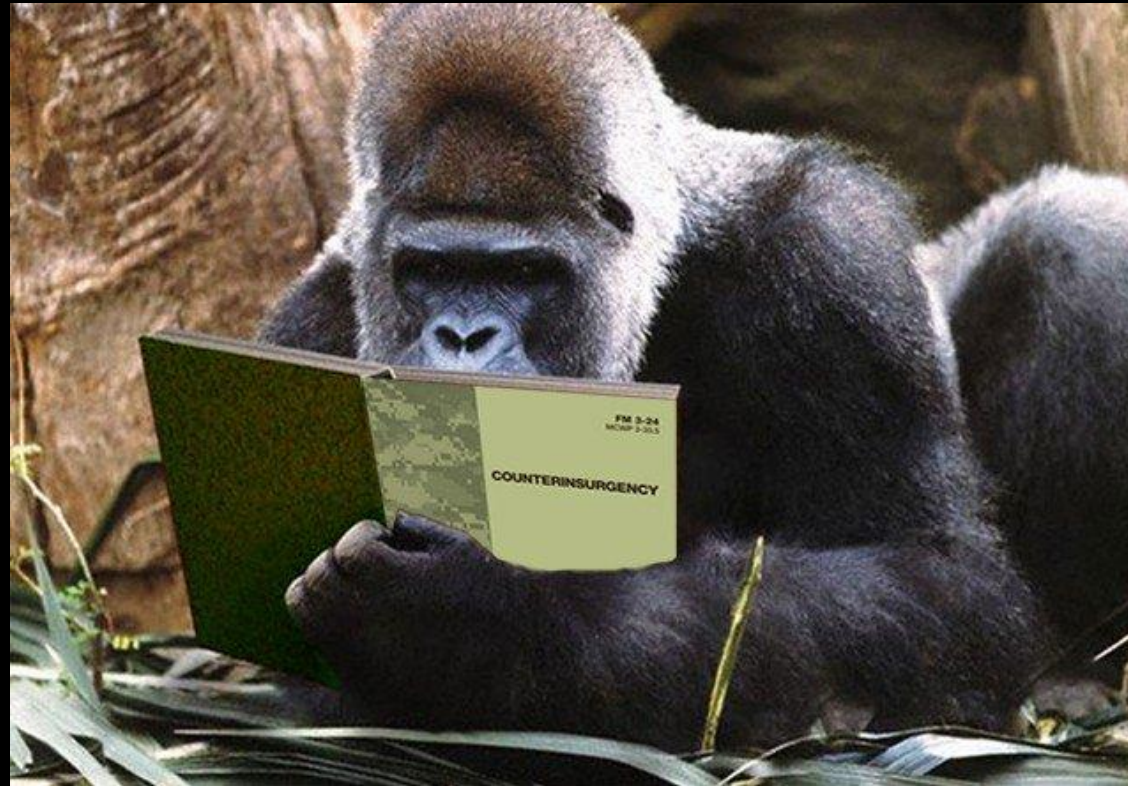


# Guerilla CDI: Counterinsurgency of Subversive Documentation

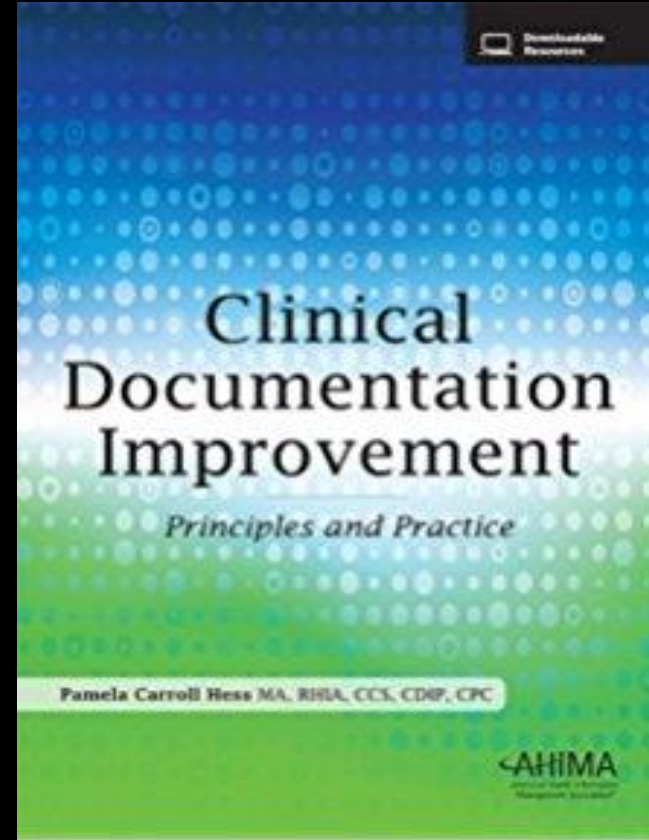
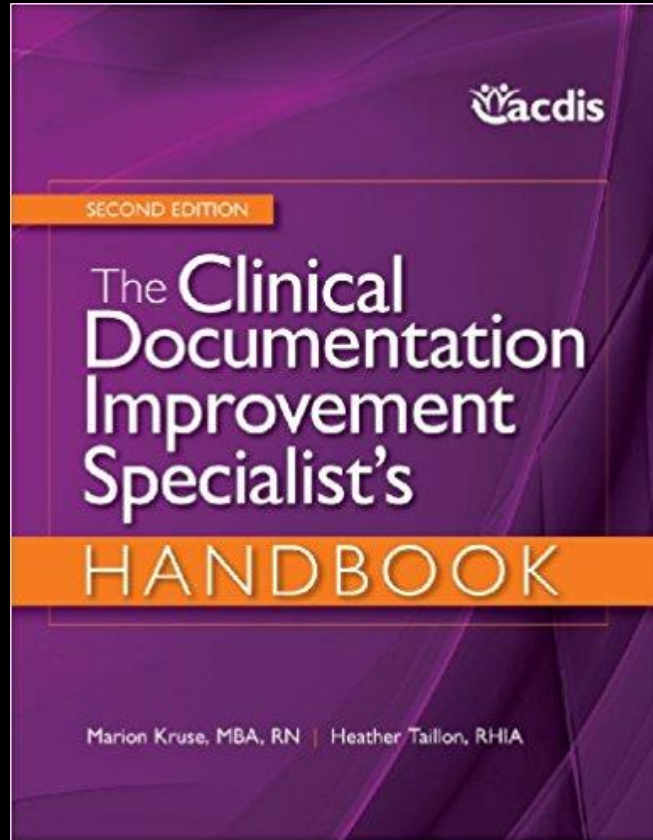


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**302-542-4515**

# Conventional Warfare Manuals



***“A CDI program assists providers in obtaining accurate, complete, and quality documentation.”***

# Conventional CDI Warfare



Site visits  
Workshops  
Conferences

# Subversive Strategies

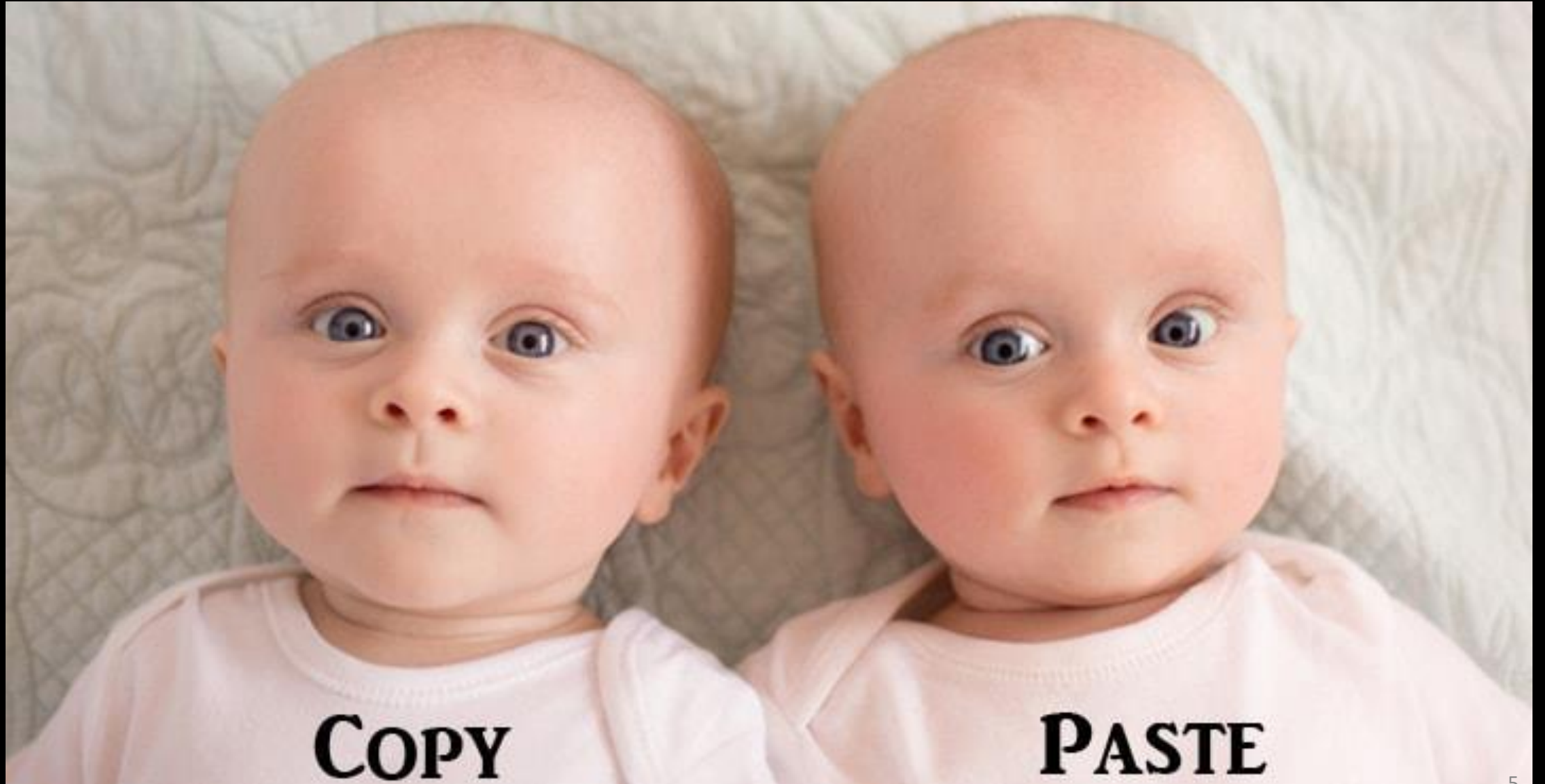


## OIG Work Plan 2017

1. “Over-documentation”
2. “Repetitive exact entries”
3. “Auto-populated services”

**1 = 2 = 3 = Copy/Paste**

# Subversive Propaganda



# Limits of Conventional CDI in Asymmetric Warfare

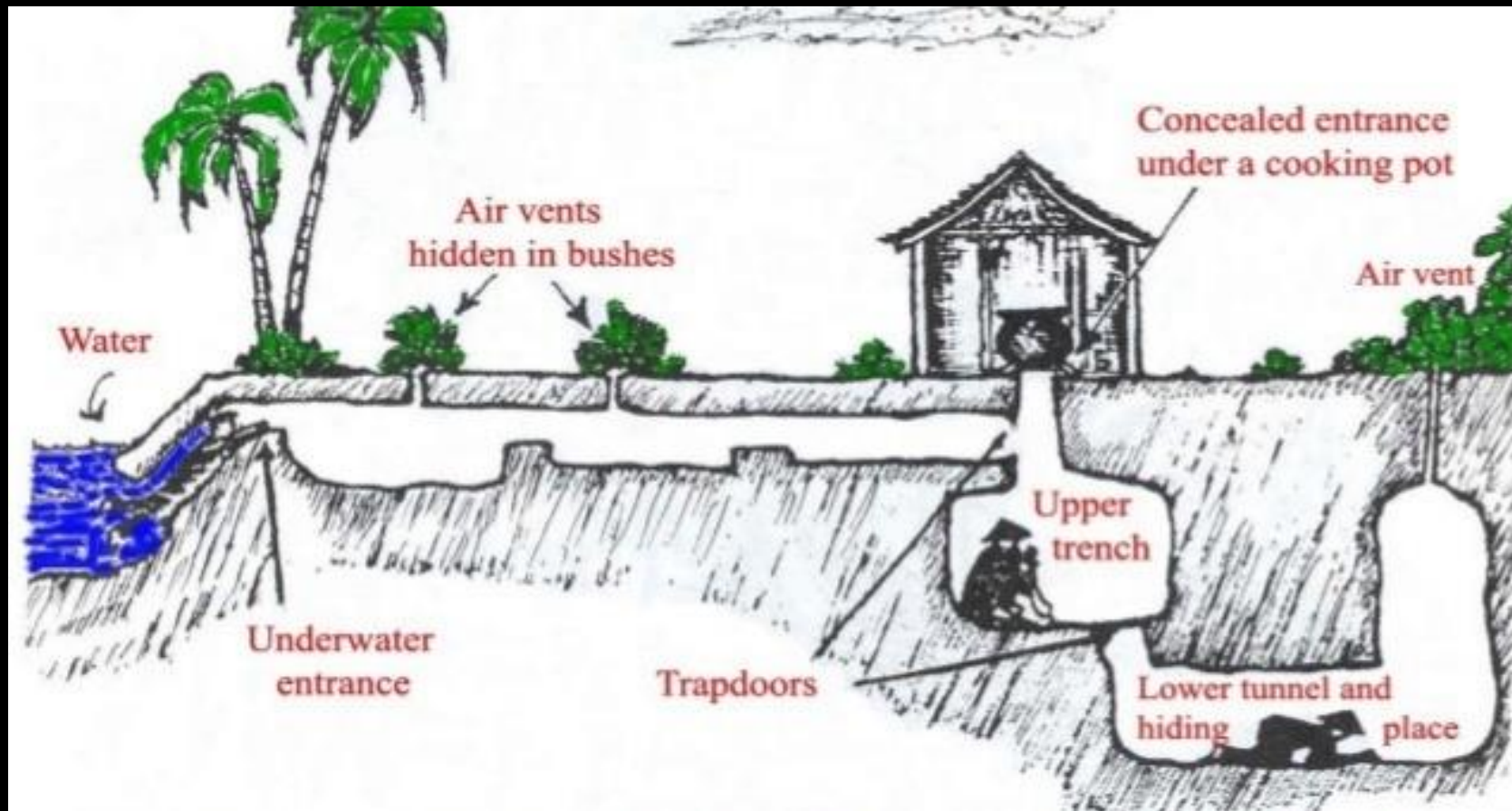


Clinical Documentation Improvement

VS.

The physician

# Counterinsurgency CDI



A program to win the hearts and minds of physicians





# H&P 03/20



ROS: *“...she denies having any fever, chills, sweats, abdominal pain, dysuria, frequency.”*

PE: *“Nontoxic elderly cachectic female.”*

LABS: **No UA** & normal WBC

Diagnosis: **UTI**

# Hospital Course 3/21 – 3/26

## HOW (NOT) TO WRITE PROGRESS NOTES

3/21: “Urine C&S negative. ***No further w/u required***”

3/21 -26: “*Recurrent UTI*”

3/21- 3/26: Ertapenem

3/21 -3/26: “...*lying in bed, without distress, well nourished*”

# Discharge Summary 3/26



*“UA showed many bacteria and WBC but a urine C&S did not grow any bacteria **so far**. Patient received 7 days of IV abx treatment.”*

**P.S. Inpatient admission denied**

# Clinical Hallucination Improvement

*The elephant in the EMR*



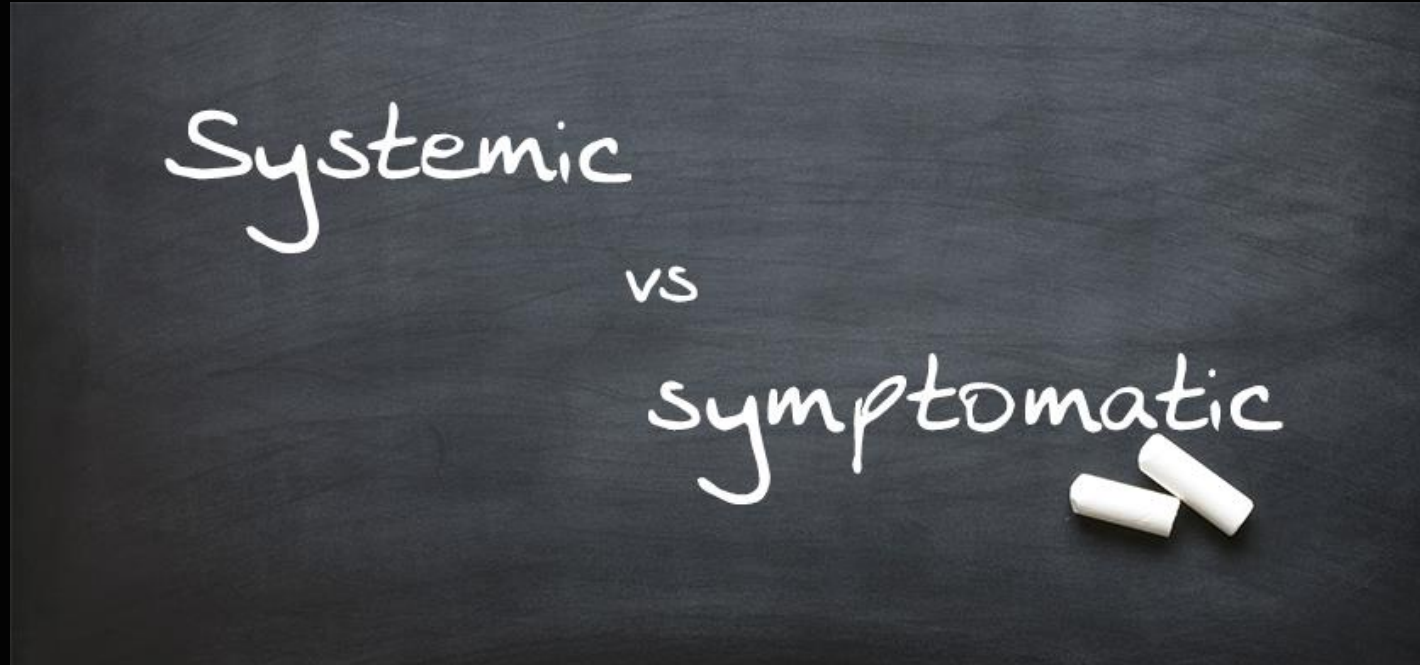
**Do we need CHI more than CDI?**

# Nuclear Option #1



**Copy/Paste is hallucinogenic**

# What If?



**What if hallucinatory documentation is not only a problem but also a symptom?**

# What if?



The physician

vs.

The 'System'

# What if?



**This is what burnout looks like?**



# No Reason Not to be Acknowledged



WSJ



The NEW ENGLAND  
JOURNAL of MEDICINE

The Washington Post



REUTERS

# Nuclear Option #2



**CDI requires the C-suite acknowledging the system is a problem**

**If they won't then you may have to go nuclear on your C-suite**



# What You Should Have Heard

- 1. Poor documentation may be clinical hallucination**
- 2. Clinical hallucination is resistant to CDI**
- 3. Clinical hallucinations are a symptom of a failing system**
- 4. C-suites and EMRs are part of this failing system**
- 5. To win physician hearts and minds you may need to heal them first**
- 6. You may need to go nuclear more than once**

# Thank You For Listening

