Documentation & Charting

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Conflict of Interest Disclosures
Speaker: Richard S. Rosenberg, PhD

☐ 1. I do not have any potential conflicts of interest to disclose, **OR**

☒ 2. I wish to disclose the following potential conflicts of interest

Type of Potential Conflict	Details of Potential Conflict
Consultant	American Association of Sleep Technologists, Natus Medical, Philips Respironics, Atlanta School of Sleep Technology

☒ 3. The material presented in this lecture has no relationship with any of these potential conflicts, **OR**

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1.

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Objectives

- Define communication and charting requirements
- Provide examples of accurate and descriptive chart notes

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Communication

Communication in the Medical System

- Effective communication ➡ good medical care
- Ineffective communication ➡ wrong diagnosis, delayed or ineffective treatment

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Communication with Patients

- Translation needs
- Age
- Educational level
- Deaf or hard of hearing
- Cultural considerations

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Healthcare Communications

- Explain diagnosis, testing and treatment
- Clarify information or obtain consent
- Deal with anxious patients or family members
- Provide patient education and follow up instructions

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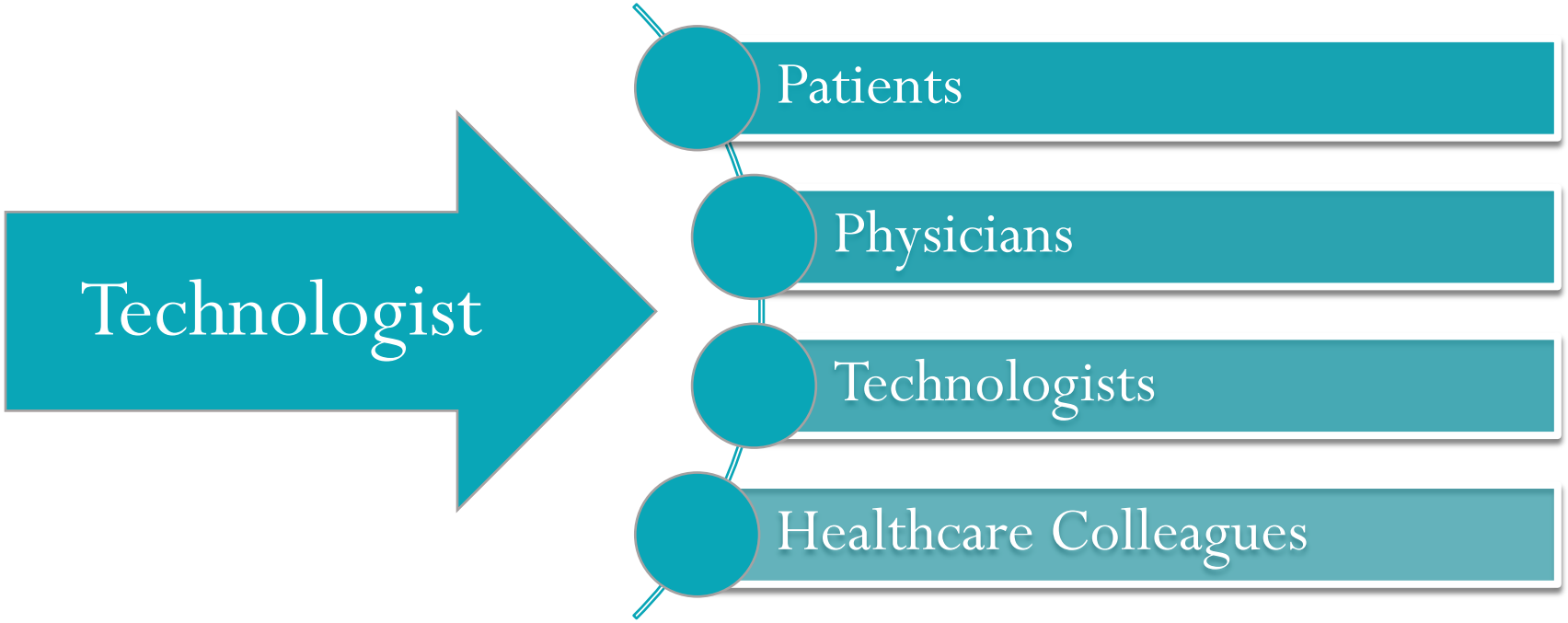
Effective Communication

- Essential part of building and maintaining good relationships
- Good relationships are essential for good healthcare!



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Effective Communication

- Good communication skills help people to:
  - Understand and learn from each other
  - Develop alternate perspectives
  - Meet each others' needs

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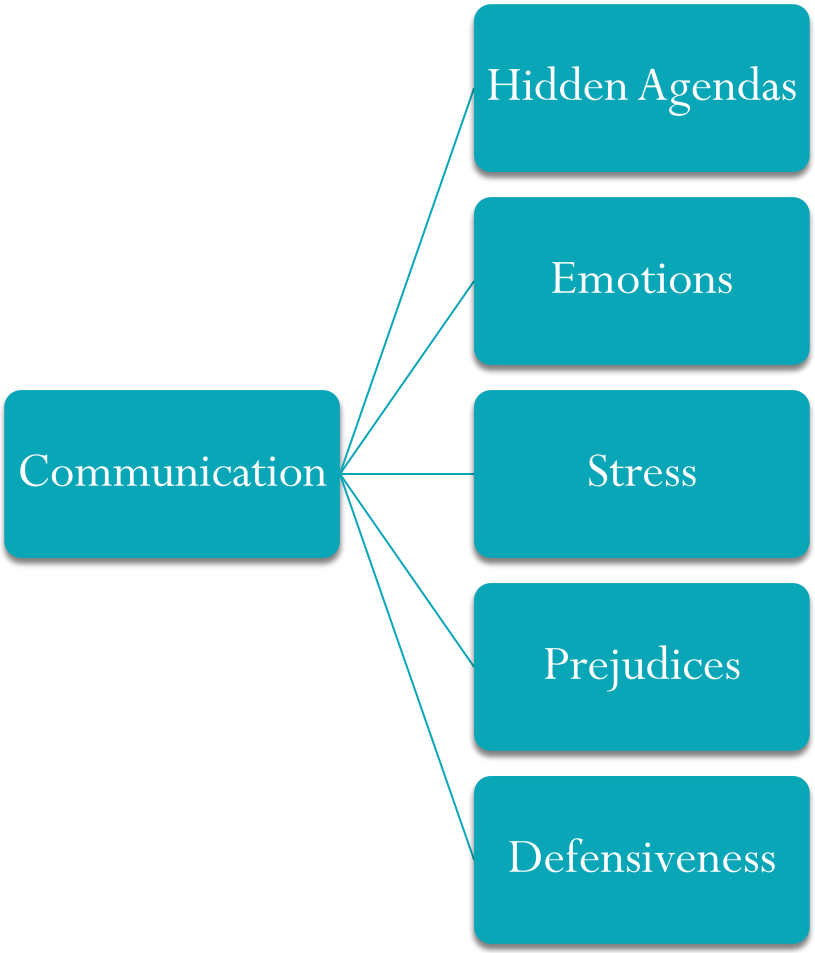
Communication Barriers



- Remove barriers to achieve the real goal of communication - mutual understanding

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Approaching the Patient

- Introduce yourself and orient the patient to the sleep center
- Establish an attentive, respectful and non-judgmental relationship
- Acknowledge any patient concerns
- Answer any patient questions
- Reassure appropriately
- Summarize and clarify understanding

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Involving the Patient

- Discuss the patient's expectations and/or concerns
- Explain the process simply and clearly
- Pay attention to the patient's response
- Summarize and clarify understanding
- Respect the patient's autonomy
- Remember patient rights

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Patient FAQs

- Will the sleep study hurt?
- How will I be able to sleep with all those wires on me?
- Will you be able to tell what I am dreaming?
- I usually need a sleeping pill to sleep – can I have medication tonight?
- How do I go to the bathroom?
- Is there always someone watching me during the night?
- What if I do something embarrassing and it's caught on video?
- What if I don't have apnea (or restless legs or seizures) tonight?
- If I wake up in the middle of the night can I go home?
- Can I go straight to work in the morning?

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Prepare to Communicate Well

- Prepare for your patient
  - Review the patient chart - history and physical, consult
  - Look at the sleep questionnaire – is it complete?
  - Review the physicians orders
- Listen to your patient
  - Does he understand why he is in the sleep center?
  - Is the information he is providing consistent with the information in the chart?

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Communicate Well

- Clarify any missing or unclear information with the patient (and document it!)
- Provide any important relevant information you get from the patient to the physician
  - Alcohol, tobacco and caffeine use, for example
- Clarify any orders that don't make sense with the physician

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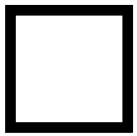
Charting

Adding to the Patient's "Permanent Record"

Charting

- Provide information in clear language
- Provide all necessary information
- Exclude unnecessary comments
- Tailor information and delivery to the audience (patient, physician, colleague, and even the legal system)



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The Medical Record

- Paper/electronic/hybrid
- Consists of:
  - History
  - SOAP (Subjective, Objective, Assessment, Plan)
  - Outcomes of care provided and responses to the plan of care
  - Current patient status
  - Patient assessments

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The Medical Record

- Diagnoses
- Treatments / procedures
- Progress notes
- Laboratory and test results
- Consent forms
- Reports
- Administrative and referral documentation
- Patient instructions

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SOAP Notes

- SOAP notes are a documentation method used by health care providers to create a patient chart
- SOAP notes provide structure and standardized communication between providers
- A SOAP note follows a standardized format
  - Subjective, Objective, Assessment, Plan

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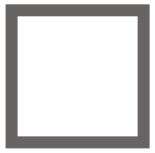
Subjective 

- A narrative of the patient's current condition
- The patient's chief complaint
  - Onset (when)
  - Chronology (how long, how frequently)
  - Quality and severity (pain)
  - Modifying factors (what makes it worse or better)
  - Additional symptoms (related or separate)
  - Treatment (what has been tried)

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Objective □□ □ □ □ □

- Documentation of objective, repeatable facts about the patient's status
  - Age, height, weight, BMI
  - Vital signs (BP, HR, SpO2)
  - Laboratory results (Ferritin level, cholesterol levels)
  - Physical examination findings (scalloped tongue, leg swelling)

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Assessment ☐

- The medical diagnoses for the medical visit on the date the note is written

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Plan □ □

- What the health care provider will do to address the patient complaint and/or treat the patient
  - Order lab work
  - Initiate a referral
  - Order testing
  - Prescribe medications
  - Perform a procedure

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Sample Patient

54 Year Old Man Brought to Sleep Center by His Wife

Subjective

- Onset has been gradual over the last few years, however for the past year he complains of daily morning headaches and reports that recently he has nearly fallen asleep in afternoon meetings at work on occasion.
- He reports that sleeping in a recliner reduces the severity of his headaches and sleepiness.
- He reports frequent awakenings at night to use the bathroom and his wife complains that he kicks his legs frequently while asleep.
- He has increased his intake of caffeine in an effort to stay awake in afternoon meetings, but this has not helped much. He has not had any treatment for these complaints.

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Which of These Do You Choose?

A. S: The patient sleeps in a recliner
B. S: The patient kicks his wife during the night
C. S: The patient complains of morning headaches and excessive daytime sleepiness
D. S: The patient drinks a lot of coffee

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Objective

- The patient is a 54 year old male, 5'4" tall weighing 225 lbs. His BMI is 43.
- Blood pressure 165/100, HR 92, pulse oximetry on room air at rest 97%.
- There are no laboratory results available to review at this visit.
- Physical examination findings included a crowded airway and scalloped tongue, as well as minimal leg swelling.

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Which of These Do You Choose?

A. O: The patient did not bring test results
B. O: 54 year old male, BMI 43, BP 165/100, Mallampati IV
C. O: The patient weighs 225 pounds
D. O: Minimal leg swelling

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Assessment

- Based on the patient's complaints, physical examination that shows a crowded airway and scalloped tongue, obesity, uncontrolled high blood pressure, a high Epworth score and his wife's report of snoring there is a high probability of obstructive sleep apnea.

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Which of These Do You Choose?

A. A: The patient could have just about anything
B. A: Excessive daytime sleepiness
C. A: Obesity
D. A: Obstructive sleep apnea

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Plan

- The patient will be scheduled for overnight polysomnography for suspected obstructive sleep apnea
- Patient is approved for a split night study if criteria are met
- In addition the patient has been referred for ENT evaluation to exclude nasal or adenoidal obstruction
- He will be returning for review of the PSG results in 2 weeks

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Which of These Do You Choose?

A. P: Split night study

B. P: Overnight polysomnography

C. P: ENT consult

D. P: Find out what is wrong with him and treat him accordingly

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Sleep Evaluation

- Physician consult report
- History and physical
- Physician orders
  - Treatment recommendations

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Sleep Study Documentation

Communication Tools ☐

- Patient questionnaires
- Sleep evaluation/consult/medical history & physical
- Physician order for testing or treatment
- Technologist notes during the sleep study
- Preliminary findings – technologist report
- Scoring technologist notes/input
- Physician report

- *All of these are part of the medical record!*

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Patient Questionnaires ☐

- Sleep disorders questionnaire
- Epworth
- Bedtime questionnaire
- Morning questionnaire
- Patient satisfaction survey

- *Multiple choice and number entry questions can be quantified*
- *Open ended questions (such as "how did you like your stay in the sleep center?") not so much*

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Sample Pre-Sleep Questionnaire

- What is your usual bedtime/wake-up time?
- How sleepy are you during the day?
  - Epworth, SSS, KSS
- Has anyone told you that you stop breathing during sleep?
  - Yes / No
- How many times do you wake up during the night?
  - 0, 1, 2, 3, more than 3
- Do you nap during the day or evening?
  - Yes / No
  - How many minutes per day do you nap?

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Sample Bedtime Questionnaire

- What medication have you taken today?
- Have you had any alcohol in the last 24 hours?
- How many beverages with caffeine have you had in the last 12 hours?
- How much sleep did you get last night? Was it a typical night?
- Did you take any naps today?

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Sample Physician Orders

- PSG (Diagnostic/Pediatric/RBD Protocol)
- MSLT / MWT (Call physician if AHI> _____ on PSG)
- Titration CPAP/BILEVEL/Pediatric/Servo/
- MATRx Titration (Rest Position _____ Maximal Protrusion _____)
- BILEVEL ST Titration/BILEVEL with AVAPS Tidal Volume: _____
- Split Night PSG/Retitration Split ___CPAP _____BILEVEL
- Pt currently uses _____ Start at _____

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Technologist Documentation

- Technologist notes
  - Patient behaviors
  - Arousals/movements
  - Technical issues
  - Technologist in room
- Titration log
- Preliminary findings – technologist report
- Scoring technologist notes/input

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Technologist Notes□

- During the polysomnogram
  - Provide a running log of pertinent observations
    - Stage, body position, snore, SaO2, PAP level, leak, comments
  - Correlate polysomnographic events with patient activity
  - Provide technologist observations/relevant detail
  - Facilitate scoring and interpretation of the PSG

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Sample Technologist Notes

- Patient calibrations
  - Eyes open/eyes closed/look up & down/look left & right/blink/grit teeth/snore/breath hold/flex limbs
- Lights out (time)
- Q15/Q30 notes, e.g.:
  - Supine, stage 2, severe OSA
  - Supine, REM, severe OSA, desaturation to 78%
  - REM, patient talking and waving arms

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Sample Technologist Notes

- Events
  - Pt. to bathroom
  - Back in bed, supine
  - Tech in room to fix nasal cannula
  - Questionable heart block (skipped beats on ECG)
  - Increased PAP to 11 **for apneas with desaturation**
- Repeat patient calibrations
- Lights on (time)

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Technologist Notes □

- After the polysomnogram the technologist provides a
  - Summary of the recording
  - Technologist assessment of the recording
  - Preliminary report of findings
- Should also provide a shift change report and indicate any significant findings
  - Arrhythmias, hypoxemia, priority scoring request

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Sample AM Questionnaire

- How long did it take you to fall asleep last night?
- How much sleep do you think you got in hours and minutes?
- How many times did you wake up last night?
- How would you rate the night as a whole?
- 1 2 3 4 5
- VERY POOR/POOR/FAIR/GOOD/EXCELLENT
- ☐ ☐ ☐ ☐ ☐

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Sample Preliminary Report

LIGHTS OUT: _____ Per Policy/At patient request

LIGHTS ON: _____ Spontaneous/Per Policy ☐ Awakened _____at patient request

Patient's rating of sleep:

Better/Same/ Worse

☐ ☐ ☐ ☐ ☐

☐PLMS / RLS ☐

Video _____

Sample Preliminary Report

Apnea/Hypopnea: □

None/Mild/Moderate/Severe/Positional/REM Related

Snoring: None/Soft/Moderate/Loud/ □

Intermittent/Continuous

Cardiac Rhythm: _____

Lowest SpO_2: _____

Baseline SpO_2: (WAKE) ____ (SLEEP) ____

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Sample Preliminary Report

__ CPAP Trial Performed

__ Abolished SDB at _____ cm/H_2O

__ Improved SDB at _____ cm/H_2O

Snoring Controlled with CPAP/BiLevel Pressure at _____cm/H_2O

__ Not tolerated __ Unsuccessful

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Sample Preliminary Report

__ Supplemental Oxygen Administered

__ In advance by referring MD

__ As needed by order of _____

__ SpO2 maintained above _____ %

with O_2 at _____ L/min

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Scoring Technologist □

- Scoring technologist notes (alert physician to read)
  - Significantly fragmented sleep with frequent apneas and desaturation to 83% in stage R sleep
  - Runs of narrow complex tachycardia at a rate of 180 bpm were seen during wakefulness and sleep (unrelated to apnea or oxygen desaturation)
- Statistical report generation
  - Is it accurate and complete?
    - Very important – **LOOK AT THE REPORT!**

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Physician Report

- Patient history
- Technical description
- Findings
  - Sleep structure
  - Respiratory findings
  - Movements/arousals/other findings
  - Cardiac findings
- Impression/diagnosis

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Conclusions

- Appropriate communication techniques start with listening
- Communicate well to provide good patient care
- Use a logical system to meet charting requirements
- Provide accurate, descriptive, complete and useful chart notes

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Conclusions

- Remember –
- if it is not documented it was not done!

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