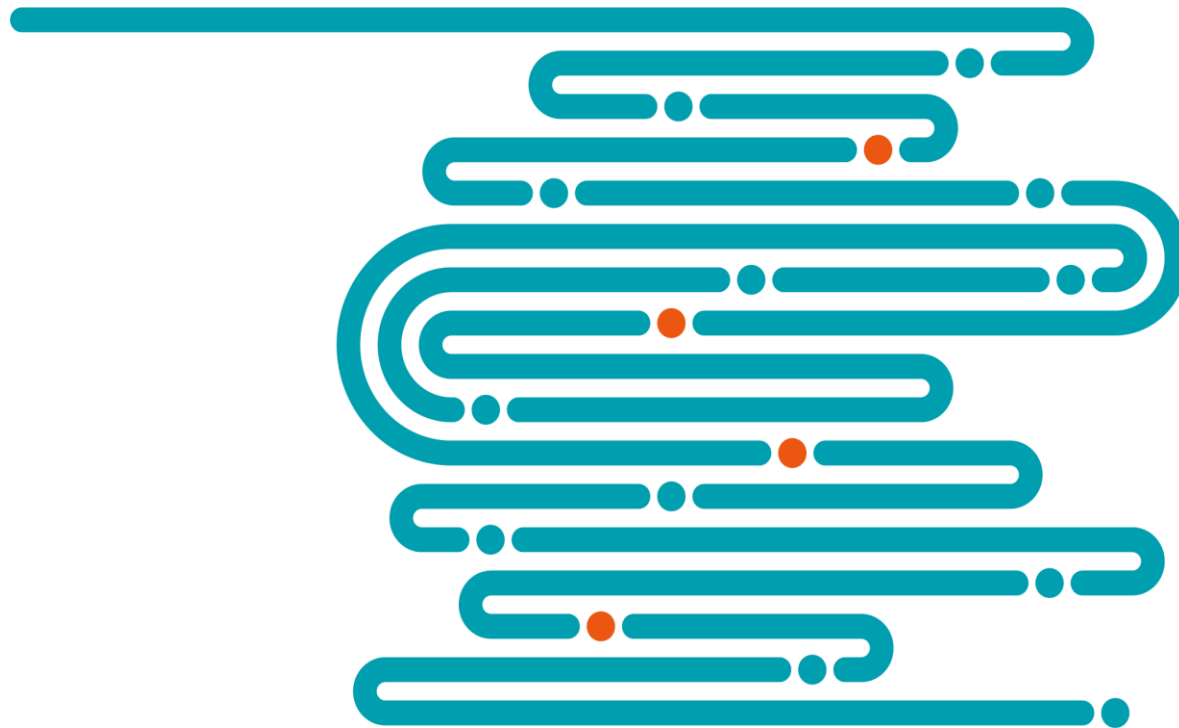


The Vizient guide to nursing documentation in periods of significant patient surge throughout the COVID-19 pandemic.



Vizient minimum nursing documentation guidance during COVID-19 pandemic surge

<p>Disclaimer:</p>	<ol style="list-style-type: none"> 1) The following recommendations are made based upon the opinion of the Vizient accreditation advisory team as of 4/7/2020, and are based upon a review of the CMS conditions of participation, the CMS COVID-19 pandemic response (waivers) and Joint Commission standards. 2) The Vizient accreditation advisory team recommends that the information below be tailored to the needs of your specific organization, and is in alignment with level of patient surge, state specific requirements, and compliance/billing regulations (many state DOH websites have crisis intervention requirements and templates). 3) The documentation guidance in this document does not guarantee compliance with reimbursement/billing. 4) These recommendations are intended to provide documentation guidance during COVID-19 patient surge.
<p>General Considerations:</p>	<ol style="list-style-type: none"> 1) This policy guidance is specific to documentation requirements, and does not imply altering frequency or delivery of patient care activities. 2) Documentation will be completed by exception, meaning only findings outside normal limits (expected findings) will be documented. 3) Location of care delivery should be noted when provided at an alternate care site (I.e. distinct part unit, off campus location established for response to COVID-19 pandemic).

Emergency Department:

Minimum documentation guidance:	<ol style="list-style-type: none"> 1) Arrival information 2) CMS/CDC exposure requirement questions: <ol style="list-style-type: none"> a. CMS/CDC hyperlink: https://www.cms.gov/files/document/gso-20-13-hospitals-cahs-revised.pdf b. Signs/symptoms of respiratory illness... c. Contact with COVID positive, PUI, individual with respiratory illness d. Travel outside of the United States e. Residence/working in community where community-based spread of COVID-19 is occurring. <ol style="list-style-type: none"> i. https://www.cdc.gov/coronavirus/2019-ncov/community/index.html 3) Vaccinations 4) Chief complaint/treatment prior to arrival 5) Allergies 6) Vital signs 7) Height/weight 8) Pertinent history 9) Abuse/neglect 10) Appearance 11) Physical Assessment 12) Allergies 13) Vital signs 14) Height/weight 15) Pertinent history 16) Abuse/neglect 17) Appearance 18) Physical Assessment: <ol style="list-style-type: none"> a. Neuro b. Respiratory c. Cardiac d. Vascular e. Skin f. GI g. GU h. Safety interventions 19) Orders (waiver allows for co-signature >48 hours, including verbal order read back entry)
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	<p>20) Interventions (lines/drains/airways/medications/blood/treatments/restraint) *Note monitoring/reassessment of efficacy of said intervention as applicable (Waived under 482.24(c).</p> <p>21) Medical Screening exam (MSE)/Emergency medical condition (EMC)/transfer as applicable to EMTALA</p> <p>22) Home Meds</p> <p>23) Advance directives</p> <p>24) Ongoing Assessment: Focused assessment based upon patient need/intervention.</p> <p>25) COVID discharge education “Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities” https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html</p> <p>26) Routine discharge information must accompany the patient including medications, follow-up recommendations, wound care, etc.</p>
<p>EMTALA requirements- if the medical screening examination (MSE) is conducted by nursing, the individual must be determined qualified by hospital bylaws or rules and regulations and who meets the requirements of §482.55. According to the EMTALA CMS QSO letter dated 3/30/2020, Hospitals may request a waiver to allow medical screening examinations to be performed by qualified medical staff authorized by the hospital, such as registered nurses, who are acting within their scope of practice and licensure, yet are not designated in the bylaws to perform medical screening examinations (1135 waiver):</p>	
<p>Minimum documentation guidance:</p>	<p>1) Laboring woman:</p> <ul style="list-style-type: none"> a. Assessment of fetal heart tones b. Regularity and duration of uterine contractions c. fetal position and station d. cervical dilation e. Status of the membranes, i.e., ruptured, leaking, intact. <p>2) Psychiatric patient</p> <ul style="list-style-type: none"> a. Screening/assessment of suicide attempt or risk b. Assessment of homicide attempt or risk c. Orientation d. Assessment assaultive behavior that indicates danger to self or others
<p>Note* please see CMS guidance specific to EMTALA: https://www.cms.gov/files/document/qso-20-15-hospital-cah-emtala-revised.pdf</p>	

Inpatient unit:

Minimum documentation guidance:	<ol style="list-style-type: none"> 1) CMS/CDC exposure requirement questions: <ol style="list-style-type: none"> a. CMS/CDC hyperlink: https://www.cms.gov/files/document/qso-20-13-hospitals-cahs-revised.pdf b. Signs/symptoms of respiratory illness... c. Contact with COVID positive, PUI, individual with respiratory illness d. Travel e. Residence/working in community where community-based spread of COVID-19 is occurring. <ol style="list-style-type: none"> i. https://www.cdc.gov/coronavirus/2019-ncov/community/index.html
	2) Vaccinations
	3) Chief complaint
	4) Vital signs
	5) Height/weight
	6) Pertinent history
	7) Abuse/neglect
	8) Allergies
	9) Physical Assessment <ol style="list-style-type: none"> a. Neuro b. Respiratory c. Cardiac d. Vascular e. Skin f. GI g. GU h. Safety interventions
	10) Orders (waiver allows for co-signature >48 hours, including verbal order read back entry)
	11) Interventions (lines/drains/airways/medications/blood/treatments/restraint)
	12) Note monitoring/reassessment of efficacy of said intervention as applicable (Waived under 482.24(c).
	13) Medication reconciliation
	14) Advance directives
	15) Care is in alignment with specific orders (I & O, ventilator settings etc.)
	16) Ongoing Assessment: Focused assessment based upon patient need/intervention.
	17) COVID discharge education “Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities” https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html
	18) Referral to next level of care, either long or outpatient. See 1135 waiver FAQ for documentation of informed choice.

Minimal documentation for hospital based alternate COVID testing sites:

Minimum documentation guidance:	1) Registration information
	2) Method for communicating test results
	3) Additional lab specimen required information (as per normal)

Note: Please see CMS guidance on EMTALA and medical screening exam/EMC/transfer requirements for hospital based alternate testing sites (last updated 3/30/2020: <https://www.cms.gov/files/document/qso-20-15-hospital-cah-emtala-revised.pdf>)