

NATIONAL PNEUMONIA



Medicare Quality Improvement Project

Diagnostic Uncertainty 4/1/2008 Discharges

In order to select “yes” for this data element, there should be documentation of a reason(s) that, despite being seen by the physician, the patient’s initial clinical picture was questionable or unclear and not suggestive of PN and resulted in a delay in the diagnosis of pneumonia.

When the data element is answered “Yes,” the case is excluded from Antibiotic Timing (PN-5). Always select “No” if the diagnosis of pneumonia was not made at the time of admission (*Pneumonia Diagnosis: ED/Direct Admit* answered “No” –allowable value “3”).

To select “Yes,” there must be documentation of both of the following:

- Documentation the diagnostic picture was questionable or unclear and not suggestive of pneumonia using terms (or other close descriptors) from the inclusion list.
- The diagnosis of pneumonia was delayed as a result of the patient’s clinical presentation.

The physician must specifically document the diagnostic picture was questionable or unclear AND they must document that it delayed the diagnosis of pneumonia. Documentation of mental confusion alone is NOT sufficient to select “Yes.” A patient presenting with symptoms of confusion or altered mental status does not mean a diagnosis of pneumonia cannot be made in a timely manner.

If the doctor specifically states that the diagnosis was not clear because the patient was uncooperative or confused there must also be documentation that there was a delay in the diagnosis of pneumonia as a result of the patient’s clinical presentation.

Answer “No” if the following documentation is found in the medical record:

- PN vs. COPD (or any other condition). The “vs.” does not indicate the level of diagnostic uncertainty required for this data element.
- “?” or “questionable” PN
- “Rule out” or “r/o” PN
- “Fever of unknown origin”
- “Atypical pneumonia”
- “Sepsis of unknown origin”
- System failures such as long triage waits or equipment or staff-related delays
- Inclusion phrases used **only** in reference to a CXR/CT scan

Hospital Quality Measures Special Study
Oklahoma Foundation for Medical Quality

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