

Dynamic Documentation Inpatient Progress Note

To be used by all who are using Dynamic Documentation

The template is designed to:

- Facilitate communication with other services
- Easily integrate essential regulatory and billing requirements
- Leverage information entered elsewhere in the chart to assist in a pre-completed note

How is the Note Created?

- All in yellow are required by compliance/regulatory
- Text in red is where the information will pull from and how it functions
- Items which display in black are not required but upon review of notes documented in our system they are included to capture this need.

Date and Time of evaluation Pulls in current date and time adjust if needed to record actual date and time the patient is seen

Hospital Course: Pulls in documentation entered in all three Workflow Summary tabs for the Hospital Course component

Subjective: Pulls in documentation entered in Workflow Summary

Objective: Pulls in documentation entered in Workflow Summary. Includes Vital signs measures

Physical Exam: Pulls in documentation entered in Workflow Summary for the following components:

- Objective/Physical Exam
- Physical Exam

Lab Results: Pulls any Lab results that were tagged by the provider in the Workflow Summary

Dx/Imaging tests reviewed:

Lab results reviewed:

Medications reviewed:

Responses are: NA/Yes – click to remove incorrect response

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Assessment: Pulls in documentation entered in Workflow Summary “this visit” diagnoses from the Problem list and comments added in the assessment section for the following components:

- Assessment (non-confidential)
- Assessment and Plan

Plan: Pulls Orders by provider group from midnight of current day

Disposition:

Visit time: "Total time____, greater than 50% was spent counseling and coordinating care"