

# CORE CDI

## Physician Documentation Quality Instrument, 9 Item Version

The PDQI-9 should be the standard for measuring the success of any clinical documentation improvement initiative versus the present Key Performance Indicators utilized geared towards reimbursement. This instrument provides for more valid, reliable meaningful measurable improvement in the completeness, quality and accuracy in the communication of fully informed coordinated care.

### Best Use of the Instrument

Conduct a baseline assessment of progress notes before the CDI program begins and periodically conduct the assessment after ongoing physician CDI educational training. Each record can be scored with a simple yes and no answer to each of the 9 items tabulating total score and average for each physician on a predetermined number of chart notes reviewed. Share the results with each physician, provide feedback and ongoing training and education on best practice standards and principles of documentation that have been established hospital wide by the physician community.

### Nine Item Elements

**Up-to-date:** The note contains the most recent test results and recommendations.

**Accurate:** The note is true. It is free of incorrect information.

**Thorough:** The note is complete and documents all of the issues of importance to the patient.

**Useful:** The note is extremely relevant, providing valuable information and/or analysis.

**Organized:** The note is well formed and structured in a way that helps the reader understand the patient's clinical course.

**Comprehensible:** The note is clear, without ambiguity or sections that are difficult to understand.

**Succinct:** The note is brief, to the point, and without redundancy.

**Synthesized:** The note reflects the author's understanding of the patient's status and ability to provide a plan of care.

**Internally consistent:** No part of the note ignores or contradicts any other part.