

# Pneumonia Presentation Example

## Introduction of Topic

### 1. National quality indicators

- Increase the number of inpatients who receive timely antibiotic administration  
*Severity of illness criteria — What are the vital signs? What is the patient's overall condition? What makes this pneumonia? If you think this is pneumonia, then administer antibiotics promptly. Can the patient be an observation patient or is she/he too sick for that? Does the exam reflect how sick she/he is?*
- Increase the use of initial antibiotic therapy consistent with current guidelines  
*Why is this pneumonia? What kind of pneumonia is it? Why is a particular antibiotic chosen?*
- Increase the collection of blood cultures prior to the initial antibiotic dose  
*Avoid waste of resources by ensuring that the test is done when it is most likely to achieve a result. Use results to guide therapy. Document new information as it is acquired. The coding may change if *E. coli* pneumonia is found, but the coder can't change coding based on lab results alone.*
- Increase the number of hospitalized patients who are screened for and given pneumococcal and influenza immunizations  
*Emphasize prevention. Improve the hospital's revenue. Introduce teamwork for patient care. Address continuum of communication (inpatient to outpatient). Improve patient education. For example, this is a good place to capture smoking cessation education when dealing with acute myocardial infarction; however, documenting patient education is difficult for both physicians and nurses.*

### 2. Infectious Diseases Society of America (IDSA) and American Thoracic Society (ATS) guidelines

*Re-emphasize the importance of including a short description of why a particular course of action is chosen to help the physician remember what the plan was, to give signals to the coder and to provide a complete picture for the consultant or reviewer.*

### 3. Risks for development of drug-resistant organisms

*A complication or co-morbidity is important to capture in the documentation so others can follow the reasoning for drug choices and so coders can code appropriately for reimbursement.*

### 4. Presentation of hospital data

*Data stimulates discussion about issues specific to a hospital.*

### 5. Discussion of other diagnostic studies needed and prognostic indicators for severity of pneumonia

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*This helps physicians decide whether to designate a patient an outpatient, place the patient in observation or designate the patient an inpatient.*

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