## CDI Engage One

## CDI Engage One-Fluency Direct

CDI Engage One is a Computer Assisted Physician Documentation (CAPD) tool to capture specific and accurate real time documentation via nudges. Nudges are triggered by text entered to the note through any modality – dictation, typing, text macros, or copy/paste where a certain condition(s) require higher specificity, thus prompting the provider for additional specificity for that particular condition.
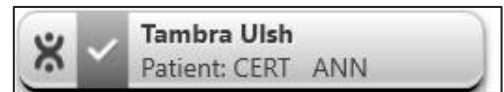
### CDI Engage One-Fluency Direct At a Glance

The Fluency Direct Control Bar launches alongside PowerChart.
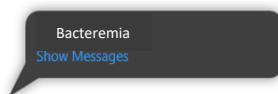


### Fluency Direct Toolbar Layout

1. **Fluency Direct control bar**. This will contain the username, as well as patient name of the open chart.



2. Notice the **Ribbon** on the Fluency Direct control bar, this will turn red once a nudge is triggered. While the drawer is closed, a **balloon** will appear on your screen showing a message preview, notice our Bacteremia preview example.
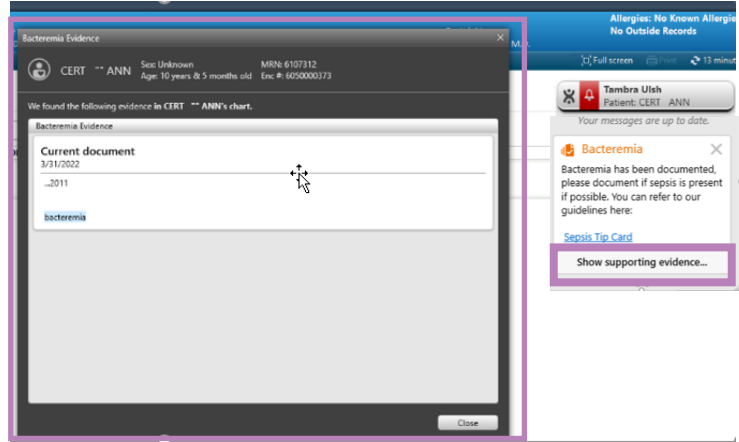


3. Click on the ribbon to see the message, this will open the **Drawer** that contains more information.
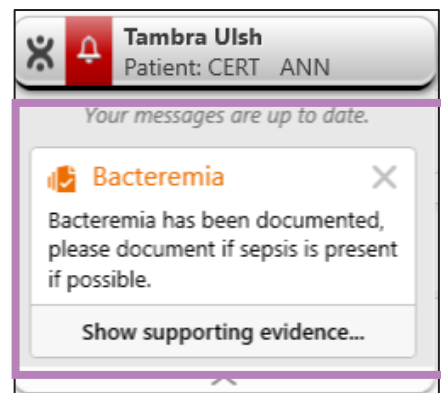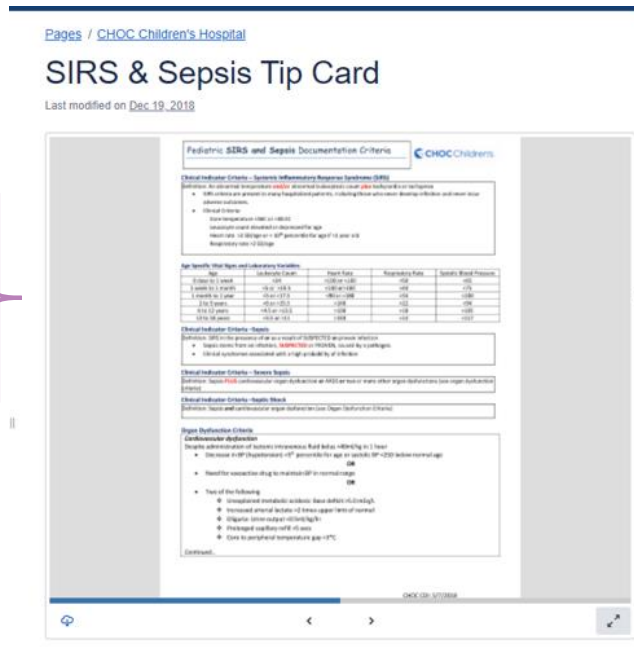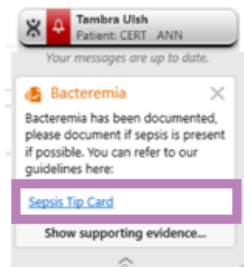
4. If needed, click on "**Show Supporting Evidence**" to display the text that triggered the nudge. To satisfy and resolve the autogenerated nudge, **provide adequate specificity in your assessment and plan.**



5. If further clinical information is needed about how to resolve the nudge, the provider can launch the **tip card**.

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### Clinical Scenario

Notice in the example, bacteremia was documented in the assessment and plan without specificity and a nudge was triggered - based on the documentation of bacteremia and other relevant evidence (see tip card for details).



In this case, documenting if sepsis is present with an etiology will resolve the nudge if it meets clinical criteria based on patient's medical condition.



Documentation tips:

- Enter the diagnosis with proper specificity in the Assessment, Impression, Plan section or Diagnosis list.

# CDI Engage One

| Diagnosis | Acuity/Severity | Specificity | Cause & Effect | Documentation Example |
|---|---|---|---|---|
| **Sepsis** | - Sepsis<br>- Severe Sepsis<br>- Sepsis with Septic Shock | - Identify Source of Infection (i.e., Pneumonia, Pyelonephritis, etc.)<br>- Identify Organ System(s) Involve | - Identify Organism(s)<br>- Specify Central Line Associated Blood Stream Infection (CLABSI) or Catheter Associated Urinary Tract Infection (CAUTI), if applicable | - Severe Sepsis due to E. Coli Pyelonephritis with Acute Renal Injury<br>**\*\*"Urosepsis" does not provide specificity\*\*** |
| **Asthma** | - Mild<br>- Moderate<br>- Severe | - Intermittent<br>- Persistent | - With Acute Exacerbation<br>- With Status Asthmaticus<br>- Uncomplicated | - Severe Persistent Asthma with Status Asthmaticus |
| **Anemia** | - Acute<br>- Chronic<br>- Acute on Chronic<br>- Crisis (Sickle Cell or Thalassemia) | - Hemolytic<br>- Microcytic<br>- Macrocytic<br>- Normocytic | - Nutritional (i.e. Iron Deficiency)<br>- Chronic Disease (i.e., IBD)<br>- Blood Loss (i.e. GI Bleed)<br>- Sickle Cell/Thalassemia<br>- Aplastic/Neoplastic<br>- Drug Induced (i.e. Chemo) | - Acute Blood Loss Anemia Secondary to GI Bleed<br>- Iron Deficiency Anemia<br>- Sickle Cell Anemia with Crisis |
| **Malnutrition** | - Mild (Z Score < -1)<br>- Moderate (Z Score < -2)<br>- Severe (Z Score < -3) | - Calorie | - Chronic Disease (i.e., IBD, Eating Disorder) | - Severe Protein Calorie Malnutrition |
| **Pneumonia** | Not applicable | - Bacterial or Viral or Fungal<br>- Aspiration, specify if it is emesis, feeds, etc.<br>- Neonatal | - Specify organism and gram status, if possible (i.e. **COVID-19**, Influenza, RSV) | - Aspiration Pneumonia due to emesis<br>**- Pneumonia due to COVID-19** |
| **Respiratory Failure** | - Acute<br>- Chronic<br>- Acute on Chronic | - With Hypoxia<br>- With Hypercapnia | Differentiate between Acute Respiratory Distress Syndrome (ARDS) and Acute Respiratory Failure | - Acute Respiratory Failure with Hypoxia |
| **Seizure** | - Status Epilepticus<br>- Without Status Epilepticus | - Simple<br>- Complex<br>- Febrile<br>- Neonatal<br>- Post-Traumatic    - Focal<br>- Localized<br>- Generalized<br>- Other | - Intractable<br>- Non-Intractable | Intractable Generalized Epilepsy with Status Epilepticus |
| **Respiratory Syncytial Virus (RSV)** | - Acute | - Pneumonia<br>- Bronchiolitis<br>- Viral Upper Respiratory Infection | | - Respiratory Syncytial Virus Bronchiolitis |

Tips to Remember:
- Utilize this tip card to resolve nudges
- Respond to "CDI Clarification Requests" within 24 hours and update progress notes and discharge summary as needed
- Please Do Not Delete Diagnosis – unless inserted in error

References:
Pinson, R.D. & Tang, C.L. (2017). The 2018 CDI Pocket Guide. HCPro.
Savage, L. (2017). Pediatric CDI, Building Blocks for Success, Texas Children's Hospital criteria (ACDIS White Paper), PP 122-123. HCPro.