

ADMISSIONS

Admissions are clinical decisions, not capacity decisions. Saying "no" protects patients and the team.

BRAINSTORM WITH THE TEAM

What makes an admission right for us—not just possible?

Where do we feel pressure to admit that could create risk later?

START OF CARE

Start of Care is one of the most critical assessments where accuracy matters more than speed.

BRAINSTORM WITH THE TEAM

How do we confirm ability vs willingness at SOC?

Where do we see gaps between what is observed and what is documented?

INTENTIONAL DOCUMENTATION

Reviewers look for clinical judgment, not task lists. Templates support us but do not replace thinking.

BRAINSTORM WITH THE TEAM

Does our documentation explain why care continues or changes?

Can someone outside our team follow the patient story?

HIGH RISK PATTERNS (QA)

Audits start with patterns, not charts. Early review prevents late problems.

BRAINSTORM WITH THE TEAM

What patient or documentation patterns concern us right now?

Which cases should we review before someone else does?

SINGLE PATIENT CHART

IDG decisions must show up in documentation. Alignment protects everyone.

BRAINSTORM WITH THE TEAM

Do all disciplines sound aligned?

Where does the care plan drift from current condition?