

## Guidelines for Problem List

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### 1. Importance of Problem List

The Problem List is the primary list of a patient's clinical issues that is accessible in all care contexts. In addition to contributing to continuity of care and billing, it triggers various clinical decision support tools such as Best Practice Alerts, and interacts with EMR views, navigators, History, SmartLinks, Patient Lists, My Chart, and reporting (e.g. PQRI, Core Measures, and Meaningful Use). Leveraging this valuable tool requires that it be accurate, current, and populated in a consistent manner by all clinicians.

### 2. Problem List content

#### a. Outpatient problems

The Problem List must be a concise, patient-centered list of the patient's active or chronic medical problems. Examples:

- Recurrent medical problems
- Significant treatment
- Active or relapsing chemical dependency or abuse
- Issues of sensory impairment
- Research protocols

Reason: The Problem List is used by all clinicians and medical staff for various purposes, and should include issues that would be of importance to clinicians to gain a rapid understanding of the patient's medical status.

#### b. Inpatient/Hospital problems

The list of inpatient/hospital problems should include acute problems, and chronic problems that are being addressed while in the hospital. A symptom should be changed to a medical diagnosis when the diagnosis is made.

To convert an outpatient problem to a hospital problem, click the problem name, then Details. Put a check in the “Hospital Problem” box. This indicates that the problem is being addressed during the hospitalization.

The Principal Problem should be identified at all times during the hospital stay, and may change during the course of hospitalization. The final diagnosis should be marked as the Principal Problem.

Reason: The list of inpatient/hospital problems should reflect the changing nature of a patient’s condition while in the hospital, and give a precise picture of ongoing management. It should also reflect the interaction of acute and chronic problems.

**d. Overview Note**

The Overview note should include details about the status and care for a specific problem. The Primary Care Provider’s content should be respected. Make an addendum to the content rather than overwriting the PCP’s note.

**3. Problem List management**

**a. History Activity**

The History should be used to store information related to past problems, procedures or screening exams. Vaccinations should be entered in the Immunizations activity.

Reason: The History should complement the Problem List but not duplicate entries.

**b. Reconciliation and maintenance**

Reconciliation of the Problem List should be done at each encounter (hospital or clinic), and at discharge. It is the responsibility of all clinicians to reconcile the list, especially problems that relate to each clinician’s area of expertise. (See #4 below, Roles and Responsibilities). If a question cannot be resolved, the PCP should be contacted.

Maintenance and editing of individual problems should be done to maintain the accuracy, usefulness, and validity of the list. It should be done during documentation or rounding, and should include revision when there is a change in active patient condition or diagnosis. Symptoms should be replaced by a more specific diagnosis when available, and duplicates removed.

Reason: The Problem List should be current and concise, to facilitate effective medical care.

## 4. Roles and Responsibilities

### a. Hospital

Admitting Provider: Designate the Principal Problem  
Consulting Provider: Suggest problems to be added by the primary team.  
Discharging Provider: Mark any hospital problems as chronic that need ongoing management.  
Primary Provider: Manage and update the Hospital Problem List.

### b. Outpatient

Primary Care Physician: Manage the entire list, review at each encounter, and reconcile as necessary.  
Specialist: Add or revise any problems that pertain to your specialty.

### c. Advanced Practitioners

Modify the Problem List within your scope of practice and duties. This applies to Clinical Nurse Specialists, Nurse Practitioners, and Physician Assistants.

### d. Medical Students

Double-check any entries or changes with your supervising clinician. Do not delete problems. Annotate problems with additional detail as appropriate.

### e. Researchers

Refer to Hospital Policy #2317 (Documentation of Research Patient Status in the Electronic Medical Record)

## 5. Etiquette

Providers should respect an entry made by another provider, and only edit it if it is inaccurate or out of date. Entries should be precise, synthesize information, and be useful for the next provider. Providers should prune the list to keep it clean of clutter. The status of problems should be kept up to date.

## 6. Definitions

### Overview note

The overview note is a non-Legal Medical Record communication tool used for a concise summary of current issues and plan. The note should remain pertinent across encounters. The Overview Note should not be used for duplicate entries in the Problem List; communication that

needs an urgent response; or care issues already in the FYI activity (e.g. sensory impairment, violent behavior, interpreter, guardian issues, controlled substance concern).

**Principal Problem**

The Principal Problem for a hospitalization is the most important diagnosis at any point in time during the hospital stay.

**Delete function**

A problem should be deleted when it has been entered in error. If a problem was valid and is now resolved medically, use the Resolve function.

**Resolve function**

A problem should be resolved when it is no longer active. If a problem was entered in error, use the Delete function.

## Appendix A: Appropriate Content for Problem List

The Problem List should be PROPER:

- Precise as specific as possible
- Relational identify pathophysiology
- Ordered the principal diagnosis (“...cause of this hospitalization?”) - revised with new information
- Pruned moved to History, or removed
- Enough describes all important and active issues
- Refreshed/Reordered updated and revised

***Do***

Appropriate content for Problem List	Examples
Chronic medical problems requiring continued treatment, screening or monitoring	Type 2 Diabetes, Essential hypertension, Renal insufficiency, Developmental delay
Recurring acute medical problems requiring evaluation or treatment	Recurrent UTIs, Recurrent shoulder dislocation
Problem requiring the prescribing of scheduled or PRN medications chronically	Anxiety, Migraine, Sciatica; SBE prophylaxis candidate
Problems requiring laboratory testing for monitoring	Thyroid disease, Anticoagulant long term use
Acute symptom while under active evaluation for diagnosis	Abdominal pain, Low Back Pain, Changing skin lesion
Active or relapsing chemical dependency or abuse	Tobacco abuse, Narcotic Dependence
Family history of disease that conveys a significant health risk upon the patient	Family history of BRCA gene positive, Family history of Huntington’s Disease
Chronic mental health disease	Depression, Bipolar disorder
Positive screening tests that impact continuing care or disease risk	Abnormal PAP, PSA or PPD
Research studies that are current and active	Research Patient/Cancer Center/xxxxxxx/

## ***Don't***

<b>Inappropriate content for Problem List</b>	<b>Examples</b>
Inactive or historical medical problems and completed surgeries	Meningitis, Appendectomy
Minor, self-limited illnesses or complaints	URI, Rash
Non-problems	Physical exam, Vaccination, Counseling
Family history of limited or no significant health risk to the patient	Family history of appendectomy
Screening study diagnosis	Screening mammogram
Symptoms, when a diagnosis exists	Cough when Asthma is present
General diagnosis, when a specific one exists	Sciatica when Herniated lumbar disc is present

## **Appendix C: Related Policies**

UCDHS P&P 2701 – Problem List

UCDHS P&P 2306 – Legal Medical Record Content/Core Elements

UCDHS P&P 2317 – Documentation of Research Patient Status in the Electronic Medical Record

UCDHS Standardized Procedure VII-85 – Nurse Practitioners in the Family and Community Medicine Department

UCDHS P&P 1920 – Coding Rules for Evaluation and Management Services and Preventive Services