Chapter 13
Musculoskeletal and Connective Tissue
M00-M99

Presented by
Jesicca Andrews
Human Skeleton and Spinal Column

- Cervical vertebrae (C1–C7)
- Thoracic vertebrae (T1–T12)
- Lumbar vertebrae (L1–L5)
- Sacrum
- Coccyx
TERMS TO KNOW

- **Arthropathy** - disorder of the joint
- **Arthritis** - inflammation of the joint
- **Osteoarthritis** - the most common form of arthritis; a degenerative joint disease
- **Pathological fracture** - fracture that occurs in a bone weakened by disease
- **Dorsopathy** - disorder of the back
- **Myelopathy** - damage to the myelinated fiber tracts that carry information to the brain; disorder of the spinal cord
- **Radiculopathy** - problem in which one or more nerves are affected resulting in pain (radicular pain), weakness, numbness, or difficulty controlling specific muscles
Site and Laterality

- Most of the codes within chapter 13 have site and laterality designations.

- The site refers to either the bone, joint, or muscle involved.

- For some conditions in which more than one bone, joint, or muscle is involved (e.g., osteoarthritis), a code is available for "multiple sites."

- If no multiple sites code option is provided and if more than one bone, joint, or muscle is involved, separate codes should be used to indicate the different sites involved.
Bone vs. Joint

- For certain conditions, the bone may be affected at the upper or lower end (e.g., avascular necrosis of bone, Osteoporosis).

- Though the portion of the bone that is affected may be at the joint, the site designation will be the bone, not the joint.
Acute Traumatic vs. Chronic or Recurrent

- Many musculoskeletal conditions are a result of previous injury or trauma to a site, or are recurrent conditions.

- **Chapter 13** of ICD-10-CM contains bone, joint, or muscle conditions that are the result of a **healed injury** as well as **recurrent** or **chronic** conditions of these sites.

- ICD-10-CM classifies **current, acute** injuries to **chapter 19** (Injury, Poisoning, and Certain Other Consequences of External Causes).

- If it is difficult to determine from the documentation in the record which code is best to describe a condition, query the provider.
Back Disorders

- Careful attention to the terminology is important in coding these conditions.

- Degeneration of the disc is not the same condition as displacement (herniation) of the disc, and each requires a different code.

- For cervical disc disorders (category M50), the code for the most superior (situated toward the head and further away from the feet) level affected should be used.

- Codes for back disorders such as spondylosis and herniation of the intervertebral disc differentiate between conditions with and without myelopathy.

- Codes for a herniated disc without myelopathy include those with paresthesia but not paralysis.

- Back pain associated with herniation of an intervertebral disc is included in the code for the herniated disc; no additional code is assigned.
### CERVICAL, THORACIC & LUMBAR DISC DISORDERS

<table>
<thead>
<tr>
<th>M50 – Cervical Disc Disorders</th>
<th>M51 – Thoracic, Thoracolumbar, and Lumbarsacral Intervertebral Disc Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>.0 – With Myelopathy</td>
<td>.0 – With Myelopathy</td>
</tr>
<tr>
<td>.1 – With Radiculopathy</td>
<td>.1 – With Radiculopathy</td>
</tr>
<tr>
<td>.2 – Other Cervical Disc Displacement (herniation)</td>
<td>.2 – Other Disc Displacement (herniation)</td>
</tr>
<tr>
<td>.3 – Other Cervical Disc Degeneration</td>
<td>.3 – Other Disc Degeneration</td>
</tr>
<tr>
<td>.8 – Other Cervical Disc Disorders</td>
<td>.8 – Other Disc Disorders</td>
</tr>
<tr>
<td>.9 – Cervical Disc Disorder, Unspecified</td>
<td>.9 – Unspecified Disc Disorder</td>
</tr>
</tbody>
</table>

✓ 5th Character specifies the site
Arthritis  M00, M05, M06, M08

- Arthritis is the common term for a wide variety of conditions that primarily affect the joints, muscles, and connective tissue. The associated symptoms are inflammation, swelling, pain, stiffness, and mobility problems.

- Arthritis may occur independently, but it is also a common manifestation of a variety of other conditions.

- Combination codes should be used when available, and dual-coding guidelines should be applied when combination codes are not available.

Examples:
- M11.811 Arthritis of the right shoulder due to dicalcium phosphate crystals
- E11.610 Charcot's arthritis due to type 2 diabetes
- C95.90 + M36.1 Arthritis due to leukemia
- D66 + M36.2 Hemophilic arthritis
- A69.23 Arthritis associated with Lyme disease
Osteoarthritis  M15 - M19

- Most common form of arthritis; polyarthritis, degenerative or hypertrophic arthritis.
- Degenerative joint disease (DJD), usually occurring in older people, with chronic degeneration of the articular cartilage and hypertrophy of the bone.
- Pain and swelling.

- **M47** Spinal involvement: Spondylosis.

- The primary axis for coding osteoarthritis is the site, whether it involves multiple sites (M15.-, Osteoarthritis) or single joints. Laterality applies to M16-M19.

- Codes further specify whether the condition is primary or secondary (for example, posttraumatic).
  - Primary osteoarthritis, also known as polyarticular degenerative arthritis, affects joints in the spine, knee, and hip, as well as certain small joints of the hands and feet.
  - Secondary arthritis, also called monoarticular arthritis, is confined to the joints of one area and results from some external or internal injury or disease.

- **M15.9** Polyosteoarthritis, unspecified. Osteoarthritis that involves multiple sites but is not specified as generalized.
# Arthritis/Osteoarthritis

<table>
<thead>
<tr>
<th>ARTHRITIS</th>
<th>CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pyogenic</td>
<td>M00-</td>
</tr>
<tr>
<td>Rheumatoid arthritis with rheumatoid factor</td>
<td>M05-</td>
</tr>
<tr>
<td>Rheumatoid arthritis (other)</td>
<td>M06-</td>
</tr>
<tr>
<td>Juvenile arthritis</td>
<td>M08-</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>M15- through M19-</td>
</tr>
<tr>
<td>Polyosteoarthritis</td>
<td>M15-</td>
</tr>
<tr>
<td>Osteoarthritis of hip</td>
<td>M16-</td>
</tr>
<tr>
<td>Osteoarthritis of knee</td>
<td>M17-</td>
</tr>
<tr>
<td>Osteoarthritis of first carpometacarpal joint</td>
<td>M18-</td>
</tr>
<tr>
<td>Osteoarthritis – other and unspecified</td>
<td>M19-</td>
</tr>
</tbody>
</table>
Exercise 13.1

1. Acute left ankle and chronic right knee gouty arthritis

2. Rheumatoid arthritis of the left elbow with polyneuropathy

3. Herniated intervertebral disc, L4-5, with myelopathy

4. Osteoarthritis, C3-4, with radiculopathy
Exercise 13.1

1. Acute left ankle and chronic right knee gouty arthritis
   M10.072 + M1A.061

2. Rheumatoid arthritis of the left elbow with polyneuropathy
   M05.522

3. Herniated intervertebral disc, L4-5, with myelopathy
   M51.06

4. Osteoarthritis, C3-4, with radiculopathy
   M47.22
Derangement/Subluxation

- **Derangement:** The knee joint is a hinge that connects the rounded, bony ends (condyles) of the femur and the tibia and is bounded in front by the patella. Ligaments, muscles, and tendons help confine joint motion. Menisci and cartilage cushion the joint against forces that bear on the knee. Damage from an injury or chronic overuse results in pain and may lead to derangement.
  - Current injury is coded as a ‘tear’ chapter 19, S category
  - Recurrent injury is coded to chapter 13, M category

- **Subluxation:** The kneecap slides up and down a groove on the end of the femur as the knee bends. In some people, the kneecap is pulled towards the outside of the knee.
## Joint Derangements

<table>
<thead>
<tr>
<th>Knee</th>
<th>Category</th>
<th>4th - 5th Character Specific disorder</th>
<th>6th Character Laterality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patella</td>
<td>M22-</td>
<td>Recurrent dislocation Recurrent subluxation Patellofemoral disorder Other derangement Chondromalacia Other disorders Unspecified disorder</td>
<td>1 Right 2 Left 9 Unspecified</td>
</tr>
<tr>
<td>Internal derangement of knee</td>
<td>M23-</td>
<td>Cystic meniscus Meniscus due to old tear/injury Other meniscus derangement Loose body in knee Chronic Instability</td>
<td>6th Character Laterality</td>
</tr>
<tr>
<td>Tear of meniscus – current injury</td>
<td>S83.2-</td>
<td>Unspecified, bucket handle, medial, lateral</td>
<td>7th Character Encounter</td>
</tr>
<tr>
<td>Other joints</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other specific joint derangements</td>
<td>M24-</td>
<td>4th character – specific disorder 5th character – joint</td>
<td>6th Character Laterality</td>
</tr>
</tbody>
</table>
Osteoporosis M80- and M81-

- Osteoporosis is a systemic condition that affects all bones of the musculoskeletal system and leads to an increased risk of pathological fractures.

- In osteoporosis, the bones are thinner and weaker than normal.

- Osteoporosis is classified to categories M80 and M81 depending on whether a current pathological fracture is present or not.

- Because osteoporosis is a systemic condition, site is not a component of the codes under category M81, Osteoporosis without current pathological fracture.

- The codes under category M80, Osteoporosis with current pathological fracture, identify the osteoporosis and the site of the pathological fracture.
Pathological (spontaneous) fractures occur in bones that are weakened by disease.

These fractures are usually spontaneous but sometimes occur in connection with slight trauma (such as a minor fall) that ordinarily would not result in a fracture in normal, healthy bone.

There are many different underlying causes for pathological fractures, including osteoporosis, metastatic tumor of the bone, osteomyelitis, Paget's disease, disuse atrophy, hyperparathyroidism, and nutritional or congenital disorders.

When the fracture is described as a compression fracture, the record should be reviewed to determine whether any significant trauma has been experienced.

A fall from a height, such as a diving board, with compression fracture of the spine is classified as an injury, but a compression fracture in an older patient resulting from a slight stumble or another minor injury is usually considered pathological, particularly when the patient also suffers from an underlying condition that frequently causes such fractures. The physician should be asked for clarification.

All pathological fractures are classified to the following categories/subcategories according to the underlying cause:

- Category M80 Osteoporosis with current pathological fracture
- Subcategory M84.4-Pathological fracture, not elsewhere classified
- Subcategory M84.5-Pathological fracture in neoplastic disease (code also the underlying cause)
- Subcategory M84.6-Pathological fracture in other disease (code also the underlying condition)
Pathological Fracture

- Sequencing of codes for pathological fractures depends on the circumstances of admission. A pathological fracture is designated as the principal diagnosis only when the patient is admitted solely for treatment of the pathological fracture.

- The code for the underlying condition responsible for the fracture is listed first, with an additional code for the fracture. An example follows.

  - Pathological fracture due to neoplasm: If the focus of treatment is the fracture, a code from subcategory **M84.5**, Pathological fracture in neoplastic disease, should be sequenced first, followed by the code for the neoplasm.

  - If the focus of treatment is the neoplasm with an associated pathological fracture, the neoplasm code should be sequenced first, followed by a code from **M84.5** for the pathological fracture. The "code also" note at **M84.5** provides this sequencing instruction.

- Never assign a code for both a traumatic fracture and a pathological fracture of the same bone:
Stress Fracture M84.3-

- Stress fractures are different from pathological fractures.

- Stress fractures are due to repetitive force applied before the bone and its supporting tissues have had enough time to provide such force.

- Stress fractures usually test negative in an X-ray display, and days or weeks may pass before the fracture line is visible on an X-ray.

- An additional External cause of morbidity codes (chapter 20) are used to identify the cause of the stress fracture.

  Example: Y93.01 Activity, walking, marching and hiking.

- Other terms classified to stress fractures are fatigue fracture, march fracture, and stress reaction fracture.
### 4th, 5th, 6th & 7th Characters for Stress and Pathological Fractures

<table>
<thead>
<tr>
<th>4th Character</th>
<th>5th Character</th>
<th>6th Character</th>
<th>7th Character</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRESS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M84.3</td>
<td>Unspecified</td>
<td>SITE</td>
<td>LATERALITY</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PATHOLOGICAL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M84.4</td>
<td>Unspecified</td>
<td>SITE</td>
<td>LATERALITY</td>
</tr>
<tr>
<td>M84.5</td>
<td>In Neoplasm</td>
<td>SITE</td>
<td>LATERALITY</td>
</tr>
<tr>
<td>M84.6</td>
<td>In Other DZ</td>
<td>SITE</td>
<td>LATERALITY</td>
</tr>
</tbody>
</table>
Seventh Character Assignment
Stress and Pathological Fractures

- 7th Character encounter codes are required for each code in subcategory M84.3- through M84.6-

- **A** Initial encounter (active treatment; surgical, emergency & new physician).

- **D** Subsequent encounter with routine healing

- **G** Subsequent encounter with delayed healing

- **K** Subsequent encounter with nonunion

- **P** Subsequent encounter with malunion

- **S** Sequela (the residual effect after the acute phase of the fracture has terminated).
Exercise 13.2

1. 65 year old postmenopausal women with osteoporosis presents to the emergency room with a pathological fracture of the left wrist

2. Patient has cancer of the sigmoid colon and is admitted for a pathological fracture of the right femur

3. Derangement of the right knee

4. Subsequent encounter for a healing Stress fracture of the left femur

*Do Not Code External Cause of Injury codes for this Exercise*
Exercise 13.2

1. 65 year old postmenopausal women with osteoporosis presents to the emergency room with a pathological fracture of the left wrist
   M80.032A

2. Patient has cancer of the sigmoid colon and is admitted for a pathological fracture of the right femur
   M84.551A + C18.7

3. Derangement of the right knee
   M23.91

4. Subsequent encounter for a healing Stress fracture of the left femur
   M84.352D
# Joint Pain M25.5-

<table>
<thead>
<tr>
<th>Pain in joint</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint Pain</td>
<td>M25.5-</td>
</tr>
<tr>
<td>Unspecified joint</td>
<td>M25.50-</td>
</tr>
<tr>
<td>Shoulder</td>
<td>M25.51-</td>
</tr>
<tr>
<td>Elbow</td>
<td>M25.52-</td>
</tr>
<tr>
<td>Wrist</td>
<td>M25.53-</td>
</tr>
<tr>
<td>Hip</td>
<td>M25.55-</td>
</tr>
<tr>
<td>Knee</td>
<td>M25.56-</td>
</tr>
<tr>
<td>Ankle and joints of foot</td>
<td>M25.57-</td>
</tr>
</tbody>
</table>

**6th Character Specifies Laterality**
1 – Right
2 – Left
9 – Unspecified
# Back/Lumbago/Sciatica/Neck Pain M54.-

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervicalgia (neck pain)</td>
<td>M54.2</td>
</tr>
<tr>
<td>Low</td>
<td>M54.5</td>
</tr>
<tr>
<td>Thoracic</td>
<td>M54.6</td>
</tr>
<tr>
<td>Other dorsalgia</td>
<td>M54.8-</td>
</tr>
<tr>
<td>Occipital neuralgia</td>
<td>M54.81</td>
</tr>
<tr>
<td>Other dorsalgia</td>
<td>M54.89</td>
</tr>
<tr>
<td>Sciatica</td>
<td>✓M54.3-</td>
</tr>
<tr>
<td>Lumbago with sciatica</td>
<td>✓M54.4-</td>
</tr>
</tbody>
</table>

✓6\textsuperscript{th} Character specifies Laterality
0 – Unspecified
1 – Right
2 – Left
## Synovitis and Tenosynovitis

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abscess of tendon sheath</td>
<td>M65.0-</td>
</tr>
<tr>
<td>Other infective (teno)synovitis</td>
<td>M65.1-</td>
</tr>
<tr>
<td>Calcific tendinitis</td>
<td>M65.2-</td>
</tr>
<tr>
<td>Trigger finger</td>
<td>M65.3-</td>
</tr>
<tr>
<td>Other (teno)synovitis</td>
<td>M65.8-</td>
</tr>
<tr>
<td>Spontaneous rupture of synovium and tendon</td>
<td>M66-</td>
</tr>
<tr>
<td>Other disorders of synovium and tendon</td>
<td>M67-</td>
</tr>
</tbody>
</table>

5th Character specifies Site

6th Character specifies Laterality
### Rotator Cuff Tear  M75, S46

<table>
<thead>
<tr>
<th>Rotator Cuff Tear (non traumatic)</th>
<th>M75.1-</th>
<th>6(^{th}) Character</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unspecified</td>
<td>M75.10-</td>
<td>0 - Unspecified</td>
</tr>
<tr>
<td>Incomplete</td>
<td>M75.11-</td>
<td>1 - Right</td>
</tr>
<tr>
<td>Complete</td>
<td>M75.12-</td>
<td>2 - Left</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury of the Rotator Cuff</th>
<th>S46.00-</th>
<th>6(^{th}) Character</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unspecified injury</td>
<td>S46.00-</td>
<td>1 - Right</td>
</tr>
<tr>
<td>Strain of muscles/tendons</td>
<td>S46.01-</td>
<td>2 - Left</td>
</tr>
<tr>
<td>Laceration of muscles/tendons</td>
<td>S46.02-</td>
<td>9 - Unspecified</td>
</tr>
</tbody>
</table>

- **✓ 7\(^{th}\) Character Required**

- Category **S46**
  - Can be found in Chapter 19
  - Injury, Poisoning & External Causes
## Fractures

<table>
<thead>
<tr>
<th>Fracture Location</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skull</td>
<td>S02-</td>
</tr>
<tr>
<td>Cervical</td>
<td>S12-</td>
</tr>
<tr>
<td>Rib, Sternum, Thoracic</td>
<td>S22-</td>
</tr>
<tr>
<td>Lumbar Spine, Pelvis</td>
<td>S32-</td>
</tr>
<tr>
<td>Shoulder, Upper Arm</td>
<td>S42-</td>
</tr>
<tr>
<td>Forearm</td>
<td>S52-</td>
</tr>
<tr>
<td>Wrist, Hand</td>
<td>S62-</td>
</tr>
<tr>
<td>Femur</td>
<td>S72-</td>
</tr>
<tr>
<td>Lower Leg, including Ankle</td>
<td>S82-</td>
</tr>
<tr>
<td>Foot, Toe except Ankle</td>
<td>S92-</td>
</tr>
</tbody>
</table>

- **4th Character** – Bone
- **5th Character** – Portion of the Bone or Fracture Type
- **6th Character** – Laterality/Displaced/Non-Displaced
- **7th Character** – Encounter

✔️ **7th Character Required**
Open or Closed Fracture

- **Open Fracture:** An open wound that communicates with the bone.
  - Compound, Infected, Missile, Puncture, With Foreign Body

- **Closed Fracture:** No open wound
  - Comminuted, Depressed, Elevated, Greenstick, Spiral, Simple, and Transverse.

*A fracture not classified as open or closed, is coded as closed*
Displaced or Nondisplaced Fracture

**Displaced Fracture:** A complete break and shift in the bone from its original place, sometimes so much that it protrudes from the body.

**Non-displaced:** A bone break in which the ends of the fracture remain lined up. Typically, this type of fracture is seen only in an x-ray.

* A Fracture not indicated as displaced or nondisplaced should be coded to displaced*
7th Character
Femur S72 & Lower Leg S82

A  initial encounter for closed fracture
B  initial encounter for open fracture type I or II
C  initial encounter for open fracture type IIIA, IIIB, or IIIC
D  subsequent encounter for closed fracture with routine healing
E  subsequent encounter for open fracture type I or II with routine healing
F  subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
G  subsequent encounter for closed fracture with delayed healing
H  subsequent encounter for open fracture type I or II with delayed healing
J  subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
K  subsequent encounter for closed fracture with nonunion
M  subsequent encounter for open fracture type I or II with nonunion
N  subsequent encounter for open fracture type IIIA, IIIB, or IIIC with nonunion
P  subsequent encounter for closed fracture with malunion
Q  subsequent encounter for open fracture type I or II with malunion
R  subsequent encounter for open fracture type IIIA, IIIB, or IIIC with malunion
S  sequela
# Gustilo Classification

<table>
<thead>
<tr>
<th>Gustilo Grade:</th>
<th>Definition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Open fracture, clean wound, wound &lt; 1 cm in length</td>
</tr>
<tr>
<td>II</td>
<td>Open fracture, wound &gt; 1 cm in length without extensive soft tissue damage, flaps, avulsions</td>
</tr>
<tr>
<td>III</td>
<td>Open fracture with extensive soft-tissue laceration, damage, or loss or an open segmental fracture. This type also includes open fractures caused by farm injuries, fractures requiring vascular repair, or fractures that have been open for 8 hours prior to treatment</td>
</tr>
<tr>
<td>IIIA</td>
<td>Type III fracture with adequate periosteal coverage of the fracture bone despite the extensive soft-tissue laceration or damage</td>
</tr>
<tr>
<td>IIIB</td>
<td>Type III fracture with extensive soft-tissue loss and periosteal stripping and bone damage. Usually associated with massive contamination. Will often need further soft tissue coverage procedure (free or rotational flap)</td>
</tr>
<tr>
<td>IIIC</td>
<td>Type III fracture associated with an arterial injury requiring repair, irrespective of degree of soft-tissue injury</td>
</tr>
</tbody>
</table>

ICD-10 open fracture designations are based on the Gustilo open fracture classification
7th Character
Hand & Wrist S62

A  initial encounter for closed fracture
B  initial encounter for open fracture
D  subsequent encounter for fracture with routine healing
G  subsequent encounter for fracture with delayed healing
K  subsequent encounter for fracture with nonunion
P  subsequent encounter for fracture with malunion
S  sequela

* Each Fracture site has different 7th Character choices*
Exercise 13.3

1. Fracture temporal bone of the skull, initial encounter.

2. Open Fracture of the Right Wrist, initial encounter.

3. Type IIIIB Open Fracture of the left femoral head, subsequent encounter with delayed healing.
Exercise 13.3

1. Fracture temporal bone of the skull, initial encounter.  
   **S02.19xA**

1. Open Fracture of the Right Wrist, initial encounter  
   **S62.101B**

3. Type IIIB Open Fracture of the left femoral head, subsequent encounter with delayed healing  
   **S72.052J**
## Cooley Dickinson Hospital

### What can I help you find today?

#### Can I help you

**Get Things Done**
- I need to talk to someone
  - Employment Opportunities
  - Hospital (Staff) Phone List
  - Medical Staff Roster
  - Medical Staff Privileges
  - Outside Directory Assistance
  - Physician Lookup
  - Webmail
  - Web Messenger Paging
  - Specialty On-Call Directory
- I need to perform a task
  - Change Your Password
  - Season Flu Vaccine
  - TB Symptom Questionnaire
- I have a suggestion
  - Suggestion Box

#### Find a particular Department

- I need help from someone
  - Biomedical or Maintenance Request
  - Help Desk/Change Request (KACE) New!
  - PC/Hardware/Software/Security Request
  - Library Article Request
  - Open a Move Request
- I have a safety issue
  - MSDS Database
  - Emergency Codes
  - Safety Policy Manual
  - Emergency Response Plan
  - Evacuation Plan
  - Fire Response Plans
- I need to report an incident
  - Event (Incident) Report
  - Employee Accident Report Form
  - File a Complaint
  - Patient Complaint, or a Service Recovery

#### Find information from a Clinical Resource

- I need educational materials
  - Badge Tap Logon Process
  - CareNotes Patient Education
  - Clinical Desktop Web Portal Log On Process
  - Clinical Pharmacology Online
  - Doff Medical Library
  - Education Video List
  - Halogen Performance Review
  - Infection Prevention Resources
  - ICD-10 Training Materials New!
  - One Source Documents
  - Online Education
  - Parenteral Medication Manual
  - Recognizing and Preventing Acute Stroke in Women
  - SCM 5.5 Training
  - UpToDate Online
- I need to schedule or find an event
  - Community Calendar
  - Meeting Room Manager
  - Other Calendars
  - Staff Class Calendar New!
- I need an application specific to my department
  - Administrator On-Call Log
  - Avaya
  - CBISA Entry
  - Dictionaries
  - Dictaphone E-Signature
  - External Site
  - IM Bills
  - Mass Health Service Center
  - Midas Focus Study
  - Nutrition Therapy Forms
  - Patient Satisfaction Reports
  - Policy Manuals New!
  - Policy Wiki Protocols
  - Quality Dashboards
  - Quality & Safety Reports
  - StatTrak PIMD
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