

Title: **COMPLETION OF
MEDICAL RECORDS**

ORIGINAL SIGNED BY G. PARTON
Gerald L. Parton, President and CEO

Revised: 3/86; 3/88; 8/90; 8/91; 6/94; 10/97; 2/98
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10/10; 12/12, 6/15, 9/15, 03/18, 6/19

I. POLICY:

The timely completion of medical records is a vital part of patient care activity and is a responsibility assumed by each member of the Medical Staff who attends to a Hospital patient. It is the shared goal of the Hospital and the Medical Staff's to have medical records completed by 30 days post discharge. In order to achieve this goal, medical records that are not completed by 21 days post discharged are considered late and automatic administrative suspension will be implemented. The timeliness and completeness of Medical Record components also applies to patients currently in the Hospital and for outpatients. A record is considered complete when every entry has been dated, timed, and authenticated via written or electronic signatures.

II. DEPARTMENTS AFFECTED:

Medical Staff and Clinical Departments.

III. PROCEDURE FOR CLOSED MEDICAL RECORD DELINQUENCY REVIEW:

A. DEFINITIONS:

1. An "*incomplete record*" is a patient chart or record that cannot be permanently filed within the Health Information Management Department because reports or signatures have not been provided.
2. A "*late record*" is a chart or record that has remained incomplete for more than twenty-one (21) days after discharge.
3. A "*delinquent record*" is a chart or record that has remained incomplete for more than thirty (30) days after discharge.
4. A "*completed record*" should include at least: identification data, patient complaints, relevant past, family and social histories, a systems review, current comprehensive history and physical examination, provisional diagnosis or statement of problems, physicians orders, all required consents, special reports such as laboratory, x-ray, and ECG, treatment, progress notes, operative or procedure reports, consultations, condition on discharge, discharge summary,

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final diagnosis, query response documentation and, if performed, an autopsy report.

5. An “*automatic administrative suspension*” after 21 days, carries the following sanctions:
 - a. The practitioner may not admit any patient or schedule any future admissions, operations or other procedures, (except as described in “b” and “c” below). Radiologists, Anesthesiologists and Emergency Department Physicians may not perform procedures, schedule cases, or perform professional duties while under administrative suspension.
 - b. Affected practitioners may attend to their own patients in the Emergency Department or those currently admitted. They shall fulfill their unreferred on-call duties as scheduled, and admit those Emergency Department patients that require in-patient care.
 - c. Affected practitioners may attend to their own patients who present to the hospital for admission or procedure already scheduled prior to suspension.
6. An “*invasive procedure*” is a procedure involving puncture or incision of the skin, or insertion of an instrument or foreign material into the body. Invasive procedures include, but are not limited to the following: GI endoscopy procedures, bronchoscopies, bone marrow aspirations, radiology special procedures, lithotripsy procedures, cardiac catheterization procedures, biopsy, deliveries, or any other surgeries.
7. A “*query*” is for clarification and additional documentation prior to code assignment when there is conflicting, incomplete, or ambiguous information in the health record regarding a significant reportable condition or procedure or other reportable data element dependent on health record documentation (e.g. present on admission indicator, risk of mortality, severity of illness).

B. PREPARATION OF THE LATE LIST:

1. Medical records are available electronically for the practitioners’ completion.
2. Each week, physicians with incomplete medical records for 7-14 days after discharge, will receive a notice from the Health Information Management Department reminding them of the impending administrative suspension date if charts remain incomplete more than 21 days.

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3. Physicians with incomplete medical records for 15-21 days after discharge will receive an “Automatic Administrative Suspension Notice”, reminding them of the impending suspension date if charts remain incomplete after 21 days. This notice is sent by the Medical Director and informs the physician that this is the final notice prior to suspension. The delivery method of the suspension notice will be at the discretion of the Medical Director.
4. The final suspension list is available electronically; the list will be posted by the Medical Staff Office in the Medical Staff Lounge.
5. The lifting of the suspension shall be immediate upon completion of all medical records more than 21 days. Health Information Management Department will update COMPAS when suspension is lifted.
6. Physicians remain suspended if they inadvertently fail to complete all of the medical records greater than 21 days.
7. Physicians will be assessed a fee for incomplete medical record deficiencies as outlined below.
 - a. The Medical Executive Committee (MEC) is ultimately responsible for ensuring compliance with medical record completion.
 - b. It is the physician’s responsibility to be aware of the status of his/her medical records to avoid delinquent medical records.
 - c. Each week, physicians will be fined \$10 if any of the following deficiencies remain incomplete as of Thursday at 12:01 AM:
 - History and Physical not completed within 24 hours post admission.
 - Psychiatric Evaluation not completed within 60 hours post admission.
 - Operative Report not completed with 24 hours post procedure.
 - Discharge Summary not completed within 21 days post discharge.
 - d. Notification of the fee will be sent to physicians via email from the Medical Staff Services Department. All fees must be paid within 90 days of the day notification of the fee is delivered.
 - e. Adjustments of any fee (including waiver of the fee) is at the discretion of the MRC and/or MEC. Written request to the MRC for an adjustment, including the reason for the adjustment, must be received by the Health Information Management Department within 30 days of notification of the fee.
 - f. Any physician who fails to timely pay levied fines must appear before the MEC upon the MEC’s request. Physicians who fail to appear before the MEC will be considered to have immediately and voluntarily resigned

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their Medical Staff Membership and any Clinical Privileges.

- g. Monies collected from fines of the Medical Staff will be placed in a special fund used solely for charitable donations and to create healthcare scholarships.

The MEC will determine how and to whom funds are distributed.

- 8. The following will occur for Physicians who remain on suspension past 60 days:
 - a. The Health Information Management Department (HIM) will notify the Medical Staff office of physicians suspended at 60 days. The Medical Staff office will send a letter from the Chief of Staff requesting the physician to complete their records by the date of the next scheduled meeting of the Medical Executive Committee or be requested to appear at the following Medical Executive Committee meeting. A copy of this letter will be sent to the appropriate division chief as well as maintained within the credentials file.
 - b. The Medical Staff Office will notify HIM for appropriate action by MEC, the Medical Director and/or Chief of Staff.
 - c. The Physicians will be assessed a fee at the time of re-appointment per the Medical Staff Re-Appointment Policy.

C. **SPECIAL CIRCUMSTANCES:**

- 1. There shall be no change in a practitioner's delinquency status while ill or on bona fide vacation. It is the practitioner's responsibility to advise Health Information Management Department, in advance, of absences from illness or bona fide vacation. The practitioner's valid absence or disability will interrupt the twenty-one (21) day grace period, which will resume when the interruption ceases.
- 2. Exceptions to this procedure can only be made by the Chief Executive Officer, his designee, Chief of Staff or by the Medical Staff Director under extreme or unusual circumstances.

IV. **PROCEDURE FOR CONCURRENT MEDICAL RECORDS DELINQUENCY REVIEW:**

A. **MEDICAL RECORD COMPONENTS:**

History and Physical Examinations, Conscious Sedation Pre-Procedure Evaluations and

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Operative and Invasive Procedures Reports will be enforced for delinquency according to the chart below. The specific hospital service departments listed below are responsible for monitoring completion, reviewing and enforcing compliance and administratively suspending clinical privileges specific to its location for non-compliance.

NOTE: Completion of a History and Physical is not required for invasive procedures using only local anesthesia, and not requiring procedural sedation nor anesthesia services. A History and Physical is required for any procedure where procedural sedation or general anesthesia is administered. Anesthesia pre-operative note may serve as the History and Physical and the Anesthesia post-operative note may serve as the Discharge Summary for Outpatient, non-invasive procedures under procedural or general anesthesia.

MEDICAL RECORD COMPONENT	TIME FRAME TO BE COMPLETED	RESPONSIBLE SERVICE DEPARTMENT FOR MONITORING & ENFORCEMENT	ACTION FOR NON-COMPLIANCE
Inpatient History & Physical (H&P)	24 hours following admission	Automated	If the H&P is not completed within 24 hours of admission, the physician will receive an automated notification of H&P delinquency via the Cerner Physician Inbox. (ED H&Ps satisfy requirements for the Psychiatry Inpatients)
Psychiatric Evaluation	60 hours following admission	Automated	If the H&P is not completed within 60 hours of admission, the physician will receive an automated notification of H&P delinquency via the Cerner Physician Inbox.
History & Physical for Operative or Invasive Procedure	Prior to procedure	Nursing Unit GI Endoscopy Surgery Same Day Surgery Bronchoscopy Outpatient Oncology Pathology Radiology Eye-SDS Woman & Child Services Pain Management	If not completed prior to procedure, the procedure must not begin.

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MEDICAL RECORD COMPONENT	TIME FRAME TO BE COMPLETED	RESPONSIBLE SERVICE DEPARTMENT FOR MONITORING & ENFORCEMENT	ACTION FOR NON-COMPLIANCE
		Lithotripsy Cath Lab	
Conscious Sedation Pre-Procedure Evaluation	Prior to procedure	Service departments listed above	If not completed prior to procedure, the procedure must not begin.
Operative and Invasive Procedures Reports	Immediately following procedure	GI Endoscopy Surgery Same Day Surgery Bronchoscopy Outpatient Oncology Pathology Radiology Eye-SDS Woman & Child Services Pain Management Lithotripsy Cath Lab	See B. - Medical Record Enforcement
GI Capsule Imaging, 24 hr. pH, and Esophageal Manometry	72 hours following procedure	GI Endoscopy	See B. – Medical Record Enforcement

- B. **MEDICAL RECORD ENFORCEMENT:**
1. All operative and invasive procedure reports shall be completed immediately following the completion of the procedure, but no later than the end of the day (12 midnight). HIM will conduct a review to verify the completion of the operative/procedure notes.
 2. The “late” physician’s clinical privileges will be suspended and enforced at that specific service department until the reports have been completed by the physician.
 3. The physician is encouraged to immediately notify the Director or designee of that specific service department when the reports have been completed. Health Information Management will verify compliance prior to removing the physician from suspension.

V. **CHARTING ABBREVIATIONS**

The use of symbols and abbreviations in the patient’s medical record is discouraged. The “DO

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NOT USE” list identifies the abbreviations or dose designations not to use for documentation in the medical record and other forms used to document patient care. See also Administrative Policy Doc-28: Charting Abbreviations, Clinical Guidelines for Practice.

PROHIBITED ABBREVIATIONS

Official “Do Not Use” List

Do Not Use	Potential Problem	Use Instead
U, u (unit)	Mistaken for “0” (zero), the number “4” (four) or “cc”	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily)	Mistaken for each other	Write "daily"
Q.O.D., QOD, q.o.d, qod (every other day)	Period after the Q mistaken for I and the "O" mistaken for "l"	Write "every other day"
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS	Can mean morphine sulfate or magnesium sulfate	Write "morphine sulfate" Write "magnesium sulfate"
M _{SO4} and MgSO ₄	Confused for one another	

1. Physicians are allowed to use abbreviations that are easily identifiable and approved/accepted for their respective disciplines.
2. East Jefferson General Hospital uses the Dorland’s Dictionary of Medical Acronyms and Abbreviations available on the desktop (3M icon). The list is also accessible on Team Talk>TM Tool>Attachments.

VI. RESPONSIBILITY:

Questions concerning this policy and recommended revisions shall be directed to the Director of Health Information Management or designee.

Revision reviewed and approved by Medical Executive Committee on November 8, 2006, August 12, 2008, September 14, 2010, November 15, 2012, June 10, 2015, November 10, 2015, and March 29, 2018, June 11, 2019.