Lovelace

Lovelace Westside Hospital	Medical Staff: Medical Record Completion and Suspension
Approved Date: 03/27/2019	MS; Medical Staff
Approved: Medical Executive Committee, Cheryl Sundheimer (Director), Nancye Cole (CNO)	**Ref.** #5815 **Version:** 4
Doc. Owner: Nancye Cole (CNO)	**Next Review Date: 03/27/2022** **Page** 1 of 3

Applicability:

All Lovelace Westside Hospital affiliated entities including hospitals and physician practice groups and any entities operating under the affiliated entities and physician practice groups.

Purpose:

To ensure timely completion of medical records for patient care, billing, and accreditation purposes and to implement temporary suspension for providers with incomplete medical records. Outline processes for entities that use Epic as well as other electronic medical record and suspension tracking systems.

Policy:

To allow each health care facility to have timely and accurate entries in the medical record. A medical record shall not be permanently filed until the responsible provider of the medical staff has completed the required documentation.

1) Medical Record Completion Components
    a) The inpatient medical record will be considered complete once it contains the following information as appropriate:
        i. a complete and authenticated history and physical examination
        ii. a complete and authenticated discharge summary
        iii. complete and authenticated operative and consultation report(s)
        iv. complete and authenticated provider queries
        v. authenticated provider orders
    b) The outpatient medical record including observation and same day surgeries will be considered complete once it contains any of the following, as appropriate to the outpatient visit.
        i. a post procedure and/ or operative report
        ii. a complete and authenticated consultation report
        iii. a record of the outpatient encounter
        iv. a complete and authenticated history and physical examination
        v. complete and authenticated provider queries
        vi. authenticated provider orders
2) Provider Notification of Incomplete Medical Records
    a) The provider's status reflects their completion of required documentation and can be one of the following:
        i. Good- no incomplete documentation
        ii. Warning- incomplete documentation 10 days old or greater
        iii. Suspension- incomplete documentation 15 days old or greater resulting in loss of privileges

b) Providers will receive notification of incomplete records prior to their status changing. In Epic, if a provider has incomplete documentation, the system automatically sends notification of the deficiency to the provider's Chart Completion inbox.

c) Incomplete Medical Records 10 days or greater
   i. Each week providers with incomplete medical records will be notified by Health Information Management of a status change to "warning" and that he/she has medical records greater than 10 days and failure to complete them within the next 5 days will result in a suspension of privileges. In Epic, each provider will receive this notification letter daily via their Deficiency Notification Letter inbox.
   ii. The weekly incomplete notice will include the following.
      1. Total number of records
      2. Type of deficiency
      3. Patient's name and medical record number
      4. Medical record's aging

d) Incomplete Medical Records 15 days or greater
   i. Each week all providers with incomplete medical records greater than 15 days or more post the medical record discharge date will be suspended.
   ii. HIM staff will be responsible for reviewing the deficiencies weekly prior to changing the provider's status and issuing the suspension notification letter.
   iii. The suspension notification letter will be sent to the provider notifying them they have been placed on suspension. In Epic, each provider will receive this notification letter daily via their Deficiency Notification Letter inbox.
   iv. Once a provider has their privileges suspended, they will be unable to schedule cases as the admitting/attending provider. In Epic, registration and all users attempting to schedule a case will receive a warning when assigning the suspended provider as the admitting/attending provider.

3) Suspension of Privileges

When a provider has been suspended all admitting, emergency department, surgical and patient care privileges will be temporarily removed until all incomplete medical records have been completed.

4) Removal of Suspension Privileges

a) HIM will monitor each suspended provider's medical record activity every business day.

b) When all incomplete medical records have been completed the provider's privileges will be reinstated automatically within Epic.

5) Suspension Exceptions
   a) The provider must notify the HIM Manager/Director when he/she will be out of town, ill, or on vacation.
   b) The HIM Manager/Director has the authority to grant additional days for the provider to complete his/her medical records. Example-unique patient care situation.
   c) The HIM Manager/Director will inform the HIM staff of the approved changes.
   d) The medical record's aging will not be modified in any system or record.
6) Providers should contact the Director/Manager of HIM if problems arise regarding their chart completion status.
7) If the provider is unable to complete his/her medical records from a remote location, it is his/her responsibility to receive assistance from the HIM and/or IT department.
8) Recording and Reporting of Provider Suspension
   a) The HIM Department will maintain a Suspension Log of all providers that have been suspended.
      i. The Suspension Log will include the following
         1. Provider Name
         2. Date of Suspension
         3. Suspension Removal Date
         4. Log of all letters providers have received
      ii. The Suspension Log will be maintained by the HIM Department for a minimum of 3 years.
   b) The HIM Manager/Director will notify the facility Chief Medical Officer if a provider has been suspended twice within a 3 month rolling calendar to be referred to MEC and/or Peer Review.