



POLICIES AND PROCEDURES MANUAL

System Department

Supersedes: UH - MR 3; UNMCP- CD16

Section: MEDICAL STAFF (MS)

Subject: Completion of Medical Records

Number: MS23

[Appendix C - Document Completion Timeline](#)

Attachments:

Date Effective: 08/08/00

Date Reviewed: 02/2021
5/4/04, 5/24/05, 1/1/06, 3/20/06, 8/14/08,
8/14/09, 8/24/11, 11/21/2011, 11/11/13, 2/14/17,

COMPLETION OF MEDICAL RECORDS

SCOPE: The following policy applies to all inpatient, observation, and ambulatory surgery records.

POLICY: Timely record completion is essential for safe, quality patient care. It enables communication among healthcare providers, appropriate and timely reimbursement and supports the legal requirements of the facility.

PROCEDURE

A. Responsibility

1. Completion of medical record documentation is the responsibility of the attending physician and other healthcare providers designated at the time the assessment is made or service provided.
2. A Medical Staff member shall not complete a medical record by dictating/completing deficient document(s) on a patient unfamiliar to him/her in order to complete a record that was the responsibility of another staff member, unless directed by Department Chairman, Hospital Service Chief. A Medical Staff Member may authenticate a medical record document or entry on a patient unfamiliar to him/her to complete the responsibility of another provider when:
 - o The physicians share clinical responsibilities
 - o The document or entry appears to be clinically valid
 - o The document or entry is assigned to the correct physician
3. The Chair of The Clinical Governance Committee in consultation with the Director of Health Information management will declare medical records complete for filing purposes in cases of death or permanent or extended unavailability of the responsible physician. Reasonable efforts will be made to locate providers who have left The Nebraska Medical Center prior to completion of medical records to make arrangements for completion of medical records. If the providers cannot be located to complete their records the Chair of the Clinical Governance Committee or their designee may complete the documentation.

B. Overdue Records

Reports not completed within the periods below will be declared overdue. Timeliness Standards are established in Attachment C.

1. Cancer staging forms not completed within 30 days of diagnosis of cases for which a staging scheme exists.

C. Notification of Overdue Records:

1. The responsible staff physician will be notified in the EHR Inbasket and electronically of documents that are the provider's responsibility.
2. If the responsible staff physician has not completed records the timeframes designated in Attachment A, then the records will be considered delinquent.

3. If there are delinquent records, the responsible staff physician will be placed on suspension for failure to complete delinquent medical records. ACCESS Services and appropriate clinical areas will be informed of those individuals whose clinical privileges are suspended and notice will be placed in the physician's trending file.
4. If the responsible staff physician has not completed records within twenty-one (21) days of note completion, written notification of impending voluntary relinquishment of privileges and membership will be communicated by certified mail to the staff member, Hospital Service Chief, and Academic Chair (as applicable).
5. The responsible physician, Hospital Service Chief, and Academic Chairman (as applicable) will receive written notification via certified mail at thirty (30) days, that there has been voluntary relinquishment of privileges and membership.

D. Notification of Overdue Order Signatures

1. Interactive alerts will be provided to the ordering physician at the time of electronic record use on each occasion when they have electronic orders not signed within 1 day.
2. If the responsible staff physician has not authenticated the order within the timeframes designated in Attachment A, then the records will be considered delinquent.
3. If there are order authentication, the responsible staff physician will be placed on suspension for failure to complete delinquent medical records. ACCESS Services and appropriate clinical areas will be informed of those individuals whose clinical privileges are suspended and notice will be placed in the physician's trending file. If the responsible staff physician has not authenticated the orders within 21 days of order origination, written notification of impending voluntary relinquishment of privileges will be communicated by certified mail.
4. The responsible physician, Hospital Service Chief, and Academic Chairman (as applicable) will receive written notification via certified mail at thirty (30) days when voluntary relinquishment of privileges and membership is reached, with notice placed in the physician's trending file.

E. Notification of Overdue Operative Report Dictation and Anesthesia Notes

1. The responsible staff physician will be notified by the InBasket EHR function or electronically to complete a Brief Op Note, Procedure Note, or Anesthesia Note (as applicable) at the completion of the procedure.
2. Proceduralist: If on Postoperative Day #1 there is no Brief Op Note or authenticated operative/procedure note, then medical staff privileges will be automatically suspended. If on Postoperative Day #2 there is a Brief Op Note but no authenticated operative/procedure note, then medical staff privileges will be automatically suspended.
3. Proceduralist: If a medical staff member's privileges are suspended for failure to complete the Brief Op Note or an authenticated operative/procedure note, then the medical staff member may not electively admit patients or perform procedures or deliveries that were posted 7 days after the relinquishment until the medical staff privileges have been reinstated.
4. Anesthesia Provider: If on Postoperative Day #1 there is not an authenticated Anesthesia Note, then medical staff privileges will be automatically suspended.
5. Anesthesia Provider: If an Anesthesia Provider's privileges are suspended, then the provider may not provide anesthesia services until the medical staff privileges have been reinstated.
6. If the responsible staff member has not completed the delinquent records within 21 days of the procedure, written notification of impending voluntary relinquishment of privileges and membership will be communicated by certified mail to the staff member, Hospital Service Chief, and Academic Chair (as applicable).
7. The responsible medical staff member, Hospital Service Chief, and Academic Chair (as applicable) will receive written notification via certified mail at 30 days post procedure that medical staff privileges and membership have been automatically relinquished if the records have not been completed.

F. Medical Record Suspension

In accordance with the Medical Staff Bylaws Part II: Investigations, Corrective Action, Hearing and Appeal Plan 3.1.4: A practitioner will be considered to have voluntarily relinquished the privilege to admit new patients or schedule new procedures whenever s/he fails to complete medical records within time frames established by the MEC. This relinquishment of privileges shall not apply to attending patients currently admitted when the relinquishment is imposed, attending emergency department patients while the relinquishment is in effect, rounding on inpatients, or procedures or deliveries that are posted for the first seven (7) days following the relinquishment. The relinquished privileges will be automatically restored upon completion of the medical records and compliance with medical records policies.

Reviewed by:
Bylaws Committee (01/2021)
Medical Staff Executive Committee (01/2021)
Board of Directors (02/2021)

Department Approval

Signed: Jana Danielson
Title: Executive Director, Revenue Cycle
Department: Health Information Management

Administrative Approval

Signed: Lindsay Gage, MD
Title: Medical Staff President