

Title: MEDICAL RECORD DELINQUENCY

 Approved By: **LaRoy Kendall, MD, SVP & CMO**

 Responsible Party: **Michele Kenner, Assistant Vice President,
Physician Services and Engagement**

 Policy No.: **MEDAFF-M-320**

Originated: 08/26/2010

Revised: 02/25/16

 Reviewed: **05/28/15, 2/25/16, 10/27/16**

 Interdisciplinary Review: **Medical Executive Committee**
POLICY:

1. Encourage timely completion of medical records to promote patient safety and secure timely payment for services.
2. Provide fair notice to members of the Medical Staff (“Members”) of medical records deficiencies and an opportunity to correct.
3. Provide for administrative suspension of admitting privileges, as well as elective procedures for those Members who do not meet the specified deadline for curing deficiencies and provide for automatic termination of membership and clinical privileges for further failure to cure deficiencies.

PROCEDURE:

Sections 5.1 of the Medical Staff Rules & Regulations and 3.4.5 and 11.5.1.6 of the Medical Staff Bylaws outline rules regarding the completion of patient medical records. Departures from these rules constitute a medical records deficiency.

1. Upon a patient’s discharge, Chart Management Technicians within the Health Information Management (“HIM”) Department will review the patient’s medical record.
2. An email from the Chief Medical Officer (“CMO”) or the Vice President of Medical Services (“VPMS”) will be sent two weeks prior to the monthly Medical Executive Committee (MEC) meeting informing physicians of those records that are delinquent. Delinquent records are defined as those records not completed 14 or more days after assignment to the physician for completion. After review by the MEC, Practitioners with delinquent records will be contacted by HIM to remind them of the need to complete the records. If those records have not been completed by the Monday following MEC meeting at 12 Noon (local time) the Practitioners will be considered to be administratively suspended with respect to admitting privileges, as well as elective procedures. HIM will notify Medical Affairs of the Practitioners with such continued delinquent records, and the CMO or VPMS will notify those Practitioners of the administrative suspension, preventing the Practitioner from admitting new patients or scheduling elective procedures. The administrative suspension is effective upon notification to the Practitioner. Registration, Surgery Scheduling, Nursing Administration and Medical Affairs will be notified of Practitioners that are placed on this administrative suspension. Updates are communicated to these departments as they occur. After 15 days from the Monday following MEC, if records are still not completed, the administrative suspension will include all clinical privileges. The Practitioner will be notified that in the event that any suspension lasts for more than 30 days, the MEC may

initiate an investigation into further potential professional review actions, which St. Elizabeth Healthcare may be required to report to the National Practitioner Data Bank (NPDB). Special circumstances may be considered by the CMO, VPMS, or Medical Staff President. Further failure to cure medical record deficiencies may also result in automatic termination (Bylaws 11.5.1.6).