



Policy /Procedure Document	
Category/Source:	Peer Review Committee
Origination Date:	11/2019
Last Review Date:	12/18/2019
Next Review Due:	12/2024
Policy Owner:	Medical Staff
Required Approvals:	Peer Review
	Medical Executive Committee
	Board of Trustees

TITLE:	Notification and Enforcement of Medical Record Deficiencies
SCOPE:	<i>This policy is intended for all Members of the Medical Staff, Privilege Holders, and Allied Health Practitioners.</i>
PURPOSE:	<i>To improve compliance with the Medical Staff Medical Record requirements.</i>
POLICY/PROCEDURE:	

PROCEDURE/INSTRUCTIONS:

An audit of the medical record by the Health Information Management (H.I.M.) Department occurs monthly to ensure that ongoing compliance with medical record requirements is maintained. In an effort to offer ongoing education regarding medical record requirements, any deficiencies in physician documentation will be reported to the physician by H.I.M.

H.I.M. also monitors timeliness of medical record completion, per the Medical Staff Rules and Regulations, certain timelines have been established for completion of medical records:

- H&P must be documented no more than 30 days before and no more than 24 hours after admission, but prior to surgery or procedure requiring anesthesia services.
- Operative Report must be completed within 24 hours from the procedure end time.
- Discharge Summaries must be completed within 14 days from patient discharge date.

Quarterly, H.I.M. will provide a report to the Peer Review Committee, who will follow a step-by-step process related to enforcement of compliance with medical record requirements and timelines.

PROCEDURE/INSTRUCTIONS:

1. If a physician has greater than 3 deficient reports in 3 months, a letter will be sent to the physician from the Chairman of the Peer Review Committee providing the physician a record of their deficiency.
2. If a physician has greater than 3 deficiencies in the quarter after the initial informational letter, the Chairman of the Peer Review Committee will meet with the physician (phone call or in person) to discuss the deficiencies.
3. If a physician has received a letter, has met with the Chairman of the Peer Review Committee and has greater than 3 untimely reports in the following quarter, the physician will be required to attend the Peer Review Committee (PRC) meeting to explain their deficiency. If the physician does not attend this meeting, they will be immediately referred to Medical Executive Committee (MEC).
4. If a physician has received a letter, has met with the Chairman of the Peer Review Committee, has attended the Peer Review Committee meeting and has greater than 3 untimely reports in the following quarter, the physician will be required to meet with the Medical Executive Committee.

5. Once a physician has been referred to Medical Executive Committee, he/she will be managed by that committee until the issue is resolved.

Document Revision History:			
Review Date:	Revised Date:	Reviewed/Revised By:	Summary of Changes:
11/2019			<i>Conversion to Beacon Format</i>
12/2/2019			Original Document
			Medical Executive Committee