



Policy /Procedure Document	
Category/Source:	
Origination Date:	11/2019
Last Review Date:	04/28/2021
Next Review Due:	04/2026
Policy Owner:	Medical Staff
Required Approvals:	MHSB Peer Review Committee
	MHSB Medical Executive Committee
	MHSB Board of Trustees
	EGH Medical Records Committee
	EGH MEC
	EGH Board of Trustees

TITLE:	Notification and Enforcement of Medical Record Deficiencies
SCOPE:	<i>This policy is intended for all Members of Elkhart General and Memorial Hospital 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. The term “deficiency” is defined here as a single occurrence of one of the following:

- a Medical Staff suspension secondary to incomplete medical records, OR
- failure to meet any one of the following Joint Commission/CMS medical record timeliness requirements:
 - H&P’s must be documented no more than 30 days before, and no more than 24 hours after, admission
 - An H&P must be documented prior to any procedure requiring anesthesia services.
 - Any H&P documented within 30 days prior to admission/procedure *must* have an update note within 24 hours after admission (but prior to any procedure requiring anesthesia services).
 - Operative Reports must be completed within 24 hours from the procedure end time.
 - An Operative Report Progress Note (aka Immediate Post-Operative Note) is required whenever the full Operative Report is not entered into the medical record immediately following the procedure.

In order to increase compliance with Joint Commission and CMS regulations regarding medical record completion and timeliness, the Medical Staff will assist in their enforcement. Monthly, H.I.M. will provide a report to the “Appropriate Medical Staff Committee” (Multidisciplinary Peer Review Committee (MHSB), Medical Records Committee (EGH)). This report will list the numbers and types of deficiencies per provider, per month. According to that data, the Appropriate Medical Staff Committee will follow the process outlined below for enforcement of medical records compliance.

PROCEDURE/INSTRUCTIONS:

1. If the provider has four (4) or more deficiencies in a reporting cycle, a letter of notification will be sent to him/her by the Chair of their Appropriate Medical Staff Committee.

2. If the provider has four (4) or more deficiencies in the reporting cycle *following* their notification letter, the Chair of their Appropriate Medical Staff Committee will meet with him/her (phone call or in person) to discuss the deficiencies.
3. If the provider has received a notification letter, has met with the Chair of their Appropriate Medical Staff Committee, and then has four (4) or more deficiencies in the *following* reporting cycle, then that provider will be required to attend the next session of their Appropriate Medical Staff Committee to explain their continued deficiencies. If the provider fails to attend this meeting, s/he will be immediately referred to their “Medical Executive Body” (Medical Executive Committee (MHSB), or Medical Staff Quality Improvement Committee (EGH)).
4. If a provider has received a notification letter, has met with the Chair of the Appropriate Medical Staff Committee, has been mandated to attend their Appropriate Medical Staff Committee meeting, and has four (4) or more deficiencies in the *following* reporting cycle, the provider will be required to meet with their Medical Executive Body.
5. Once a provider has been referred to their Medical Executive Body, s/he 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
12/2/2019			Medical Executive Committee
11/1/2020	11/1/2020	T. Long	Updated items that would be monitored by HIM and sent to Peer Review
2/2/2021	2/2/2021	J. Wise	Standardization of MHSB/EGH enforcement