

**FLOYD MEDICAL CENTER  
POLICY AND PROCEDURE MANUAL  
MEDICAL STAFF**



<p><b>TITLE: Medical Records Deficiency and Delinquency</b></p>	<p><b>Policy No.: MS-02-006</b></p>
<p><b>Purpose:</b> To ensure the timely completion of medical records by physicians and midlevel providers (herein referred to as “providers”) to:</p> <ul style="list-style-type: none"> <li>◆ ensure quality patient care and continuity of care;</li> <li>◆ demonstrate compliance with Medical Staff and other rules and regulations;</li> <li>◆ and to allow timely and accurate billing for patient care/services</li> </ul> <p>To maintain the number of delinquent records due to incomplete documentation at the lowest level possible; and within The Joint Commission (TJC) standards and state/federal regulations. Delinquent record rates must be less than 50% of the organization’s average monthly discharges (AMD). The AMD is determined by including all discharges/visits by patient type that are analyzed for and included in the numerator.</p> <p>To provide routine, appropriate and timely notification of records needing completion to appropriate physicians.</p>	<p><b>Developed Date:</b> 12/2018  <b>Review Date:</b>  <b>Revised Date:</b> 2/2019, 5/20  <b>Review Responsibility:</b> Director of HIM, VP of Revenue Cycle Management, Chief Medical Officer, Executive Committee of the Medical Staff, Executive Staff, Legal Counsel</p>
<p><b>Reference Standards:</b> Joint Commission Standard RI.01.03.01</p>	

**DEFINITIONS:**

**DEFICIENCY** is defined as any documentation that is missing from a patient record causing the record to be lacking in its ability to:

- ◆ ensure quality patient care and continuity of care;
- ◆ demonstrate compliance with Medical Staff and other rules and regulations;
- ◆ allow timely billing for patient care
- ◆ This may include, but is not limited to, signatures, dictation, or missing text. Deficiencies are assigned the date of discharge. The maximum allowed time to complete documentation is within 30 days of discharge.

## DELINQUENCY

is defined as medical records lacking documentation beyond the 30 days after assignment on the date of discharge. In addition, the following situations lacking documentation results in *immediate* delinquency per the timeframes specified:

- ◆ A History and Physical is required to be completed within 24 hours of admission or prior to an invasive procedure.
- ◆ An operative/procedure report is required to be completed immediately after the procedure. The exception to this occurs when an immediate post-operative note is written immediately after the procedure, in which case the full report can be dictated with 24 hours.
- ◆ Any verbal/telephone order must be signed within 48 hours, unless the read back and verify process is documented. In this case, the order would need to be signed no later than 30 days after discharge.

*Providers are able to check the status of their records in the Message Center in Cerner and complete them within the timeframes specified in this policy. This is especially important for timely notification of documentation that must be completed within 24 to 48 hours. This includes History and Physical Reports and Operative Reports.*

**IN-HOUSE SUSPENSION** when a record becomes delinquent and is defined as the temporary suspension of a provider's privilege to treat patients, admit, consult, and schedule or perform surgery or procedures. Only those patients who are currently in-house under the suspended provider's care may be seen and treated by said provider. Suspension remains in effect until all delinquent records are completed. If the Suspended provider has not made arrangements for coverage of his/her patients, the patients will be considered unassigned. Unassigned patients will be covered by the appropriate hospitalist or on-call provider. Providers are still obligated to their Emergency Room call duties as applicable per the medical staff bylaws

Suspension under this policy because of medical record delinquency is not reportable to the **National Practitioner Data Bank** but may be communicated in letters of reference and will be considered at the time of review for reappointment to the Medical Staff.

## NOTIFICATION GUIDELINES

### Notification Process for DELINQUENCIES

1. Daily notification of all deficiencies is available to all FLOYD Medical Staff providers via the Message Center at any time.
  - ◆ Signatures can be completed electronically through the Message Center.
  - ◆ Missing dictation can be completed by the provider within the EMR or via the dictation system.

2. Each Tuesday morning (except for holidays) Health Information Management (HIM) will determine those providers who have deficiencies ongoing for 15- days. Written notification of such ongoing deficiencies and potential delinquency (after 30 days) will be sent to the Executive Team. By the end of business on Tuesday, if a decision is made to postpone the 15-day notice notification of a potential delinquency to a provider, (such decision may only be made by the CMO, President of the Medical Staff, CEO or designee) HIM must be notified in writing including the length of postponement and the reason.
3. Each Tuesday (except for holidays), providers will receive a 15-day written notification of deficient record(s) and potential delinquency if records are not corrected within 15-days.
  - ◆ Notification will be made via a phone call, and by fax and/or email per provider preference.

### Notification Process for SUSPENSION

1. Providers are able to check the status of their records daily in the Message Center (located on the FLOYD intranet ~ GreenLink) and complete them within the timeframes specified in this policy. **This is especially important for timely notification of documentation that must be completed within 24 to 48 hours where *immediate delinquency occurs*.** This includes History and Physical Reports and Operative Reports as indicated above.
2. All potential delinquencies will be identified by HIM each Tuesday (except for holidays) and an initial written notification will be provided to the appropriate Executive, Department Manager, and Medical Staff Services of the potential delinquencies and resulting Suspension. By the end of business on Tuesday, if a decision is made to postpone the potential delinquency and resulting Suspension (such decision may only be made by the CMO, President of the Medical Staff, CEO or designee, HIM must be notified in writing including the length of postponement and the reason.
3. Each Wednesday (except for holidays), providers who still have delinquent records will be contacted via phone, fax, or email.
4. Each Thursday (except for holidays), providers who have delinquent records will be placed on Suspension.
  - ◆ **A letter signed by the Chief Medical Officer** notifying them of the resulting suspension will be sent via Courier. Additional notification will be made via a phone call, email and/or text per provider preference.

### DELINQUENCY GUIDELINES

1. At the point that the medical record is delinquent, only the CMO, President of the Medical Staff, CEO or designee can remove a provider from Suspension if all records are not completed. *The only procedures allowed to continue during a provider's Suspension, are those already scheduled.* No additional procedures are allowed to be scheduled until the delinquent medical records are completed. The Suspension process may be postponed until a further defined date. Such decision may only be made by the CMO, President of the Medical Staff, CEO or designee and may include the following circumstances:
  - ◆ Vacation
  - ◆ Illness
  - ◆ Problems with the information system that prevent completion of deficiencies

- ◆ Delay of deficiency assignment and notification process
  - ◆ Other circumstances that warrant a postponement of the In- House Suspension process as determined the CMO, President of the Medical Staff, CEO or designee.
2. If a provider's Suspension is postponed, the provider will be placed on Suspension as soon as the postponement has ended and if records are delinquent.
  3. Habitual non-compliance with Medical Staff Rules and Regulations for the completion of medical records affects:
    - ◆ quality patient care and continuity of care;
    - ◆ compliance with Medical Staff and other rules and regulations;
    - ◆ timely billing for patient care.
    - ◆ If a provider has been placed on Suspension three times within a 12 month period, a formal report of this noncompliance will be provided to the Quality Management Committee. The provider may be required to attend the Quality Management Committee meeting to discuss a corrective action plan.
  4. Formalized communication is established throughout the facility via email and/or letter. HIM will notify via e-mail of a suspension to: Administration, Clinical Directors and Supervisors, Hospital Supervisors, Emergency Room, the Department Chair and President of the Medical Staff. Reinstatement of privileges shall be automatic upon completion of all delinquent medical records. However, Reinstatement of privileges cannot be accomplished on weekends due to the lack of HIM staffing to verify completion of charts.
  5. The HIM Department will notify the areas (above) of the reinstatement of privileges for the provider.

## **IMPLEMENTATION AND TRAINING PLAN**

1. This policy will be part of the providers orientation.
2. Providers will also be shown how to access policies and the physician portal on FLOYD's Intranet Site during the orientation process.