

Title:	Medical Records Documentation and Completion - EMR	Page 1 of 3
Policy No:	1 MS 015	Effective Date: 03/04/2024

OBJECTIVE

To facilitate Medical Staff completion of medical record documentation, to specify timeframes for completion of medical records by the Medical Staff, and to outline the procedural steps that shall occur when medical records are not completed within the specified timeframe.

SCOPE

- All Medical Staff members
- All system-wide Health Information Management (HIM) Departments

POLICY

Medical records, including but not limited to observation, same day surgery, endoscopy, emergency room and inpatient records, shall be completed within the timelines detailed in the table below. Records not completed within such timeframes are delinquent. Completion means the entry is present in the medical record and authenticated by the relevant Medical Staff Member. Medical record entries shall be made according to the EMR physician order entry and documentation processes, at such sites that provide the EMR physician order entry and documentation processes and to the extent that said processes of the EMR are implemented. All other entries shall be entered in a form approved by the Medical Executive Committee (MEC), including downtime.

Failure to comply with this policy violates DMC Medical Staff Bylaws Article XI § 2 (C) and Rule IV of the Medical Staff Rules and Regulations. Accordingly, any Medical Staff Member whose records are not completed within fourteen (14) days of the timeframes stated in the table below will automatically be placed on a Medical Records Suspension. A Medical Staff Member under a Medical Records Suspension may not admit new patients; schedule or board any new procedures; schedule any new hospital-based outpatient department appointments; or participate in any DMC on-call schedule. A Member on Medical Records Suspension may continue to treat any inpatient who was an admitted inpatient on the date of the Medical Records Suspension. A Medical Records Suspension is not an Adverse Recommendation and does not otherwise entitle the affected Medical Staff Member to a fair hearing.

Any Member who fails to complete delinquent medical records within four (4) weeks of the start of a Medical Records Suspension will be deemed to have voluntarily resigned from the Medical Staff. Any such voluntary resignation is not an Adverse Recommendation and does not otherwise entitle the affected Medical Staff Member to a fair hearing. Members who accumulate 12 Medical Records Suspensions in any rolling 12-month period will be voluntarily resigned.

PROVISIONS

1. In order to meet these requirements and provide quality patient care, DMC's Health Information Management (HIM) Departments shall notify physicians of their delinquencies and inform appropriate DMC Administration and Medical Staff leadership of delinquencies. Electronic documents shall be compatible with the Clinical Information System (CIS). HIM will notify Members of delinquencies via their physician inbox of the Clinical Information System with the exception of queries. HIM will notify Members of delinquent queries via the current query system. The HIM Department will be responsible for validation and accuracy of physician inbox entries.

2. Each Hospital Health Information Management Department will provide information regarding medical record delinquencies to MSOC and the Hospital Compliance Committee. Medical record delinquencies will be measured at regular intervals, no less than every three months. On a quarterly basis, delinquency data will be reported to the Market Compliance Committee.
3. No changes are recommended to the current voluntary resignation process or consequences, i.e., if the physician meets the criteria for voluntary resignation and approved by the Medical Executive Committee and governing body, privileges will be revoked and badge and system access will be discontinued.

REFERENCES

DMC Medical Staff Bylaws, Rules and Regulations
 Comprehensive Accreditation Manual for Hospitals
 Tenet: Legal Medical Record Policy COMP-RCC 4.17
 Tenet: Health Information Management Operations, Hospital Chart Completion, Documentation and Security Policy COMP-RCC 4.03

ADMINISTRATIVE RESPONSIBILITY

- The DMC Executive Vice President Medical and Academic Affairs/CMO and the President of the Medical Staff or their designees have operational day-to day responsibility for this policy.
- Each of the Health Information Management Department Directors and other applicable Department Directors will be responsible for providing support to the Medical Staff leadership to assist with implementing this policy.

APPROVAL SIGNATURE(S)

President/DMC Medical Staff

Date

Executive Vice President/Chief Medical Officer/DMC

Date

KEY Search Words

THIS POLICY: is/has been: (check one)

<input type="checkbox"/>	NEW	<input type="checkbox"/>	REVIEWED	<input checked="" type="checkbox"/>	X	<input type="checkbox"/>	REVISED*
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CHANGES/REVISIONS: List Changes Here

- Added HIM Department responsibilities
- Removed references to DMC Medical Records Committee
- Added Hospital MSOC responsibilities
- Removed reference to Vanguard policy as reference
- Added Tenet related policies

Supersedes	1 MS 015 Medical Record Documentation and Completion – 09/28/2018 1 MS 015 Medical Record Documentation and Completion – 11/01/2012 1 MS 015 Medical Record Documentation and Completion – 07/01/2009 1 MS 015 Medical Record Documentation and Completion – 01/22/08 1 MS 015 Medical Record Documentation and Completion – 11/01/06 1 MS 015 Medical Record Documentation and Completion – 4/01/06 1 MS 015 Medical Record Documentation Requirements – 01/01/04; 01/01 1 MS 016 Medical Record Completion - January, 2001		Next Review Date	January 2027
Origination Date	July 2006	History - Review/Revision Dates	JCC: 1.22.08; 6.23.09; 11.01.12; 09.28.18	
Related Tenet Policy (ies) #'s		Tenet: Legal Medical Record Policy COMP-RCC 4.17 Tenet: Health Information Management Operations, Hospital Chart Completion, Documentation and Security Policy COMP-RCC 4.03		
Name of Committee / Title of person(s) responsible for this policy's review and approval process		Corporate Director, CVO/Corporate Medical Affairs		

Table: Documentation Completion Requirements

Deficiency Note Type	Expected Completion Timeframes (See Comments 1 and 2 below)	Suspension Timeframe	Medical Record Suspension Definition
Admission Note H&P OB Triage Note	Within 24 hours after admission	14 days	1. Cannot admit patients 2. Cannot board surgical or other operative procedures 3. Cannot participate in call schedule 4. Cannot schedule new clinic appointments
ED Notes	Within 5 days (See Comment 3 below)	14 days	
Procedure Note	Within 24 hours after procedure	In chart within 72 hours Signature at 14 days	
Discharge Summary	Within 5 days after discharge	14 days	
Hospital-Based Clinic Notes	Within 14 days after date of service	30 days	
IP Consult Notes	Within 48 hours after consult	14 days	
Query	Within 2 days after receipt of query	14 days	

1. Completion Time is defined as the note is present in the EMR **and signed by the Attending.**
2. If the physician has a contractual relationship with DMC and the HIM completion times in those contracts are shorter than the Medical Staff completion time, the contract supersedes the Medical Staff requirements.
3. The expectation is that unsigned notes for ED hospitalized patients, Discharge Summary, and IP Consult notes are in EMR within 24 hours.