

UNIVERSITY HEALTH CARE
HOSPITALS AND CLINICS

GRADUATE MEDICAL EDUCATION

HOUSESTAFF POLICIES AND PROCEDURES

MEDICAL RECORDS COMPLETION / INCENTIVE POLICY

Section 1 No. 5 Rev. 8

Review Date: Dec. 2007 Revision Date: Dec. 2007

Chapter: Conditions for Employment

I. PURPOSE

To outline the content and procedure for timely completion of incomplete medical records by attending and housestaff physicians.

II. POLICY

- A. Housestaff Requirements: All medical records shall be completed by the housestaff within fourteen (14) days of patient discharge. A complete record is defined as including a history and physical exam within 24 hours of admission or prior to surgery, sufficient progress notes and/or diagnostic tests to justify treatments and length of stay; applicable informed consent(s); a dictated/signed report of operation and/or a written preoperative, operative, and postoperative note immediately prior to or following surgery; a dictated/signed discharge summary, and orders to justify treatments and length of stay. Medical records will be considered delinquent if they have one or more of the above deficiencies not completed within 30 days post discharge. (See Medical Records Requirements Policy for detailed information on documentation.)
- B. Attending Requirements: All incomplete medical records will be completed timely by the attending physicians. Medical records will be considered delinquent if they have one or more deficiencies not completed within 30 days post discharge. Major deficiencies are defined as any deficiency which requires an action to complete the record other than signature deficiencies, i.e. discharge op summaries, death notes, orders or progress notes. Minor deficiencies are defined as signature deficiencies.

III. GENERAL PROCEDURE

- A. Attending physicians and housestaff who have 1 or more incomplete records over 14 days from record availability will be notified in writing that they have only 7 more days from date on letter to complete all record deficiencies before suspension from medical staff will be initiated.
- B. Attending physicians and housestaff who fail to complete deficiencies within the 7 day grace period maybe recommended for suspension of privileges from the medical staff by the Chief Medical Officer until the deficiencies are corrected. A copy of the attending physician's suspension letter will be filed in the attending physician's credential file. Copies of housestaff suspension letters will be filed in Graduate Medical Education files.
- C. The Health Information Department will notify responsible physicians weekly of any record delinquencies. Attending and housestaff physicians should check with the Health Information Department weekly to complete deficient records.
- D. Housestaff who fail to dictate Operative Reports within 2 working days of procedure will receive notice that they have 48 hours to dictate the Op report or it will be assigned to the attending physician for dictation.

- E. All unsigned orders will be signed by the discharging housestaff prior to patient discharge.
- F. Records cannot leave the Health Information Department for any reason other than direct patient care and/or subpoena or court order.
- G. Vacation and other absences of greater than 30 days require completion of medical records prior to leaving.
- H. Attending and housestaff physicians' record completion status will be reported monthly to department chairs, Medical Record Committee and/or Medical Board.
- I. Records unavailable for completion for reasons beyond the physician's control will not be counted as being delinquent. Timing of delinquency will begin only when charts are available.

IV. ATTENDING COMPLETION PROCEDURE

- A. The attending physician is accountable for completing record(s) not completed by housestaff.
- B. The attending physician is required to cosign and append the housestaff **inpatient** history and physical.
- C. The attending physician will review/correct and sign/cosign the discharge summary and report of operation.
- D. The attending physician will sign all physician orders not signed by housestaff.

V. HOUSESTAFF INCENTIVE/PENALTY PROCEDURE

- A. Incentive Procedure:
 - 1. Housestaff who dictate discharge summary(ies) within 24 hours of patient discharge will receive \$5.00 per report.
 - 2. Housestaff who dictate inpatient operative report(s) within 24 hours of surgery will receive \$5.00 per report. (Ambulatory surgery does not qualify for incentive program.)
 - 3. The \$5.00 credits will be accumulated and will be issued by the Health Information Department as scheduled.

Penalty Procedure:

- Housestaff who fail to dictate discharge and/or operative report(s) within seven (7) days post discharge or seven (7) days post operative day will be subject to a penalty.
- 1. Fines per non-dictated discharge summary may be assessed at \$10.00 per chart for each seven (7) day period post discharge. (First seven (7) days are business days; days thereafter are calendar days.)
 - 2. Fines per non-dictated operative reports may be assessed at \$10.00 per chart at 48 hours or 2 business days from date of surgery. (First seven (7) days are business days; days thereafter are calendar days.)
 - 3. Fines will be subtracted first from any accrued credits.
 - 4. Fines not covered by credits may be deducted from house staff paychecks.
 - 5. Fines will be limited to \$100 or less per pay period.
 - 6. Housestaff will leave an accrual of \$100 in credits in their account in order to avoid actual fines.
- C. Suspension day(s) may be assessed for each week a discharge summary and/or operative report exceeds seven (7) days post discharge or postoperative day.
 - 1. Suspension day(s) will be tracked and added to the required time at the end of the program.
 - 2. Suspension day(s) will only be assessed in lieu of fines at the discretion of the Housestaff Program Director.
 - 3. Suspension day(s) will be assessed at one (1) day per week when the non-dictated discharge and/or operative report exceeds the 7th day post discharge or postoperative day.

- D. Fines or suspension days will not be assessed if deficiency(ies) are due to circumstances beyond the physician's control (i.e., lost record, illness, or vacations). It is the obligation of the housestaff to notify the Health Information Department when circumstances merit this consideration.
- E. Notification of delinquencies will be sent to housestaff and/or attending staff weekly. Fines or suspension days will not be assessed without housestaff receiving prior personal notification.
- F. All signature deficiencies will be classified as minor deficiencies and sent to attending physician for signature if not completed within 14 days by housestaff. (See completion policy for definition of major and minor deficiencies.)

APPROVAL BODY: Medical Record Committee

Medical Board

APPROVAL DATE: 11/06

POLICY OWNER: Health Information

HISTORICAL INFORMATION

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