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

II. POLICY
   A. Resident Requirements: All medical records shall be completed by the resident 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 21 days post discharge. It is the University of Utah Hospital and Clinics policy that all medical records should be completed within 30 days after discharge.

   B. Licensed Independent Practitioner Requirements: All incomplete medical records not completed by a resident will be completed timely by the LIP’s. Medical records will be considered delinquent if they have one or more deficiencies not completed within 21 days post discharge. Major deficiencies are defined as any deficiency which requires an action to complete the record, i.e., discharge op summaries, death notes, orders or progress notes. Minor deficiencies are defined as errors, dates, and times.

III. GENERAL PROCEDURE
   A. LIP’s and residents 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. Failure to
complete the records within the 7-day grace period will constitute one delinquency.

B. LIP’s and residents who incur one delinquency will be notified in writing that failure to complete all record deficiencies within the next seven days will result in a second delinquency. Each additional seven-day period in which all record deficiencies are not completed will result in an additional delinquency.

C. LIP’s and residents who have exhibited a pattern of three or more delinquencies as defined above, either consecutively or subsequently during a calendar year, may be referred to the Medical Board. At its discretion, the Medical Board may impose consequences up to and including revocation of privileges. The practitioner or resident member at issue may be asked to appear in person at the Medical Board meeting to explain why s/he cannot complete medical records in a timely manner. For residents, any delinquencies may be referred to the GME office and/or to the relevant Program Director.

D. Tracking of delinquency occurrences will be reset to zero at the beginning of each calendar year.

E. Exceptions to these procedures for illness, vacation, or other exceptional circumstances may be granted by the Department chairperson with approval of the Chief Medical Officer and notification of the Health Information Department.

F. Health Information Management will notify responsible physicians weekly of any record delinquencies. Resident physicians should check with Health Information Management weekly to complete deficient records.

G. Residents 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.

H. All unsigned orders will be signed by the discharging housestaff prior to patient discharge.

I. Incomplete records cannot leave the Health Information Department for any reason other than direct patient care and/or subpoena or court order without approval from the Director of Health Information or their designee.

J. Vacation and other absences of greater than 30 days require completion of medical records prior to leaving.

K. Attending and resident physicians’ record completion status will be reported monthly to department chairs, Medical Record Committee and/or Medical Board.

L. 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. However, overall delinquency rates will be calculated from the time of patient discharge, as required by Joint Commission Standards.
IV. PHYSICIAN COMPLETION PROCEDURE
A. The attending physician is accountable for completing record(s) not completed by the resident.
B. The attending physician is required to cosign and append the resident 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 the resident.

V. RESIDENT INCENTIVE/PENALTY PROCEDURE
A. Incentive Procedure:
1. Residents who dictate discharge summary(ies) within 24 hours of patient discharge will receive $5.00 per report.
2. Residents 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:
Residents 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. Residents 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 Resident’s 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 the resident and/or attending staff weekly. Fines or suspension days will not be assessed without the resident 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 30 days by the resident. (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
ORIGIN DATE: Historical Document
REVIEW DATES: 07/01, 01/04, 11/09, 10/10
REVISION DATES: 04/99, 01/92, 07/01, 09/01, 1/07, 11/07, 12/09, 10/10
APPROVAL DATES: 04/99, 02/92, 10/01, 2/07, 12/07