

TITLE: MEDICAL RECORDS DELINQUENCY POLICY

POLICY # 2-11

MANUAL: MEDICAL STAFF

Revised 3/23/15; 5/11/15; 6/3/15; 11/8/16

Approval: Margaret McEvoy, M.D., Chief of Staff

VALUES CONTEXT

Our values call for us to develop and continually improve systems and structures that attend to the needs of those we care for.

I. PURPOSE/EXPECTED OUTCOME(S)

1. To improve patient care by ensuring timely availability of a complete medical record.
2. To comply with State, Federal, and Accreditation statues and standards regarding the timely completion of medical records.
3. To establish a procedure for notifying practitioners of delinquent medical records.

II. POLICY

1. Medical records must be signed and completed within 14 days of patient discharge as defined in the Medical Staff Rules and Regulations. A Medical Record is considered delinquent when it goes past 14 days post discharge.
2. Practitioners with delinquent records shall be subject to fines according to the procedure outlined in this document. Fines will begin at \$100 and increase incrementally by \$100 per week up to \$200. If the fines reach \$200 and the records for the practitioner are not completed, suspension of privileges will occur.
3. If the practitioner fails to pay his or her fine within 30 days of invoicing for said fine, that fine will be retained as a fee due with the practitioner's next reappointment or privilege renewal application. Fines will continue to accrue until paid with no limit being placed on the amount due at the time of reappointment or privilege renewal. Reappointment and/or privilege renewal will not be approved for practitioners who have an unpaid fine balance.

4. Effective January 1, 2017, if a physician incurs six (6) fines or fewer in the two-year reappointment period, the fines incurred will be waived or refunded, if previously paid. If a physician incurs seven (7) fines or more in the two-year reappointment period, all fines incurred will be collected. (This does not apply to fines incurred prior to January 1, 2017. Those fines are still due and payable.)
5. Records not available to the practitioner or assigned to an incorrect practitioner shall not be considered delinquent during the time they are inaccessible or incorrectly assigned. Similarly, records will not age during the time a physician is ill or if on vacation, provided records were up to date and advance notification is made to HIM. The term “vacation” does not include scheduled days off due to shift work or durations of less than one week. Unless unduly delayed, the time required for transcription of reports does not extend the delinquency period. Thus, acute care hospital reports must be dictated and signed within 14 days of discharge, inclusive of transcription time.
6. A suspended practitioner will not be allowed to admit new patients, consult on new patients, or schedule during the suspension period. Since the intent of this policy is to preserve continuity and quality of patient care, physicians will still be able to care for existing patients and perform previously scheduled surgeries in the hospital.
7. Privileges will be reinstated within 24 hours upon completion of all past due records. If records are completed over a weekend or holiday, privileges will be reinstated by the end of the business hours on the next business day.

III. PROCEDURE

1. Weekly, the Health Information Management Department (HIM) will notify by fax, text message or email any practitioner who has one or more incomplete and/or delinquent medical records. The notice will include patient name, reason the record is incomplete, and the number of days incomplete.
2. For practitioners who have delinquent medical records, HIM will also attempt to notify the physician’s staff by fax, text message or email.
3. Should a physician not complete available delinquent records following the notification above, a “Notice of Pending Fine” will be sent to the provider by HIM by fax, text message or email. If available delinquent records are not completed before the next weekly notification cycle, a fine will be incurred per Section II (2) above.
4. The HIM Department will make every effort to assist practitioners to complete their records. Records requiring signature(s) only may be faxed to the practitioner for completion upon request. Colleagues may sign for practitioners who are unavailable.
5. It is the responsibility of the physician to notify the HIM Department of any illness or in advance of any planned vacation which exceeds one week duration.

6. The HIM Department will be responsible for maintaining a physician fine list. The list will be structured according to the aging of records, corrected for any time the record is inaccessible, wrongly assigned, or awaiting return from a vacation or illness. It will also include the date the practitioner last completed medical records. Practitioners will not be responsible for mistakes in accounting made by the HIM Department.
7. Upon incurring a fine a notification letter will be faxed, phone text message or emailed to the practitioner by HIM alerting the practitioner that he or she has delinquent records and is being fined. This letter will contain an explanation of the fines accrued for failure to complete delinquent records and will direct the practitioner to the appropriate resource in the HIM department should the fine be in dispute.
8. Medical Staff Services will be responsible for collection of the fines from the Medical Staff and allied health professionals and for notifying them of their obligation to pay the fines as a condition of reappointment and/or renewal of privileges. Medical Staff Services will notify HIM of the payments so that HIM may update their records. All fines collected will be distributed to the Medical Staff Leadership Fund.
9.
 1. **Notice of Incomplete Medical Records** – is sent out when a physician has one or more records that are at least 7 days post-assignment. This is the physician’s first and only notification before the physician is fined when/if any of their records reach 15 days or more post-assignment.
 2. **Notice of 1st Fine** – is sent out when a physician has one or more records that have reached 15 days or more post-assignment.
 3. **Notice of 2nd Fine/ Suspension** – is sent out one week after the physician has received their Notice of 1st Fine and their records continue to be delinquent 22 days post-assignment. Upon personal notification of suspension, provider will be allowed 24 hour grace period to complete record(s) in order to avoid suspension.

Information Resources for this Policy:

Hospital Accreditation Standards

IM.6.10.8: The hospital has a policy and procedures on the timely entry of all significant information into the patient’s medical record.

IM.6.10.9: The hospital defines a complete record and the timeframe within which the record must be completed after discharge, not to exceed 30 days after discharge.

IM.6.10.10: If the average of the total number of records delinquent (for any reason) calculated from the last four quarterly measurements is equal to or exceeds twice the average monthly discharge, Conditional Accreditation will be recommended. This includes inpatient and outpatient records that are analyzed for completeness.

MS.3.20.3: The organized medical staff participates in the following activities when the hospital is engaged in any of these activities: Accurate, timely, and legible completion of patient’s medical records (see standard IM.6.10)

Title 22 Division 5. Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies (Chapter 1. General Acute Care Hospitals) (California State Licensure)

§ 70751(g): Medical records shall be completed promptly and authenticated or signed by a physician, dentist or podiatrist within two weeks following the patient's discharge.

Code of Federal Regulations: Title 42 (part 430 to end)

482.24(2) (viii): Final diagnoses with completion of medical records within 30 days following discharge.

Note: California State law supersedes all Accreditation and Federal Regulations.

Author/Department:	
References:	
Reviewed/Revised by: Revised 2/26/08. Reviewed without changes 11/8/11 and 01/17/12. Revised 08/27/13, Revised: 3/23/15, Revised: 3/11/15, Revised: 6/3/15, Revised 11/8/16.	
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