

History and Physical Policy

*PHFH & PSHMC Joint MEC Meeting 1-2015;
Revised 9/2015 PHFH MEC; 9/2015 PSHMC MEC
Updates for clarity, and approved by CMO January 2016
Clarification PSHMC and PHFH MEC 8/2017
Update 1/2018 MEAC*

This policy amplifies the Medical Staff Bylaws and complies with requirements of CMS and The Joint Commission (TJC).

TJC states:

The patient receives a medical history and physical examination no more than 30 days prior to, or within 24 hours after, registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. (PC.01.02.03)

Medical Staff Bylaws state:

The admission history and physical (H&P) examination shall be completed by a member of the Medical or Allied Health Professional Staff with privileges to do so. A medical history and examination that was completed within 30 days prior to inpatient/observation admission may be accepted, but this must have an update performed by the attending physician or his designee within 24 hours after admission or registration but prior to a procedure requiring anesthesia services. This update may be noted as a history and physical update, an interval note, or a progress note. For patients admitted prior to the date of surgery, a progress note dated the same day of surgery, but entered prior to the surgery/procedure will suffice as an H&P update.

Policy:

A history and physical is required for all patients within 24 hours of registration or admission and prior to any operative or other high risk procedure (chemotherapy is considered a high risk procedure).

Required elements of a complete H&P are: Chief complaint, details of present illness, relevant past history appropriate to the patient's age, drugs, allergies, assessment of body system (including heart and lungs), conclusion/impression, and plan of care. (If drug and allergy documentation is provided elsewhere in the EHR, they do not need to be documented in the H&P.)

The admitting physician or practitioner performing a surgery or procedure is responsible to assure completion of the history and physical examination. Nurse Practitioners and Physician Assistants are approved to complete H&Ps; H&P must be countersigned by a physician sponsor within 48 hours OR prior to a procedure requiring anesthesia services. (Certain outpatient procedures may be performed by nurse practitioners and physician assistants. No countersignature is required from a physician sponsor if the nurse practitioner is credentialed to perform the procedure and is the provider completing the procedure.)

The physician or his representative is responsible to ensure the H&P is part of the hospital encounter in the EHR. This may be by computerized entry, dictation, voice-recognition, templates, and similar methods to provide legible and searchable text.

In addition to the above requirements, psychiatric patients will have a complete neurological examination at the time of the admission physical examination. As part of the neurological exam, each cranial nerve will be checked and individually identified, as indicated. (PC.01.02.13 EP6)

A history and physical exam performed within the prior 30 days and which meets the required elements may be accepted from a referring licensed independent practitioner within Washington State, provided it receives the required review and update from a member of the Medical or Allied Health Professional Staff with privileges to do so. The admitting physician must:

- Review the history and physical documents
- Conduct a second physical assessment to confirm the information and findings
- Update any information and findings, as necessary, including a summary of the patient's condition and course of care during the interim period, and the current physical/psychosocial status; and
- Document the above in the EHR.

Oral surgeons and podiatrists may be credentialed to perform the H&P. If not specifically credentialed, an H&P by a physician or allied health professional, as above, will be required.

Surgical/procedural patients with anesthesia services

This category contains any high-risk procedure and/or any procedure that may involve moderate, deep, general, or regional anesthesia and may cause a lack of protective reflexes requiring extended pre-or post-procedure monitoring. Protective reflexes are defined as the ability to maintain a patent airway and to clear the airway of occlusions such as secretions or emesis without aspiration, and the ability to maintain spontaneous and effective ventilation effort.

Procedures such as, but not limited to the following are included in this category:

Any procedure with moderate sedation or above

Percutaneous visceral aspirations or biopsies (excludes skin, bone marrow, muscle, breast, thyroid, paracentesis, thoracentesis, lymph nodes, etc. if these are performed with less than moderate sedation)

Gastrostomy placements

Cardiac and vascular catheterizations

Angioplasties

Discograms

Dilatation and curettage

Diagnostic imaging exams and procedures with moderate or higher levels of IV sedation

Endoscopies

Implantations

1. For patients who have been admitted prior to the date of surgery, and who have a complete H&P in the inpatient electronic health record (EHR), a progress note recorded within 24 hours prior to surgery will suffice as the update/interval note. The anesthesiology assessment will also suffice as the update/interval note when the H&P is reviewed by the anesthesiologist.
2. Same-day admissions for inpatient and outpatient surgery must have either:
 - a. A complete history and physical document performed within the prior 30 days and an update/interval note prior to the procedure. The provider will document 'no changes' in

the patient condition, or provide a summary of the changes noted in the patient's condition. The anesthesiology assessment will also suffice as the update/interval note when the H&P is reviewed by the anesthesiologist.

OR

- b. If the history and physical document provided from the physician's office is over 30 days old, a history and physical must be performed prior to the surgery and contain all of the required elements. Note that the physician may not document 'refer to the prior history and physical' if that history and physical is over 30 days old. Physicians are encouraged to work with Clinical Informatics to develop a custom Epic template for the required H&P elements.

In an emergency, a written progress or admission note describing a brief history and appropriate physical findings and the preoperative diagnosis recorded before surgery will suffice.

Non-operative and other low-risk procedures

This category contains any low risk procedure involving light (anxiolysis) or no sedation where protective reflexes are expected to remain unchanged, no amnesia experienced, and pain or anxiety is reduced.

Procedures such as, but not limited to, the following are included in this category:

Diagnostic imaging without IV sedation, lumbar punctures, amniocentesis, arthrography, sinograms, voiding cystourethrogram, myelograms, paracentesis, thoracentesis, PICC placement, injections, gastric feeding tube and non-implanted IV access device removal, and ophthalmologic laser procedures without sedation.

Non-operative and other low-risk procedures do not require a complete H&P, but at a minimum, require a procedural note. A radiology imaging report or result in the chart suffices.

Continuing Ambulatory Care Services (Series patients)*

This category includes outpatients receiving infusions, and chemotherapy (chemoembolization/Y-90 ablations).

An initial H&P meeting the bylaw requirements must be documented in the medical record prior to the initiation of the treatment. The H&P may remain valid for one year, but must be updated on an as needed basis as the underlying medical condition of the patient changes. Hospital staff receiving the patient will notify the ordering physicians of any identified changes in the patient's condition.

***Note:** Dialysis patients sent to the hospital for fistulogram or declot are usually managed under moderate sedation. Their assessment, management and documentation are governed by CMS regulation. The most recent H&P and any updates by the attending provider and nursing notes from the dialysis center will be obtained and reviewed by the provider prior to the procedure. Home dialysis patients must have most recent H&P and office notes available from nephrologist office.

References:

Centers for Medicare/Medicaid Interpretive Guidelines (CMS): S&C-08-12. 'The medical history and physical exam must be completed and documented by a physician as defined in CMS section 1861R -- a doctor of medicine or osteopathy, doctor of dental surgery or of dental medicine, doctor of podiatric medicine, doctor of optometry and chiropractor.' (Note that the PHC urban hospitals do not credential optometrists or chiropractors.)

The Joint Commission (TJC): PC 01.02.03 ‘The patient receives a medical history and physical exam no more than 30 days prior to, or within 24 hours after, registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services.’ (Note: anesthesia services are defined as moderate sedation or above.) Also see TJC Standards MS.03.01.01 (6-11) and the following posted TJC Frequently Asked Questions (FAQ)

- Credentialing Non-Medical Staff member Licensed Independent Practitioners Who Order Tests and Treatments from a Joint Commission Accredited Organization 11/24/2008
- Medical Students Doing H&P 11/24/08
- Delegation of the History and Physical Examination 11/24/08
- History and Physical for Hospital Outpatient Procedures 11/24/08
- Podiatrists and Dentists Performing the Entire History and Physical for Inpatient and Outpatient Care (11/24/08)
- Permission to Administer Moderate Sedation (2/11/09)

The Joint Commission (TJC) (PC.01.02.13 EP6)

Also reference the following hospital policies

- Sedation for Adults and Sedation for Pediatrics –these provide definitions of sedation.
- Non-staff practitioners ordering tests and procedures
- Resident Scope of Practice

Clarification re chemotherapy as high risk procedure 8/2017 approved both MEC's 8/2017