

Medical Records Completion and Suspension Policy

Original Date: 9/15

Medical record suspension will occur when:

- Any portion of the patient's health record remains incomplete for more than 31 days. Records that are incomplete because of missing dictation/diagnoses/signatures of a supervising physician's extender* (PA, ARNP, etc.) will be included in the delinquencies of the supervising physician. (The supervising physician is the physician attributed to the specific case, not necessarily the sponsoring physician of record.)
- Completion of any discharge summary or discharge note (admission for 48 hrs or less) is not completed within 72 hours.
- Any operative or procedure report is not completed within 72 hours of the procedure.

*Physicians are responsible to assure medical record completion by their sponsored mid-level providers. The sponsoring physician of record will be included in all communications from the MEC regarding repeat suspensions. The sponsoring physician is required to participate in development of all plans to improve the documentation of a physician extender and to endorse in writing all plans for improvement.

Medical record suspension will suspend the physician's elective admissions or scheduling of surgical/procedural cases until medical records have been brought current. A physician who in this way has privileges suspended may complete previously scheduled surgeries, but is responsible for arranging for coverage for his/her hospitalized patients and for arranging coverage for the E.R. on-call schedule if that physician has been assigned call any time during the period of the suspension. Physicians with attending responsibilities to the teaching services will not be permitted to continue that responsibility during the duration of the suspension. Alternate coverage for the supervision of house staff must be arranged by the attending physician. (A medical record suspension of a physician extender prohibits any practice by the extender within the hospital until medical records are brought current.)

Emergency Case Exemption: A 24-hour exemption from medical record suspension of privileges may be granted to a physician who is managing an emergency situation (or a physician extender assisting with an emergency situation). The exemption will be for the emergency situation only and will not extend to other hospitalized, scheduled or non-emergent patients. The physician is responsible to obtain authorization for the emergency exemption from the Chief Medical Officer or his designee.

Personal Emergency: Providers may also be granted an emergency exemption for a personal or family emergency; this may be arranged through medical records. Records of these exemptions will be maintained by HIM and reviewed by medical leadership if there is a pattern of concern.

When all delinquent records have been completed, the provider will be automatically returned to the status that was in effect prior to the suspension, and all privileges (admitting and clinical) will be reinstated.

Repeat medical record suspensions

Providers with four (4) or more medical record suspensions, or three (3) consecutive month suspensions, in one rolling 12-month period will receive a letter from the MEC president and Department Chair or service chief requiring that all records be complete by a specified date (letter will include a copy of this policy), and the provider must provide a satisfactory written plan to MEC leadership for managing their medical record obligations. The MEC leadership group may accept the plan and, if accepted, provide a copy of the plan to the practice manager and practice medical director (and physician sponsor, if applicable), as the provider is in imminent danger of a full suspension of all privileges, which will affect his/her partners, call group, and/or physician sponsor.

After a plan is in place, if two additional medical record suspensions occur within one rolling 12-month period, the MEC leadership will notify the provider (with copy to group leader/president and sponsor, if applicable) that:

- A one week 'full' suspension will occur in the following month, with date to be determined by the MEC leadership. This full suspension prohibits any and all practice within the hospital for the specified dates, emergent or otherwise. The suspension is in effect at all Providence facilities.
- The full suspension will be noted in the provider's credentials file and will be released to subsequent hospitals as an official action taken by the medical staff.
- A formal Performance Improvement Plan (PIP) must be developed with the provider which will outline clear expectations for continued currency with medical record documentation. The provider (and sponsor, if applicable) will be required to sign the PIP. The PIP will state that any subsequent full suspension will be for 31 days, and thus will be reported to the NPDB, and that if five (5) suspensions occur in a rolling 12-month period that his/her medical staff privileges will expire with no recourse to a fair hearing.
- If a provider refuses to agree to the PIP, the MEC will begin the process of terminating privileges, and the provider will have rights to a Fair Hearing.
- The provider has the option to present his/her case before the MEC leadership group, or the full MEC, if he or she desires. (In the case of a physician extender, the physician sponsor is required to attend with the physician extender.)

Performance Improvement Plan (PIP).

PIP's will be considered the same as a Focused Professional Practice Evaluation (FPPE) and will be monitored for a minimum of one year.

Refusal to enter into a Performance Improvement Plan (PIP)

If the provider refuses to enter into a plan to improve his or her performance to comply with the Medical Staff Bylaw requirements for documentation, the MEC will begin the process of terminating privileges according to the Fair Hearing Plan.

Failure to meet requirements of a Performance Improvement Plan (PIP)

Unless there are significant extenuating factors, failure to comply with agreed upon requirements of a PIP will result in termination of privileges with no recourse to a Fair Hearing.