POLICY

SUBJECT: Healthcare Provider Documentation and Compliance Standards

Business: Madonna Rehabilitation Hospital - Lincoln
Date of Origin: 6/30/2016
System: Quality & Risk Management
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Department: Health Information Management
Number: 2208
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POLICY:

1. Attending providers will maintain documentation compliant with regulatory and accreditation standards and billing requirements including legibility of documentation and proper authentication of documentation.
2. All healthcare provider documentation must be completed within 30 days of patient discharge, provided, however, the following documentation must be completed within the shorter timeframe set forth herein:
    A. The History and Physical Examination (H&P) will be completed within 24 hours of admission by the Admitting Physician or designee. The Attending Physician will authenticate the H&P when it is completed by a non-physician provider.
        - If an H&P has been completed within 30 days prior to the current admission date and has been updated within 24 hours of the current admission to reflect the patient's current status and plan of care, it may be used in lieu of completing a new H&P.
        - The H&P will include as appropriate:
            1. Reason for admission
            2. Description of present illness
            3. Relevant past history, social history and/or family history
            4. Review of systems
            5. Medications
            6. Allergies to food and/or medications
            7. Physical examination and findings
            8. Documentation of medical decision-making which may include:
                a) Review of diagnostic test results
                b) Responses to prior treatment
                c) Clinical impression or diagnosis
                d) Plan of Care
                e) Evidence of medical necessity and appropriateness of diagnostic and/or therapeutic services
                f) Counseling provided
                g) Coordination of care
                h) Prognosis

B. The Discharge Summary will be completed within seven (7) days of discharge by the Attending Physician or designee. The Discharge Summary will be authenticated by the Attending Physician.
    - If the Attending Physician is unavailable or expected to be unavailable for a period of time exceeding seven (7) days at the time of patient discharge and this is communicated to Health Information Management, the seven-day time period will begin on the date the practitioner returns to active duty.
    - The Discharge Summary will include as appropriate:
        1. Reason for hospitalization
        2. Procedures performed
        3. Care, treatment and services provided
        4. Patient's condition and disposition at discharge
        5. Information provided to the patient/family
        6. Provisions for follow-up care
        7. Consultation reports will be completed within 24 hours of patient evaluation.

C. Consultation Reports will be completed within 24 hours of patient assessment.

D. Progress Notes will be completed on the day service is provided.

E. Verbal Orders will be authenticated within seven (7) days of order origination by the ordering practitioner.
    - If the ordering practitioner is unavailable during that specified timeframe, authentication of verbal orders may be performed by an authorized covering practitioner who is responsible for the care of the patient.

3. Healthcare providers with access to the electronic clinical documentation system will be expected to document and authenticate medical record entries directly into the system whenever possible.
4. The medical record will be considered delinquent if documents and signatures are not completed within 30 days of patient discharge.
5. Dictation responsibilities may be delegated to residents or advanced practice clinicians, but completion of the medical record is ultimately the responsibility of the Attending Physician.
6. Medical record delinquencies
    - Will be reported to the Medical Executive Committee quarterly
    - Will be filed in the practitioner's personal credentialing file
    - Will be considered during the re-credentialing process
7. Disciplinary action will be taken for delinquent records up to and including suspension and/or termination of all clinical privileges.

PROCESS:

1. Health Information Management communicates medical record documentation standards to providers during their orientation to the facility.
2. Health Information Management staff notify providers weekly via email or fax of deficient medical records.
3. Healthcare providers with records which are deficient 15 days following discharge will have the Suspension Warning letter emailed or faxed to them on the first business day following the 15th day.
4. If deficient medical records are not completed by the 30th day following discharge, on the first business day following the 30th day, the Director of Health Information Management or designee will send a notification of Suspension to the healthcare provider.
5. Suspension of privileges is effective upon the date of confirmation the provider received the suspension letter.
6. A list of healthcare providers with delinquent records is emailed to the following offices on the effective date of the suspension of privileges.
    - Credentialing
    - Physician Services
    - Admissions
    - Health Information Management
7. Suspension of privileges is categorized as follows:
    A. Level I Suspension is a suspension lasting less than or equal to seven (7) days, affecting
        - Admitting privileges for Attending healthcare providers
        - Consulting privileges for Consulting healthcare providers

    B. Level II Suspension is a suspension lasting greater than seven (7) days, or violating terms of a current suspension, or two (2) or more suspensions occurring in three (3) consecutive months, affecting:
        - All clinical privileges
8. Level I suspensions are managed as follows:
    A. Healthcare providers may continue to care for patients who are admitted under their care or consulted upon prior to the effective date of this suspension; the suspension penalty refers to admitting or consulting of additional patients.
    B. Healthcare providers may not provide service for new admissions or new consultations.
    C. The suspended healthcare provider is responsible for obtaining call coverage during his/her suspension, if applicable.
    D. Health Information Management monitors the progress of suspended practitioners daily. Upon confirmation by Health Information Management that all delinquent medical records are completed, they will notify by email or fax:
        - The Healthcare Provider

- Credentialing Office
- Physician Services
- Admissions
- Health Information Management

9. Level II suspensions are managed as follows:
    A. Vice President of Medical Affairs or designee is notified by Director, Health Information Management or designee of provider's level II suspension:
    B. Vice President of Medical Affairs or designee speaks to the healthcare provider noting the failure to comply with the suspension and notifies the provider that all clinical privileges are now suspended. In addition, Vice President or designee may require mandatory appearance at the next Medical Executive Committee to explain the delinquencies. Failure to comply may result in termination of medical staff membership.
10. Vice President of Medical Affairs or designee sends a follow-up letter to the healthcare provider detailing the prior conversation.
11. The healthcare provider is responsible to notify Health Information Management if he/she is going to be off duty. If a provider becomes eligible for suspension while he/she is off duty, the suspension is delayed until the week after the healthcare provider returns unless medical records have been completed.
12. Tracking of delinquencies is reviewed by the Director, Health Information Management. Healthcare providers are not held accountable for errors occurring on behalf of Health Information Management staff.

DEFINITIONS:

Delinquent Record: any medical record in which required contents have not been completed and/or authenticated within 30 days of patient discharge.

Deficient Record: any medical record in which required contents have not been completed and/or authenticated, but have not yet reached the delinquency time period.

Admitting Provider: the healthcare provider who

- Determines medical necessity for admission to the facility;
- Completes the H&P; and
- Authenticates admission orders
  Note: The Admitting provider is considered to be the Attending Physician unless otherwise noted in the system.

Attending Physician: the healthcare provider who

- Coordinates and directs the care of the patient
- Routinely makes rounds on the patient and documents the treatment and progress of the patient
- Completes the Discharge Summary

Consulting Provider: a healthcare provider, who based on his/her specialty and clinical expertise:

- Evaluates the patient based on specific need and request from Attending Physician
- Provides clinical recommendations for treatment
- Follows the progress of the patient specific to the reason for consultation

Healthcare Provider: any licensed, authorized, credentialed and privileged physician, osteopathic physician, dentist, podiatrist, optometrist, physician assistant, or advanced practice registered nurse.

REFERENCES:

1. Nebraska State Regulations and Licensure for Hospitals 175 NAC 9
2. Centers for Medicare and Medicaid Services Conditions of Participation
3. The Joint Commission
4. Commission on Accreditation of Rehabilitation Facilities

SIGNATURES:

Business or System Leader:

Director, Quality & Risk Management	*David Shutzer-Hill*	7/25/2016
Title	Signature	Date

Author:

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Title	Signature	Date