APPENDIX A

SANCTION PROCESS FOR DELINQUENT MEDICAL RECORDS

I. Accountability

Physicians must be accountable for their clinical decision making and appropriate documentation in the medical record. Timely completion of the record is mandated by the standards of the J.C.A.H.O. and the Medical Staff Bylaws. Timely completion of the record is also essential in maximizing reimbursement and maintaining adequate cash flow for the institution.

II. Definition

A delinquent medical record is defined as any chart lacking the signature(s) or documentation necessary to bill the admission or complete the review within the time frame established by this policy in accordance with J.C.A.H.O. and approved by the Medical Executive Committee.

III. Time Frames For Completion

(a) History and Physical/Operative Note

The Medical Staff Bylaws require dictation of a history and physical exam within 24 hours of admission or prior to surgery if surgery is within the first 24 hours of admission and dictated (or written) operative and procedure reports immediately after the procedure. Timely completion is also advisable in assessing risk management/legal liability issues involving case management.

(b) Discharge Summary

It is sometimes difficult to complete the face sheet without the discharge summary. It is important to remember that any chart with a discrepancy between what is listed on the face sheet and the discharge summary is flagged for Physician clarification. The discharge summary will be deemed delinquent if not dictated within 21 days of discharge. Exceptions would be charts with a report pending (i.e. reference laboratory report) which would impact the dictation of the discharge summary. The Medical Records Department will make every effort to screen charts for pending reports prior to making it available to physicians. However, Medical Records personnel may not be aware of the documentation physicians require to dictate the chart. If the physician cannot dictate or sign the chart due to pending reports, the Medical Records Department should be notified of the missing document (by the physician) prior to the 21-day deadline.
IV. Protocol

The Medical Records Department will review all records for completion of the history/physical exam, operative report, procedure reports, consultations, discharge summary, face sheet and signatures. History and physical exams and operative reports not dictated prior to discharge are deemed delinquent since requirement for completion (per MRH Bylaws) is within 24 hours of admission for history and physical exam report or prior to surgery if surgery is within the first 24 hours and immediately after surgery for operative reports. Charts returned to the physician for revision/clarification of documentation must be responded to within 72 hours (3 days). Consultation, procedure and diagnostic testing reports not dictated prior to patient's discharge shall be considered delinquent. Discharge summaries, consultation and other dictation must be dictated within 21 days of the time the chart is available or will be deemed delinquent. The entire chart shall be completed (all deficiencies addressed) within 30 days of discharge or the chart is deemed delinquent.

Each Thursday, the incomplete charts are reviewed and the charts that will be delinquent on Tuesday if they are not completed are identified. The physicians responsible for these charts are notified on Thursday both by a phone call to their offices and a written notification in their mailbox. The physician has until midnight on the following Thursday to complete the charts. If there are any delinquent charts that are not completed by 8:00 a.m. on Friday, the physician is suspended - meaning the physician's privileges are suspended and will not provide services at the hospital until such time as the charts are completed. For the purpose of enforcing Suspension, justified reasons for delay in completing medical records shall include:

1. The physician is ill, on vacation or otherwise unavailable for good cause for a period of time as defined by the Department Chairman;
2. The physician is waiting for the results of a late report and the record is otherwise complete except for the discharge summary and the final diagnosis;
3. The physician has dictated reports and is waiting for hospital personnel to transcribe them; or
4. Medical Records Department is unable to provide records, upon request for completion

Physicians will be notified by a letter from the Chair of the Medical Records Committee and the Medical Records Department will notify physician offices by phone regarding suspension status. Notification of the suspensions are given to: Patient Access Department; Departments of Surgery, Emergency Department, Cardiac Cath Lab and Behavioral Health Unit as appropriate; Quality Management Department, President of the Medical Staff, Chair of the appropriate Department, Chair of Medical Records Committee, and the Chief Operating Officer. If any suspension lasts more that thirty (30) days (charts are not completed within thirty (30) days of notification) the physician is deemed to have
voluntarily resigned from the staff. Voluntary resignation for delinquent charts will require that the physician wait sixty (60) days to reapply. Physicians will be notified by certified mail after 21 consecutive days on the suspension list. Notification will state that the physician has nine (9) days to complete charts or the physician will be deemed to have voluntarily resigned from the staff.

The Medical Records Committee is not a policing body. The physician may continue to manage the care of patients admitted prior to the suspension and can handle emergency admissions (includes inpatient and observation). Any emergency admission (includes inpatient and observation) during the time of suspension will be reviewed for appropriateness by the Administrative Clinical Coordinator and appropriate Department Chair. Physicians on suspension may not take emergency room call or cover weekends for the group.

Three suspensions for delinquent medical records in a 12 month period will result in the matter being referred to the Medical Executive Committee for action. A copy of the Medical Executive Committee notice will be sent to the Department Chair and the credentials file for consideration at the time of reappointment. During the time of suspension for any medical record delinquencies the physician can care for any emergencies or for patients already admitted. All privileges to provide services at the hospital will be suspended. A fourth offense in a 12 month period will result in relinquishment of all clinical privileges and voluntary resignation from the Medical Staff. All patients of the suspended physician will be turned over to any other physician of choice with similar clinical privileges.

1. First delinquent records offense - Suspended until records are completed.
2. Second delinquent records offense - Suspended until records are completed.
3. Third delinquent records offense - Suspended until records are completed and incur $100 fine for each day of the suspension. Reinstatement of clinical privileges upon completion of the records and payment of the accrued fine. Payment is to be coordinated through the Medical Staff Office.
4. Fourth delinquent records offense - Relinquishment of all clinical privileges and voluntary resignation from the Medical Staff. The practitioner must complete the medical staff application process and pay associated application fees in order to reapply for medical staff appointment and clinical privileges.

It is the responsibility of the Medical Records Department to verify that the charts are delinquent prior to the notification of the physician. However, the Medical Records Department can only verify dictation correctly coded in the transcription system (i.e. the physician uses his physician number, the correct medical record number, patient name and transcription worktype number). Therefore, the Medical Records Committee recommends that all physician transcription done should include this data. Multiple patients should not be
dictated as one patient number. Each patient is to be dictated as a separate report. The one exception to this is dictation done in the physician office prior to admission or immediately following surgery when the physician does not have access to the medical record number.

V. Appeals

Any appeal regarding the sanction process (for extenuating circumstances such as illness) should be referred to the appropriate Department Chair in writing immediately if possible but at least within five days of suspension notification. The Chair may uphold or rescind the sanction based on the information available and will notify the physician within three (3) days of the initiation of the appeal. Any further appeal will be handled through the Medical Executive Committee via the President of the Medical Staff.

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