I. PURPOSE

Medical records need to be completed on a timely basis for continuity of patient care, third party reimbursement, quality assurance, and compliance with regulatory agencies. All medical staff members are responsible for completing their medical records according to the periods outlined in this policy, the medical staff bylaws and rules and regulations.

II. DEFINITIONS/APPLICATIONS

1. A delinquent medical record is defined by the following timeframes:
   
   A. History & Physical – must be completed within 24 hours of admission date
   B. Brief Operative Note – must be completed before leaving the OR/transferring the patient to the next level of care
   C. Operative Report – must be completed within 24 hours of surgery
   D. Verbal Order – must be completed within 24 hours of order placement
   E. Discharge Summary – must be completed within 168 hours of discharge date

2. Suspension will occur if a medical record is delinquent at or over 30 days.

3. Delinquent medical records will subject the practitioner to the suspension of the following privileges:
   
   A. New Admissions
   B. Scheduling of New Surgical/Procedural Cases
   C. Performing Consultations

III. PROCEDURES

1. The health information management department will send weekly first, second, and third delinquency letters notifying practitioners of all incomplete medical records. Distribution of the letter will be by electronic delivery to the practitioner's Epic in basket.

2. The health information management department will send an eligible for suspension letter notifying practitioners of all incomplete medical records at or over 25 days delinquent.
3. Failure to complete delinquent medical records within 30 days will result in suspension. The health information management department will send a suspension letter notifying practitioners of suspension.

4. The medical record suspension list will be updated weekly. The suspension list will be published weekly and sent to administration, medical executive committee, admitting, emergency department, operating room, nursing, department, compliance, and medical staff management.

5. The medical record suspension list is updated continually based upon the practitioner's completion of their delinquent medical records and authorization by the health information management director/manager.

IV. RESPONSIBILITY

1. It is the practitioner's responsibility to inform the hospital of their preferred covering provider if an emergency patient admission is required during an active suspension. The practitioner will complete the designated coverage form for this purpose and obtain the covering provider's signature. This form will be kept in administration, admitting, and health information management.
   a. Suspended practitioners will not be allowed to assume care of or transfer attending responsibility back to themselves until all delinquent medical records have been completed.

2. It is the practitioner's responsibility to inform the medical staff office in advance of any unavailability due to vacation or leave of absence. When practitioners plan to be absent, they must complete all delinquent medical records prior to their departure.

3. A practitioner's failure to comply with completion of delinquent medical records will affect the status of the practitioner's privileges.

4. The Regional Director and Manager of Health Information Management should use all necessary authority to implement this policy, enforce it, and assess its effectiveness. Questions regarding this policy should be addressed to the Regional Director or Manager.