

**I. PURPOSE**

To determine procedures for rectifying illegible documentation in a medical record and to determine procedures for suspension of physicians for non-compliance with medical record completion.

**II. GUIDELINE / PROCEDURE**

This guideline is applicable to all areas where the legibility of physician’s orders and progress notes/reports are in question. It is also applicable to all healthcare professionals’ documentation within the medical record.

**III. QUALITY REVIEW CRITERIA AND REQUIREMENTS**

- A. If a physician or other authorized healthcare professional writes an order on the medical record that is not legible; the order shall be questioned for clarification.
  - 1. The person receiving the clarification shall note on the order sheet of the medical record the exact order.
  - 2. An example of this would be:  
Order clarification: Ambien 5mg po at bedtime or V.O.R.B. (Verbal Order Read Back): Ambien 5mg po at bedtime.
  - 3. Failure to clarify an illegible order shall result in employee intervention as appropriate to situation.
- B. Monitoring:
  - 1. Legibility may be monitored through concurrent and retrospective chart review.
  - 2. Medication errors that result from an illegible order shall be reported.
  - 3. Unresolved legibility issues with physicians and allied health professionals shall be reported to the appropriate physician committees.
  - 4. Unresolved legibility issues for other healthcare professionals shall be reported to the department manager and made a part of the annual review process.
- C. Loose Report Deficiency Analysis provides a process to check that medical record documentation meets requirements established through the Medical Staff Bylaws / Rules and Regulations, The Joint Commission, The Center for Medicare and Medicaid Services (CMMS), and other regulatory agencies.

**GUIDELINE:** Legibility and Completion of Medical Records/Physician Suspension for Non-Compliance

**Department:** Health Information Management

1. The HIM tech performing the final analysis shall be responsible for reviewing the medical record, including any loose reports, for completeness and accuracy upon discharge of the patient and prior to the medical record being deemed complete.
- D. Physician Suspension / Incomplete medical record notification
- E. Delinquency is defined as any chart deficiency (signage, date or dictation) that has not been completed within 30 days of discharge. Suspension is defined as the temporary suspension of a physician's privilege to admit, consult, schedule or perform new surgery or procedures. Only those patients who are currently in-house under the suspended physician's care may be seen and treated by said physician. Suspension remains in effect until delinquent records are completed. Physicians are still obligated to their Emergency Room call duties as applicable.
- F. Only the Chief of Staff, CEO, or his/her designee can remove a physician from suspension if all of his /her records are not completed. The only procedures allowed to continue during a physician's suspension are those already scheduled. No additional procedures are allowed to be scheduled until the delinquent medical records are completed. The suspension process may be halted during a physician leave-of-absence, vacation, or illness. Such decisions shall be made by the Chief of Staff, CEO or his/her designee.
- G. If a physician is exempted from the suspension process or if the process is delayed, the physician shall be returned to suspension status as soon as the event has ended. In the case of a leave of absence, vacation or illness, the returning physician shall be put on preliminary suspension status for one (1) week. If records remain incomplete after one week, the physician shall be suspended immediately.
1. On a weekly basis, physicians shall be notified of any outstanding incomplete records.
  2. Physicians with incomplete record past 30 days shall be suspended until records are completed
  3. A suspension email notification will be sent to Medical Staff Services shall notify Administration, all Directors/Managers, Scheduling and the Chief of Staff of suspension notices.
  4. Reinstatement of privileges shall be automatic upon completion of all delinquent medical records. HIM shall notify completion of charts and notify

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all departments as above of the reinstatement of privileges for that physician.

5. Habitual non-compliance with Medical Staff Rules & Regulations for completion of medical records affects patient care. If a physician has been suspended five (5) times for non-compliance within a 12-month period, a report of non-compliance shall be forward to the Quality Review Committee.
6. The HIM Manager or designee shall be responsible for coordinating the incomplete record notification and suspension process.