

MEDICAL RECORD SUSPENSION

MS 104

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| <i>Manual</i> | Medical Staff | <i>Effective Date</i> | 3/31/2005 |
| <i>Policy #</i> | MS 104 | <i>Date Revised</i> | 6/30/2017 |
| <i>Responsible Person</i> | Director, Medical Staff Administration | <i>Next Scheduled Review</i> | 6/30/2023 |

PURPOSE

To specify the conditions under which reasonable and appropriate sanctions may be taken by the Medical Staff for failure to complete medical records as required by Section 70751(g) of title 22 of the California Code of Regulations, the nature of the sanctions available for use, the restrictions to be observed in using these sanctions, and the method of implementation.

POLICY

1. Failure to complete medical records in accordance with the applicable Medical Center and legal requirements, after notice to the member of incomplete records, will result in suspension. According to the California Attorney General (Attorney General Opinion, State of California 12/75): “Failure or refusal by a physician to complete or maintain hospital records when requested to do so by the hospital, constitutes unprofessional conduct under the State Medical Practice Act.”
2. The medical record for each patient must be complete and filed within 14 days from the date of discharge (Medical Staff Rules & Regulations and California Code of Regulations title 22, Section 70751).
3. Operative reports and procedure notes shall be dictated immediately after surgery.

History and physicals shall be available within 24 hours of admission and must be done prior to any surgical procedure.

Discharge summaries must be completed within 14 days following discharge.

4. While under suspension of privileges for incomplete medical records no new non-emergent procedures, consultations, or admissions will be allowed; however, the medical staff member may continue to treat patients, directly under their care already in the hospital.
5. The Medical Staff will determine timeframes for warning and suspension for designated categories of medical records.
6. The Medical Staff Executive Committee (MSEC) will levy a five-hundred dollar (\$500) fine on members who accumulate twenty-one (21) consecutive and/or forty-five (45) cumulative days of Medical Records suspension in one calendar year (January-December). After the initial fine is levied, if the member still remains on medical record

suspension for thirty-one (31) consecutive and/or fifty-five (55) cumulative days in one calendar year (January-December), the member will be subject to a fifty dollar (\$50) daily fine until resolved.

Failure, without good cause as determined by the MSEC, to pay the fine shall be grounds for automatic suspension of privileges. If within 6 months after written warnings of the payment delinquency, the member does not pay the required fine(s), the member's membership shall be automatically terminated. (Bylaws 13.5)

If, after six months (180 consecutive days) of suspension, the member remains suspended for medical records, the member shall be considered to have resigned voluntarily from the medical staff (Bylaws 13.3)

Thereafter, reinstatement to the medical staff shall require a new application and compliance with the all requirements and payment of fines. (Bylaws 13.10)

7. Suspension for incomplete records may be withheld in emergent situations.
8. Any dispute regarding suspension for an item that has already been dictated and authenticated will be submitted to the Chief of Staff for review.

PROCEDURE

1. Health Information Management Services (HIMS), as delegated by the Medical Staff, will initiate the suspension via the computerized system of the hospital.
2. HIMS will immediately advise the following by e-mail of the suspension:
 - . • Suspended physician
 - . • Chief of Staff
 - . • Chief Medical Officer
 - . • Department Chair
 - . • Emergency Department
 - . • Operating Room and Outpatient Surgery
 - . • Admissions and Bed Control
 - . • Pharmacy
 - . • HIMS Director
 - . • Nursing Department
 - .
3. The medical staff member will remain on suspension until the member has completed all of his or her delinquent medical records.
4. Upon completion of all delinquent records, HIMS will remove the suspension designation from the computerized system of the hospital.
5. Suspensions will not be placed on weekends, but can be removed on weekends.

HISTORIES AND PHYSICALS

1. H&Ps not completed (dictated and signed) within 24 hours of admission will be deemed deficient. The physician will be warned of the deficiency.
2. If the deficiency is not completed after the initial warning, HIMS will give a final warning via telephone (a message may be left directly with the physician's office staff).
3. If the deficiency still exists after the final warning, the physician will be suspended.

OPERATIVE REPORTS

1. Operative reports not completed (dictated and signed) within 24 hours post procedure will be deemed deficient. The physician will be warned of the deficiency.
2. If the deficiency is not completed after the initial warning, HIMS will give a final warning via telephone (a message may be left directly with the physician's office staff).
3. If the deficiency still exists after the final warning, the physician will be suspended.

DISCHARGE SUMMARIES

Authentication by the medical staff member will be required within 14 days of discharge of the patient

1. Discharge Summaries not completed (dictated and signed) within 14 days after discharge, will be deemed deficient. The physician will be warned of the deficiency.
2. If the deficiency is not completed after the initial warning, HIMS will give a final warning via telephone (a message may be left directly with the physician's office staff).
3. If the deficiency still exists after the final warning, the physician will be suspended.

If at any time during this sequence the medical staff member can show that s/he is not responsible for completion of a particular medical record, or will be out of the office for vacation or other extended period, the practitioner should contact HIMS promptly so that any mitigating circumstances can be taken into consideration.

APPROVAL

Medical Staff Executive Committee: June 23, 2020

Governing Body: June 30, 2020