



STANDARD OPERATING PROCEDURE

APRIL 2010

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COPYING AND PASTING IN THE COMPUTERIZED PATIENT RECORD SYSTEM (CPRS)

1. **PURPOSE:** To encourage good medical records practices and to state guidelines regarding the copying and pasting of information within the narrative portions of CPRS, in particular the electronic progress notes and discharge summaries.
2. **POLICY:** It is the policy of this healthcare system to adhere to identified standards in electronically l patient care and to document services provided in an accurate and concise manner.
3. **DEFINITIONS:**
 - A. CPRS: Computerized Patient Record System.
4. **RESPONSIBILITIES:**
 - A. The authors are liable for the content of copied items within the notes they authenticate.
 - B. It is the responsibility of each individual documenting care electronically to credit any information obtained from another clinician's work.
 - C. The clinical service chiefs are responsible for adherence to these guidelines in their respective areas.
 - D. The Medical Record Committee is responsible to develop mechanisms to ensure monitoring of the copy and paste function.
 - E. Those who review the electronic medical record for any purpose are responsible for referring cases of identified inappropriate copying and pasting to the Medical Records Committee.

F. These finding will be reported to the Medical Staff Committee for disciplinary or other adverse action.

5. PROCEDURES:

A. Rules for Importing and/or copying text:

- (1) Never copy the signature block into another note.
- (2) Never copy data or information that identifies a health care provider as involved in care that the health care provider is not involved in.
- (3) Do not copy entire laboratory findings, radiology reports, and other information in the record verbatim into a note when it is not specifically addressed or clearly pertinent to the care provided.
- (4) Do not re-enter previously recorded data, unless specifically required for the assessment of a specific patient problem.
- (5) Use the functionality of importing data objects into progress notes and other documents judiciously. Imported object, dialog, etc., if used, must be reviewed and corrected at the source as well as in the document if there is any inaccuracy and it must be pertinent to the patient assessment.
- (6) Progress notes are to provide an accurate depiction of the condition of the patient, communication regarding the patient or treatment for a specific date of service. It is unnecessary to duplicate by copying and pasting, information that does not specifically pertain to a particular date of service.
- (7) It is appropriate to copy information from one part of the record to a current progress note only if it is critical that the information be repeated in the current note and has a direct impact on care rendered during that encounter.
- (8) Information obtained from another clinician's work is to be credited and is to include the author of the information and the date originally written. The current entry is to clearly indicate what work the author completed and what work another clinician recorded at another time. Attribution to another clinician is to be given; however, the electronic signature of another clinician is not to be copied and pasted into the note.
- (9) The documenting clinician must ascertain if information to be copied and pasted into the current note is still pertinent.
- (10) Vital signs must correspond to the appropriate date.
- (11) Duplicative text is to be omitted.

(12) Laboratory findings, radiology reports and other types of reports in the record should be referred to without copying and pasting verbatim into the current note, although information pertinent to specific decisions and patient management may be included.

(13) Authors must review notes promptly and sign if complete and accurate. The author of a note can delete an incomplete or erroneous note prior to signing it.

B. Criminal Charges:

(1) Criminal charges may be filed when copying and pasting is in violation of federal law.

(2) Failure to comply with these standards may be deemed a violation of the:

(a) Privacy Act requirements (5 U.S.C. Section 552a(e)(5)); or

(b) Standards of Ethical Conduct for Employee of the Executive Branch (5 CFR Part 2635).

(3) Disciplinary action may be taken if violations of these standards are violated per VA Directive 5021. Violations are:

(a) Charge 05 – Careless or negligent workmanship resulting in waste or delay.

(b) Charge 11 – Failure to safeguard confidential information.

(c) Charge 12 – Deliberate failure or unreasonable delay in carrying out instructions.

(d) Charge 25 – Falsifying official agency records.

6. REFERENCES:

A. VHA HANDBOOK 1907.01, August 2006

B. 5 U.S.C. Section 552a(e)(5)

C. 5 CFR Part 2635

7. KEYWORDS: Copy, cut, paste, record, CPRS

8. RESCISSION: SOP 00-10A-10A3-00INR-16, Copying and Pasting in the Computerized Patient Record System (CPRS), August 2004

9. REVIEW DATE: Review as needed and re-issue every three years.

// SIGNATURE ON FILE //

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Support

Date