

<i>Manual</i>	Medical Staff	<i>Effective Date</i>	08/08/2004
<i>Policy #</i>	MS 110	<i>Date Revised</i>	09/30/2010
		<i>Next Scheduled Review</i>	09/30/22
		<i>Responsible Person</i>	Director, Medical Staff Services

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. Operative reports and procedure notes shall be dictated immediately after surgery.
3. 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)
4. While under suspension of privileges for incomplete medical records, no new non-emergent procedures or admissions will be allowed; however, the medical staff member may continue to treat patients already in the hospital.
5. The Medical Staff will determine timeframes for warning and suspension for designated categories of medical records.
6. Suspension for incomplete records may be withheld in emergent situations.
7. Any dispute regarding suspension for an item that has already been dictated and authenticated, will be submitted to the Chief of Staff for review.
8. Medical Staff members who have accumulated more than 3 suspensions for missing operative reports in a rolling year will be assessed a one thousand dollar (\$1000) fine as a consequence of these suspensions.

PROCEDURE

1. The Medical Center Health Information Management Services (HIMS) Department, 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:
 - The suspended physician
 - Chief of Staff
 - Chief Medical Officer
 - Appropriate Service Chief

- Emergency Department
 - Operating Room/Outpatient Surgery
 - Admissions/Bed Control
 - Pharmacy
 - HIMS Director
3. The medical staff member will remain on suspension until the member has completed all his/her delinquent medical records. If, after 180 consecutive days of suspension the member remains suspended, the member shall be considered to have resigned voluntarily from the Medical Staff.
 4. Upon completion of all delinquent records, the HIMS Department will remove the suspension designation from the hospital computerized system.
 5. Suspensions will not be placed on weekends but can be removed on weekends.

DISCHARGE SUMMARIES

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

1. HIMS will warn the member of the delinquency.
2. Not less than 14 days after discharge the HIMS Department will initiate the suspension of the member after a final warning via the telephone or physician preferred contact method. A message may be left directly with office staff. HIMS will notify the member and the personnel identified above when the suspension is applied.

OPERATIVE REPORTS

1. HIMS will warn the member of the delinquency.
2. Not less than 24 hours post procedure, the HIMS Department will initiate the suspension of the member after a final warning via the telephone or physician preferred contact method. A message may be left directly with office staff. HIMS will notify the member and the personnel identified above when the suspension is applied.
3. HIMS will submit a report to the Medical Staff Executive Committee (MSEC) of those medical staff members who have attained more than 3 medical record suspensions in a rolling year for missing operative reports. The MSEC will assess a \$1000 fine per Policy Statement #8.
4. Upon completion of the operative report for which the fine was assessed, the medical record tabulation will be cleared; however pending receipt of the fine, the suspension will continue. Once the assessed fine is received, the suspension will be lifted.

If at any time during this sequence the medical staff member can show that he/she is not responsible for completion of a particular medical record, the practitioner should contact Medical Records (HIMS) promptly so that any mitigating circumstances can be taken into consideration.

APPROVAL

Medical Staff Executive Committee: 09/30/2010/reviewed w/no revisions 9/30/2019
Governing Body: 09/30/2010/reviewed w/no revisions 9/30/2019