NORTHERN NEVADA ADULT MENTAL HEALTH
POLICY AND PROCEDURE DIRECTIVE

SUBJECT: CLOSED RECORD REVIEW PROCESS

NUMBER: NN-IM-MR-18

ORIGINAL DATE: 1/8/04

REVIEW/REVISE DATE: 1/4/07, 5/20/10

APPROVAL: Rosalyne Reynolds {s}, Agency Director

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I. PURPOSE

The purpose of this policy is to delineate a method for the closed record review process in order to assure that closed records are reviewed consistently for quality and completeness.

II. POLICY

It is the policy of Northern Nevada Adult Mental Health Services (NNAMHS) to perform closed record review monthly as a method of reviewing staff performance regarding completeness of medical record documentation. The purpose of this process is to insure continuous improvement by monitoring trends and using the data as a teaching tool.
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III. DEFINITIONS

A. Closed Record Review: A review process in which deficiencies in consumer care are identified and corrective actions implemented.

B. IV. REFERENCES

Joint Commission Comprehensive Manual for the Accreditation of Hospitals

RC.01.04.01: The Hospital Audits Its Medical Records

NN-IM-MR-17: Incomplete/Delinquent Records Policy

V. PROCEDURES

A. NNAMHS completes a closed record review for completeness and delinquency rate.

   1. Monthly chart audits of open records are completed to evaluate the on-going completeness of the record and that if the documentation is reflective of the treatment process.

B. The review of the closed records for completeness and delinquency rate is completed by Health Information Services staff.

C. Process for completion and Delinquency review. Please refer to NN-IM-MR-17 for complete outline of procedures.

   1. Upon discharge from programs at NNAMHS, Health Information Services staff will prepare the record for closure, including an analysis of completeness of the record.
   2. Reports entitled “Bi-weekly Staff Profile” and “Bi-weekly Medical staff profile” is completed.
      a. This report outlines the number of incomplete or delinquent records by staff as well as of a history of delinquent records per staff.

b. This report is forwarded to the Agency Director, Director of Nursing, Outpatient Medical Director, Medical Director, and Performance Improvement.

c. Each individual supervisor is expected to prompt the staff with the delinquent record to complete the record.

3. Analysis of completed and delinquency data is reported bi-annually in Core Leadership group.