NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES (NNAMHS)

POLICY AND PROCEDURE

SUBJECT: INCOMPLETE/DELINQUENT RECORDS

NUMBER: NN-IM-MR-17

ORIGINAL DATE: 01/08/04

REVIEW/REVISE DATE: 11/02/06, 11/19/09, 10/18/12

APPROVAL:_________Cody L. Phinney___________, Agency Director

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I. PURPOSE

To ensure medical records are completed within established timelines.

II. POLICY

NNAMHS will complete an audit of all medical records to identify those that are delinquent and/or incomplete.

III REFERENCES

NNAMHS Policy NN-IM-MR-28 Documentation Timelines

IV DEFINITIONS

A. Incomplete medical records; required information is not in the medical record
B. Delinquent medical records; required information not complete within 30 days of discharge.
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V. PROCEDURES

1. Analysis
   a. Upon discharge from inpatient, POU, or outpatient, each consumer's medical record is put together in the appropriate order and analyzed by the Health Information Services (HIS) Department for any information that may be missing from the medical record.
   b. Once a medical record has been completely analyzed, the staff members' names are listed on the form entitled “Staff Incomplete/Delinquent Record”. This form also identifies the consumer, consumer's record number, and the dates of previous incomplete/delinquent record reports.
2. Weekly Staff Profile
   a. The “Staff Profile” is generated weekly. It summarizes the information listed on the staff incomplete/delinquent report and is distributed to the Agency Director, Director of Nursing, and Medical Director.
3. Weekly Medical Staff Profile
   a. A weekly incomplete/delinquent record report for physicians and residents is generated and information is distributed to the appropriate physician.
   b. A weekly memorandum is sent to each physician indicating the number of incomplete medical records, the number of delinquent medical records, and the number of medical records, which require dictation of a report.
   c. A weekly form entitled “Physician Profile” is generated which lists each physician and summarizes incomplete/delinquent status for those listed.
4. A monthly report is generated the first workday after month end.
   a. All incomplete/delinquent records are identified and counted.
   b. Using information from the record count and the number of discharges, a delinquency percentage is calculated by dividing the delinquent record count by the total number of discharges for the month. As a comparison, this delinquent rate is displayed with the previous five-month delinquent rates.

c. The report is distributed electronically to the Agency Director, Director of Nursing, Chief of Staff, Medical Director, Administrator MHDS, Deputy Administrator MHDS, Director Social Services, and AA IV for the Agency Director.

5. Staff Completion of Records
   a. It is the department manager's responsibility to notify and prompt staff to complete records.
   b. If requested by the HIS Department, the Agency Director will contact individual staff and enforce medical record completion.
   c. Records that remain incomplete / delinquent when staff terminates or is on extended leave will be completed by the department manager. If this is not possible, the record will be closed as incomplete by an order from the Medical Director.
6. Information maintained in the HIS Department:
   a. Weekly staff incomplete/delinquent report.
   b. Physician profiles.
   c. Yearly comparison.
   d. Incomplete/delinquent work sheets.