INTRODUCTION

• HISTORY

• TODAY’S ENVIRONMENT

DEFINITION OF A MEDICAL RECORD

• MR compilation of pertinent facts
• Timely manner
• Data to identify patient
• Support reason for health-care encounter
• Justify treatment
• Document results
PURPOSE

- Patient Care Management
- Documentary Evidence
- Quality Review
- Financial Reimbursement
- Legal Affairs
- Public Health Statistics
- Planning

Important Review

- TIMELY
- OBJECTIVE
- ACCURATE
- COMPLETE
- LEGIBLE

DO’S

- DO…☺
- Emergency (alternate) contact mechanism
- Every page can identify patient
- Use black ink
- Write legibly
- Document ALL contact & services rendered
- Chart immediately
- Fill in every blank—including negatives
DO’S cont’d

• Abbreviations
  • Use only those abbreviations approved by your facility.
  • Your list of approved abbreviations should be available on site.
  • Use abbreviations only if you’re sure of their meaning and know they’re on your list
  • “Family hx of H.A.”; “BTB”; “DEPO/DMPA”

DO’S Cont’d

• Ensure that each entry describes
  • Mode of contact (cell, plain envelope, pager, etc.)
  • Reason for contact/visit
  • Procedures done or information given
  • Outcome of contact
  • Plan for future care
  • Signatures
  • Dates

DON’TS

• DON’T…
  • Use names without describing their function in relation to the patient
  • Chart information which is not germane to future care of the patient
  • File chart without ensuring completeness
  • - White out, scribble over, or obliterate any entry*
DON'TS cont’d

- Try to add something after you’ve completed your documentation unless you’ve written “late entry”
- Don’t enter or refer to an occurrence report that was filed
- Don’t chart a symptom such as “pt. c/o of bilateral headache x 2 days” without also charting what you did about it.

Negative Charting Examples

- **Doctor Sample**
  - Charting on a pathology report
  - Cross out cystitus-cervicitis
  - Poor handwriting
- **Staff Sample**
  - How do we know it’s a phone call?
  - Unreadable/disjointed
  - Scratch off
  - Abbreviation for discharge?
  - Karen who?

Positive Charting Samples

- Follow-up to phone call
- TC time documented
- Uses “States” “denies”, c/o, quotes
- Follows logical format using SOAP; appropriate use of each
- Full name and title
- Legible
GROSS DESCRIPTION:

The specimen is labeled cervical biopsy with a diagnosis of abnormal pap smear and consist of four pieces of soft tan tissue the larger of which measures .3 cm. The specimen is submitted in its entirety. There is some mucous present. It consist of two pieces of soft tissue and two pieces of mucous. It is serially cut and submitted in its entirety.

d12/30/94 CL
t12/30/94 pr

MICROSCOPIC DESCRIPTION

Three step H&E sections of the entire submitted cervical polyp biopsy reveals mucous and pieces of ecto-endocervical tissue in which the squamous epithelium shows a normal maturation. There is no dysplasia or unequivocal malignancy observed. Focal moderate chronic inflammation is present. The inflammatory cells are composed of plasma cells, lymphocytes and mononuclear cells infiltration. There are few neutrophils infiltration present in that area also.

DIAGNOSIS:

Cervical biopsy: Moderate chronic cystitis. Negative for malignancy or dysplasia.

M.D., F.C.A.P., PATHOLOGIST
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<thead>
<tr>
<th>PROB #</th>
<th>DATE</th>
<th>WT</th>
<th>B/P</th>
<th>LNMP</th>
<th>SUBJECTIVE &amp; OBJECTIVE DATA / ASSESSMENT / PLAN</th>
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<tbody>
<tr>
<td>Y10/09</td>
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<td>During mlg. Aff on lots of cl. partner of some itching + has night</td>
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<td>There are clamps + edema</td>
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<td>Blodg. of sex not rats an</td>
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<td>man just a little 74 pm</td>
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<td>Uterus upper edge</td>
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<td>Pain call back later</td>
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<td>Y10/09</td>
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<td>S: T: 2:30 pm to pt. States</td>
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<td>has thick white vag. d/c. x (tuck)</td>
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<td>Denies itching. Denies fever + chills</td>
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<td>/o odor. &quot;Mostly I'm scared 'cuz</td>
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<td>I bleed &amp; tined &amp; have sex.</td>
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<td>Partner has denies s + s.</td>
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<td>Using Eau Patch as BCD</td>
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<td>O: Pt. crying heard</td>
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<td>A: Vag. d/c - poss. friable cervix</td>
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<td>Blodg.</td>
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<td>P: Appt made 1000 am Y11/09</td>
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Karen Jackson
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<tr>
<td>1</td>
<td>2/24/99</td>
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<td>?Dec. S: Pt. states &quot;I am pg. 9 don't know what to do&quot; Denies bl. tend.</td>
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<td>E: Pt. T n + V x luck.</td>
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<td>AGT test Pos (+)</td>
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<td>A: PG per above. Mother appears sup-</td>
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<td>pative &amp; caring</td>
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<td>P: Gave pt. Options brochure to review</td>
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<td>Appt. Made for 3:00 today for further</td>
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<td>discussion</td>
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<td>3:30pm: I - all options discussed</td>
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<td>E: Pt. + mother. Pt. states &quot;I'm too</td>
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<td>Young to have a baby&quot;</td>
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<td>E: Pt. + mother 2 questions re: AB</td>
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<td>Mother states ... &quot;I will help her</td>
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<td>in whatever she wants to do&quot;</td>
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<td>R: Gave referrals. Will call pt.</td>
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<td>in 2 wks for follow up + strengthen</td>
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<td>9 rtc for bc methods Given</td>
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<td>Literature on bc methods</td>
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Handout
Positive Charting Cont'd

• Easy to read and follow through chain of events
• Appropriate use of SOAPIER
• Covers options counseling; birth control
• Full name and title

QUESTIONS?

EXERCISE IN TACT

The following entries are drawn from actual medical charts

• The patient is obviously drunk

• The patient is nuts and doesn’t know what she is talking about regarding her own history
EXERCISE IN TACT Continued

- The patient’s mother came with her to the clinic today and is very controlling and manipulative

- The patient is quite lazy and never gets here on time for her Depo shot

Legalities

- Negligence
  - No Causation (screwed up-no harm)
  - Damages (meaningful)
- Malpractice
  - ?? ICU
  - ?? OR
  - ?? Physician Offices

Malpractice Cont’d

- Two types:
  - Criminal (“Angel of Mercy”)
  - Civil (Medical Malpractice)
- Did “BREACH OF DUTY” (failure to follow standards of care) cause damage?
- 35% - 40% of all medical malpractice suits are reduced indefensible by Medical Records problems!!
What Makes YOU Liable

- Weak Medical records
- Inadequate hx taking or documentation
- Inattentive follow-up
- Informed consent was not obtained, documented
- Informed refusal was not obtained from pt

Liability cont’d

- Overlooked lab studies
- Inter-professional communication problems
- Medication problems
- Weak undocumented pt. education
- Inattention to the importance of a sound doctor-pt. relationship

As reported by the Medical Insurance Exchange of CA-Professional Liability Insurance, July 2000

Final words: the five “C’s”...

- Consistent care
- Communication
- Credibility
- Client Centered Care
- Charting it all!
And remember...

“Patient rapport and good documentation are the only two things that matter in loss prevention”

Robert White, Director of Claims and Loss Prevention, Physicians Protective Trust Fund

Trivia

Top 5 conditions that lead to malpractice claims as reported by the physicians Insurers Assoc. of America

Answers

5. Displacement of intervertebral disc
4. Acute M.I.
3. PREGNANCY
2. BREAST CA
1. Brain-damaged infant
INFORMED CONSENT

• Every record needs to show evidence that the pt. had complete information on which to formulate her decision

• A consent form is NOT informed consent.

BRAIDED

• Benefits
• Risk
• Alternatives
• Inquiry
• Decision to withdraw
• Explanation
• Documentation

SOAP charting

• Subjective
  • "Pt. denies, states, c/o, explains,…"
• Objective
  • Ht., wt., B/P, tapping fingers, "pos. pg test", etc.
• Assessment
  • Pregnant; incr. B/P; nervous, etc.
• Plan
  • Discuss option; refer; prescribe, RTC etc.
TITLE X

- Recognized standards include:
  - American College of Obstetricians and Gynecologists (ACOG)
  - U.S. Preventive Services Task Force (USPSTF)
  - Contraceptive Technology
  - Referral system/follow up
    - Medically necessary lab work
  - Check off boxes

SPECIAL NOTES

- To give medical advice is to provide medical care

- A well-organized record gives the impression that the clinic is careful and organized as well.

SPECIAL NOTES Continued

- If you use POMR and a problem sheet, make sure it is complete

- A case for the "red pen"

- Documenting HIV information
SPECIAL NOTES (cont'd)

- According to the American Medical Association,
  "...obtaining informed refusal of treatment is as important
  as obtaining informed consent to care."
- Give patients the option to pay for non-covered services
  or help them to find alternative funding or treatment
  sources
- Do not deviate from case-relevant protocols without
  appropriate authorization

QUESTIONS FROM THE TITLE X AUDIENCE

- Mandatory counseling for teens
- Options Counseling
- Check marks
- Documenting tattoos and piercings
- Documenting patients’ scripts

CHARTING CHUCKLES

- "The patient has no previous suicides"
- "Exam of genitalia reveals that he is circus sized"
- "The Pelvic exam will be done later on the floor"
- "Large brown stool ambulating in the hall"
- "The pt. has been depressed since coming to the Health Dept."