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MEDICAL RECORD AUDIT WALKTHROUGH

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PROGRESSIVE HUDDLE WEBINAR

OCTOBER 30, 2020

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What do you use medical records for?

Record of Patient Care

Payment

Peer Review

QAPI

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§ 416.47 Conditions for Coverage | Medical Records

Evaluation of Medical Records

- Complete, comprehensive and accurate medical record
- The ASC must use the information contained in each medical record in order to assure that adequate care is delivered to each ASC patient.
- Review a sample of active and closed medical records for completeness and accuracy in accordance with Federal and State laws and regulations and ASC policy.

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§ 416.47 Conditions for Coverage | Medical Records

Medical Record Content

- Patient identification;
- Significant medical history and results of physical examination;
- Pre-operative diagnostic studies (entered before surgery), if performed;
- Findings and techniques of the operation including a pathologist's report on all tissues removed during surgery, except those exempted by the governing body;

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§ 416.47 Conditions for Coverage | Medical Records

Medical Record Content (continued)

- Any allergies and abnormal drug reactions;
- Entries related to anesthesia administration;
- Documentation of properly executed informed patient consent; and
- Discharge Diagnosis

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Additional CMS Conditions for Coverage

- Physicians Orders for medications and biologicals
- Verbal orders and confirmation of verbal orders (RB&V)
- Advance Directive (if applicable)
- Copy of discharge instructions
- Anesthesia pre and post evaluation
- H&P

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Interpretive Guidelines for Surveyor

ABSENCE OF		NONCOMPLIANCE
Any required element	**Must** be cited	Standard-level
Multiple elements from multiple medical records	**May** be cited	Condition-level
One element from multiple medical records	**Should** be cited	Condition-level

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Goals of Medical Record Audit

Improve your Clinical Performance

Manage Risk

- Lack of orders and/or authenticated orders
- Informed Consent issues
- Patient care rendered without orders

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QAPI

- Policy on Medical Records
- Identify Medical Record issues
- **Ongoing** (not a one-time measurement)
- **Measurable** performance or quality indicators
  - Outcomes: complications, infections
  - Process: timing of IV antibiotics
- **Data Driven**
- Analysis of issues and actions taken for problems

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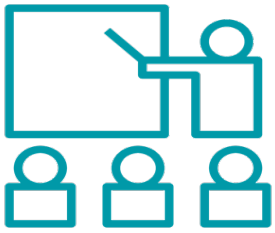
Medical Record Audit | Basic Guidelines

- Use a standardized form
- Train staff prior to assigning them to audit charts
- Bring results to QAPI Committee



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Available on eSupport

Medical Record Audit Tool

eSupport/Compliance/P&P Update/Nursing

MEDICAL RECORD AUDIT TOOL Page 1 of 2

ALLERGIES/ABNORMAL REACTIONS & ADVANCE DIRECTIVES	YES	NO	PREOP PHONE CALL	YES	NO	PROGRESS NOTE	YES	NO
Noted in a prominent location & consistent with all clinical forms			Completed, dated and signed			Completed and signed, dated and timed by surgeon		
ADMISSION			**ANESTHESIA RECORD**			**PACU RECORD**		
Registration complete			Pre-op evaluation present			Vital signs noted		
Preop facility disclosure signed			Post-op evaluation present					
HISTORY & PHYSICAL			Vital signs noted			Discharge scoring completed		
Allergies/abnormal rxns and medications, including dose and frequency included			Record signed			Complete and signed		
Complete and signed			Physical status noted			Discharge time noted		
Dated on/before surgery (within 30 days)			Drugs given and dosages noted			Evidence of discharge w/adult		
Presurgical update note complete, signed, dated and timed by surgeon			Start and finish times noted and they match OR record			Mode of transportation from OR noted		
ANESTHESIA CONSENT			**PREOP RECORD**			**PATHOLOGY REPORT**		
Includes planned anesthesia and provider administering anesthetic agents (can be included on surgical consent form)			Vital Signs, weight noted			Results present and signed/dated by surgeon		
			NPO status verified			Abnormal results reported to surgeon		
SURGICAL CONSENT			Marking of Surgical Site indicated, including who marked the site.			**DISCHARGE INSTRUCTIONS**		
Consent w/ proposed procedure & statement confirming info given to pt. regarding the surgery			**OPERATIVE REPORT**			Signed by patient or responsible adult		
Signed, dated, timed and witnessed			Report present and signed, dated and timed by surgeon			Signed by the nurse		
PHYSICIAN'S ORDERS			Pre and post op diagnosis the same			**MEDICATIONS**		
Dated, signed and timed			**OPERATING ROOM RECORD**			All medications given in pre-op, OR and PACU are to be recorded as to the medication, route, dosage, time given, response to and signature of RN administering medication.		
Proposed procedure included for consent order			Completed and signed					
Preop, intraop and postop orders present			Time out documented			**POST OP PHONE CALL**		
Discharge order by surgeon			Use of safe surgical checklist &/or fire risk assessment documented, if utilized			Completed, dated and signed		
Noted by nurse with signature including date, time and signature			Medications administered documented					

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Available on eSupport

Medical Record Audit Tool

eSupport/Compliance/P&P Update/Nursing

MEDICAL RECORD AUDIT TOOL Page 2 of 2

ASPECT OF CARE	MEDICAL RECORDS	DATE	
INDICATOR	CHART REVIEW (*ten charts reviewed every quarter*)	DATA COLLECTOR	

DEFICIENCIES:

	PATIENT ID#	*COMMENTS*
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Data Source: Patient Charts
Data Collection Methodology / Sample Size: 10 Patient Charts
Frequency Monitored: Quarterly

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You audited…now what?

Staff and LIP Education

QI Study

Continue Auditing

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Available on eSupport

QI Study Samples

eSupport/Operations/Quality Management/QI Study Library

QI STUDY FORMATS AND SUGGESTIONS

- Quality Improvement Study Format Sample
- Quality Improvement Study Format Sample (AAAHC)
- Quality Improvement Study Suggestions

QUALITY IMPROVEMENT STUDY SAMPLES

- Biohazardous Waste
- Biohazardous Waste Re-Study
- Case Cancellation
- CRNF (Closed Reduction Nasal Fracture Post-Operative Pain)
- Hand Hygiene 1
- Hand Hygiene 2
- I.C.E. (Limit Inflammation and Corneal Edema)
- R.I.C.E. (Limit Reoccurring Inflammation and Corneal Edema)
- Infection Control: Environmental Cleaning and Disinfection
- IV Necessity
- Medical Record Audits
- Medical Record Documentation 1
- Medical Record Documentation 2
- Medical Record Documentation 3
- OR Waste Tracking
- Patient Satisfaction
- Patient Wait Times
- Preop Wait Times
- Radiation Safety
- Sterilization Validation with Rigid Trays
- Surgery Scheduling
- Time Out
- Valium: EMR Documentation
- Vitrectomy Kit

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QI Study Samples

eSupport/Operations/Quality Management/QI Study Library

Medical Record Documentation Quality Improvement Study <Facility Name>

Name of Study:

Medical Record Docum

Definition:

In <month/year> we co
records did not meet ou
discussed the findings
records forms and had
missed information. We
missed throughout the
quarterly chart audits a
a random audit of 5% o

Standard:

100% medical records

Data Sources:

45 randomly selected n

Data Findings:

20% of the medical rec

Medical Record Documentation Quality Improvement Study <Facility Name> <Applicable Dates>

Name of Study:

Medical Record Documentatio

Definition:

As part of <Facility Name>'s ar
conjunction with peer review o
of the 57 medical records revie
was considerably lower than th
completeness in medical recor
charts to be selected for a ranc
reviewed revealed incomplete

Performance Goal:

100% of medical records will b

Data Collection:

A minimum of 5 charts from ea
reviewed for completeness and
ongoing peer review program.
selected and reviewed from <d
reviewed and assessed by the

Medical Record Documentation Quality Improvement Study <Facility Name> <Applicable Dates>

Name of Study:

Medical Record Documen

Definition:

30% of the medical record
was inserviced regarding
<quarter> random QA aud
random chart audit of 20

Standard:

100% medical records will

Data Sources:

20 randomly selected med

Data Findings:

70% of the medical record

Medical Record Audits Quality Improvement Study <Facility Name> <Applicable Dates>

Purpose:

The purpose of the study is to evaluate the process and procedure of medical record audits prior to day of surgery. During pre-auditing, multiple medical records were found to have missing document(s), incomplete documentation, and/or documentation errors. This study is important to our facility in that the lack of complete documentation can result in interference of patient care, reimbursement, statistics, financial planning, and clinical data. The real concern with the medical record errors is patient care delays and time spent by staff having to correct these errors.

Performance Goal:

Our performance goal is to be able to achieve less than 5% errors.

Data Collection Plan:

Data for medical record audits will be collected from <month/year> through <month/year>. In order to determine <Facility Name>'s compliance with medical record documentation, a checklist was generated for staff to utilize while performing a pre-audit prior to the day of surgery (See Attachment A).

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Questions

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Join our Private Facebook Group

A place to connect, support, and network with other ASC managers all over the country

www.facebook.com/groups/ascmanagers/

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Mark your Calendar

DATE		CE	WEBINAR TOPIC	SPEAKER
November 30	60 min	✓	Current Trends in HIPAA and Cybersecurity	Kurt Bratten
December 18	20 min		Annual Survey Watch Report	Vanessa Sindell

www.ProgressiveSurgicalSolutions.com/webinars

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