Ancillary Care Areas: Medical Records

Name of Hospital: _____

Date: _____ Hospital Contact: _____

Always/ Yes	Sometimes	Never/ No	N/A		
					DEPARTMENT MANAGEMENT
☐	☐	☐	☐	1.	The director of Health Information Management (HIM) oversees or provides advice on all facility policies involving medical records.
☐	☐	☐	☐	2.	The medical records department is supervised/managed by a qualified individual. (The department should be directed—at a minimum of a part-time basis—by a registered health information administrator [RHIA] or a registered health information technician [RHIT]. If not, the hospital should secure consultative assistance from an RHIA.)
☐	☐	☐	☐	3.	The department is open 24 hours a day.
☐	☐	☐	☐		a. If the department is not open 24 hours a day, it is secured during nonoperational hours.
☐	☐	☐	☐		b. There is limited access to the records when the department is not staffed.
					c. Please list the titles of individuals who have after-hours access: _____ _____
☐	☐	☐	☐		d. A record of after-hours access is maintained.
☐	☐	☐	☐	4.	Smoke alarms and/or sprinklers are located in all areas where medical records are stored.
☐	☐	☐	☐	5.	There is a written policy on accessing medical records once they are stored in the department that includes the procedure for access, how access is obtained after hours, how records are re-filed, etc.
☐	☐	☐	☐	6.	Records stored outside the department are protected from unauthorized access, water damage, and vermin.
☐	☐	☐	☐	7.	A medical record is generated for each patient (including patients presenting for treatment, e.g., in ambulatory care, the emergency department, and OB).
☐	☐	☐	☐	8.	There is a designated privacy officer, as required by HIPAA.
☐	☐	☐	☐	9.	All HIPAA/ARRA regulations related to HIM have been met.
☐	☐	☐	☐	10.	The hospital has a policy that addresses texting or e-mailing orders or other types of patient-specific information (e.g., consult questions and lab results).

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☐	☐	☐	☐	11. Medical records are retained according to statute/policy.
☐	☐	☐	☐	12. Medical records are transferred to another media before the hard copy is destroyed.
☐	☐	☐	☐	13. The retention policy addresses other medical record media (e.g., electronic, mobile devices, microfilm, microfiche, and optical disks).
☐	☐	☐	☐	14. There is a policy defining the documents that are included in the official medical record.
☐	☐	☐	☐	15. Medical records are released only after receiving signed authorization from the patient (or designee with authority to release records) or a valid court order (not a subpoena).
☐	☐	☐	☐	a. The policy on releasing medical record information is applied to all clinical departments (e.g., it covers release of copies, films, tracings, and pathological specimens).
☐	☐	☐	☐	b. Records pertaining to a patient's mental health, HIV/AIDS status, and drug or alcohol abuse are only released in compliance with state and federal law with specific authorization from the patient as evidenced by the language of the consent form and the patient's additional signature for release of the sensitive information.
				c. There is a policy on releasing records for the following types of patients:
☐	☐	☐	☐	i. minors,
☐	☐	☐	☐	ii. abuse cases,
☐	☐	☐	☐	iii. psychological disorder cases (refer to state statute),
☐	☐	☐	☐	iv. drug or alcohol abuse treatment cases, and
☐	☐	☐	☐	v. HIV/AIDS cases.
☐	☐	☐	☐	d. There is a policy controlling release of medical records used for internal purposes.
☐	☐	☐	☐	16. Fetal monitor strips are stored with the medical record.
☐	☐	☐	☐	a. If fetal monitor strips are not stored with the medical record, they are kept in a safe, secure area equipped with sprinklers or smoke detectors.
☐	☐	☐	☐	b. The strips should be in a legible, retrievable form.
☐	☐	☐	☐	c. There is a system to allow ready retrieval of fetal monitor strips.

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☐	☐	☐	☐	17.	Requests for medical records are screened for potential malpractice claims, and administration and/or risk management is notified of the request.
☐	☐	☐	☐	18.	Medical records in paper format involving potential claims are stored separately and securely.
☐	☐	☐	☐	19.	Medical records placed on a legal hold, including films, tracings, specimens, etc., are secured.
☐	☐	☐	☐		a. For paper records, the legal hold records are secured so that no one can access them unless directly supervised or authorized by administration or the risk manager.
☐	☐	☐	☐		b. For electronic records, there is a policy governing electronic access to records placed on a legal hold.
☐	☐	☐	☐	20.	There is a policy on the use of faxed physician orders.
☐	☐	☐	☐		a. The fax is filed in the medical record.
☐	☐	☐	☐	21.	There is a policy on sending medical records by fax.
☐	☐	☐	☐		a. The fax machine/computer is located in the medical records department or in another area where the information will remain confidential.
☐	☐	☐	☐		b. The fax cover page contains a confidentiality statement.
☐	☐	☐	☐	22.	The hospital prohibits the use of stamped signatures.
☐	☐	☐	☐	23.	There is a system in place to assemble all divergently located record components when a patient is admitted or appears for a prescheduled ambulatory care appointment. (All inpatient, ambulatory care, and emergency department records for a patient are combined in a single record.)
☐	☐	☐	☐	24.	There is an enforced policy on delinquent medical records.
☐	☐	☐	☐	25.	There is a policy on addenda to the medical record.
☐	☐	☐	☐		a. If an addendum is made after the shift, it is approved by a supervisor.
☐	☐	☐	☐		b. If an addendum is made after the patient is discharged, it is reviewed by a supervisor and by the risk manager.
☐	☐	☐	☐		c. Addenda are prohibited from being entered after a claim or suit is filed.
☐	☐	☐	☐		d. Policy on addenda when an electronic health record is used is communicated to staff and physicians.

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☐	☐	☐	☐	26. There is a system to notify physicians of reports or diagnostic studies received after patient discharge.
☐	☐	☐	☐	a. The physician notification is documented.
				Use of Electronic Media Devices
☐	☐	☐	☐	27. A HIPAA risk analysis has been conducted on the use of electronic media devices.
☐	☐	☐	☐	a. The risk analysis includes text message content and capability.
☐	☐	☐	☐	28. Mobile devices used for text messaging have appropriate encryption software.
☐	☐	☐	☐	29. Mobile devices used for patient information transmission have a system able to retain metadata records for as long as the original record exists and/or in accordance with a legal hold or preservation order.
☐	☐	☐	☐	30. When using text orders, the order can be placed into the electronic record without using transcription.
☐	☐	☐	☐	31. When transmitting critical lab results, there is a way to ensure receipt by the receiving provider.
☐	☐	☐	☐	32. When using technology, there is a secure method to verify provider authorization.
				Use of Scribes
☐	☐	☐	☐	33. There is a job description that clearly defines the qualifications and responsibilities of a scribe.
☐	☐	☐	☐	34. Only qualified and appropriately trained individuals are used as scribes.
☐	☐	☐	☐	35. The role and signature of the scribe and the date and time of the entries are clearly identifiable and distinguishable from that of the physician.
☐	☐	☐	☐	36. After each scribing event, the physician reviews the scribed documentation before authenticating it.
☐	☐	☐	☐	37. At the end of the day or shift, the physician reviews the scribed documentation and includes any events that weren't recorded.

This interactive guide is not a standard of care. Any guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any action or treatment must be made by each healthcare practitioner in light of all circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.