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Documentation – Paper and Electronic:  
The Basics and Beyond

July 28 & 29, 2010



**About KePRO**



- **Quality improvement and care management organization**
- **Founded in 1985; headquartered in Harrisburg, PA**
- **Works with HRSA on Medical Malpractice Claims Reviews and Risk Management Services under a contract initiated in 2004.**
- **Provides risk management and patient safety technical assistance to section 330 FTCA deemed Health Centers and Free Clinics.**

2 [www.kepro.org](http://www.kepro.org)

## About ECRI Institute

- ▶ Independent, not-for-profit applied research institute focused on patient safety, healthcare quality, risk management
- ▶ Web site for HRSA grantees. Log in with user id and password at: **[www.ecri.org/clinical\\_RM\\_program](http://www.ecri.org/clinical_RM_program)**
- ▶ **Have not activated your User ID yet? E-mail us at: [clinical\\_RM\\_program@ecri.org](mailto:clinical_RM_program@ecri.org).**
- ▶ 40-year history, 320 person staff
  - AHRQ Evidence-Based Practice Center
  - WHO Collaborating Center
  - Federally designated Patient Safety Organization

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## Objectives

- ▶ Recall three reasons for maintaining accurate medical records
- ▶ Recognize common documentation inadequacies and their potential consequences for patient safety and risk management
- ▶ Identify strategies for prompting complete documentation of patient encounters
- ▶ Recall special risks of errors in documentation using an electronic health record
- ▶ Identify approaches for risk reduction and patient safety when using electronic health records

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## Accurate Medical Records



- ▶ Record of medical care
- ▶ Comply with legal requirements, accreditation standards, and professional practice standards
- ▶ Support and defend care

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## Case Example

- ▶ 50 yr old woman died from pulmonary embolism after a visit to primary care physician for c/o shortness of breath and difficulty breathing
- ▶ Expert review was unfavorable so the case was settled for more than \$500,000
- ▶ Risk Management Issues:
  - Patient seen several times for same c/o without resolution
  - Narrow diagnostic focus by provider
  - Chart lacked recent H & P

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## Diagnosis Related Claims Top Area of Risk for Health Centers/Clinics

- ▶ Inadequate documentation
- ▶ Does not support the diagnosis
- ▶ Reduces defensibility of claim



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## Organization Matters!

- ▶ Problem List
  - Allergies
- ▶ Medications
- ▶ Encounter notes
- ▶ Diagnostic tests
- ▶ Consents
  - Refusal



### Web site Resources:

#### **Sample Forms**

- Medication administration
- Office visit summary
- Refusal of treatment

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## What to Document

- ▶ History & Physical
  - Lifestyle, Systems review
- ▶ Health screening
- ▶ Diagnosis
  - Medical decision-making
- ▶ Treatment plan
- ▶ Medications
  - Immunizations
- ▶ Health counseling and education
- ▶ Discharge instructions
- ▶ Follow up plan
- ▶ Advance directives
- ▶ Telephone/electronic communications

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## Health Screening: Adult Recommendation Categories\*

- ▶ Cancer
- ▶ Heart and Vascular Diseases
- ▶ Injury and Violence
- ▶ Infectious Diseases
- ▶ Mental Health Conditions and Substance Abuse
- ▶ Metabolic, Nutritional, and Endocrine Conditions
- ▶ Musculoskeletal Disorders
- ▶ Obstetric and Gynecologic Conditions

\*U.S. Preventive Services Task Force

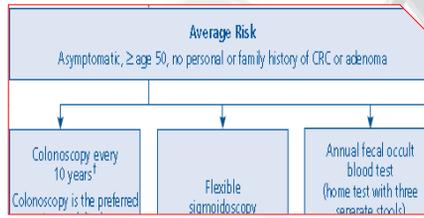
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## Protocols for Decision Support and Documentation

- ▶ Breast Care Management Algorithm
- ▶ Colorectal Cancer Screening Algorithm
- ▶ Clinical Guidelines for Obstetrical Services

### Web site Resources



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## Health Screening: Adult and Child and Adolescent Recommendations

- ▶ U.S. Preventive Services Task Force:  
<http://www.ahrq.gov/clinic/uspstfix.htm>
- ▶ Screening and Counseling
  - Mammography



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## Patient Exam and Diagnosis

- ▶ Document specific notes of normal (negative) findings
  - CHEST: "Lungs: clear"
  - ENT: "Ears: normal"
- ▶ Document all abnormal findings
  - ENT: "Pharynx: red"
- ▶ Assessment/Diagnosis
  - "Viral URI"
- ▶ Indicate what the plan is:
  - Tylenol for fever, increase fluids
  - Document patient understanding



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## Example: Comprehensive Documentation

**Subjective:** 6-year old male, presents with mother, with 3 days of sore throat, fever to 103, and headache. No nasal congestion, cough, dyspnea, chest or abdominal pain, joint pain, urinary symptoms, diarrhea, rash, or other complaints. No known ill contacts. NKDA.

**Objective:** BP 80/50. HR 118. T 102.1 oral. Wt 58#. Alert, well hydrated WM who appears tired. Ears – TMs clear. Eyes – clear. Nose – clear. Mouth – moist mucosa. Tonsils 3+ with erythema and exudate. No strawberry tongue. Neck – supple. 2 cm bilateral anterior cervical nodes. Lungs – clear. Heart - RRR no murmur. Abdomen – soft, nontender, without organomegaly. Ext – no CCE. Skin – clear. Strep screen – positive.

**Assessment:** strep pharyngitis

**Plan:** Pen VK 250 mg susp, 1 tsp qid x 10 days, AED.

Received symptomatic measures and warning signs.

No school until Thursday.

RTC if worse or not better in 2-3 days.

A. Diez, MD

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## Decision Making Documentation

- ▶ Document so others reach same conclusion
- ▶ As complexity increases, increase documented description of assessment to note diagnoses being considered
- ▶ Record review of labs, data, other records, results of review
- ▶ Note risk to the patient

Edsall, Moore. FPM Jul/Aug 2010

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## On-Line Resources

- ▶ Moore K. Documenting History in Compliance With Medicare's Guidelines *Family Practice Management* Mar/Apr 2010
  - [www.aafp.org/fpm/2010/0300/p22](http://www.aafp.org/fpm/2010/0300/p22)
- ▶ Moore K. Exam Documentation: Charting Within the Guidelines *Family Practice Management* May/June 2010
  - [http://www.nxtbook.com/nxtbooks/aafp/fpm\\_20100506/#/26](http://www.nxtbook.com/nxtbooks/aafp/fpm_20100506/#/26)
- ▶ Edsall R, Moore K. Thinking on Paper: Documenting Decision Making *Family Practice Management* Jul/Aug 2010
  - [http://www.nxtbook.com/nxtbooks/aafp/fpm\\_20100708/#/12](http://www.nxtbook.com/nxtbooks/aafp/fpm_20100708/#/12)

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## Strategies for Tracking and Follow up

- ▶ Use evidence based disease management guidelines
  - National Guideline Clearinghouse <http://www.guideline.gov/>
- ▶ Build in decision support
- ▶ Implement a test result and referral management system
- ▶ Design forms (paper or electronic) with reminders that prompt complete documentation
  - Sample Test Tracking Log at Clinical Risk Management Web site

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## Strategies for Test Result Management (and documentation)

- ▶ Standardize sampling procedures, document to verify
- ▶ Standardize processes to record tests, assign responsibility
- ▶ Establish consistent means of provider response and documentation
- ▶ Notify patients of all test results and document it
  - Sample Diagnostic Test Tracking and Follow up form at Clinical Risk Management Web site

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Elder N. Patient safety in the physician office setting.  
Web M&M [online] 2006 May. <http://webmm.ahrq.gov>

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## Strategies for Test Result Management

- ▶ System solutions
  - Decision support to categorize “criticality” of test result
  - Guidelines to manage abnormal results
  - Production of notification letter for patient
  - Reminder prompts for future testing
  - Referral of test results to specialists
- ▶ Documentation embedded in the system

Poon E, et al. *J Biomed Inform* 2003 Feb-Apr.

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## Online Resources

- ▶ **AAFP 2009 EHR User Satisfaction Survey**  
[http://www.nxtbook.com/nxtbooks/aafp/fpm\\_20091112/index.php?startid=10#12](http://www.nxtbook.com/nxtbooks/aafp/fpm_20091112/index.php?startid=10#12)
- ▶ Newman M. **What's The Best EHR Technology For Your Practice?**  
PhysicianNews Digest 2010 Mar 8.  
<http://www.physiciansnews.com/2010/03/08/what%e2%80%99s-the-best-ehr-technology-for-your-practice/>
- ▶ Newman M. **Implementing an EHR: Top 10 Lessons Learned.** PhysicianNews Digest 2010 May 7. <http://www.physiciansnews.com/2010/05/07/implementing-an-ehr-top-10-lessons-learned/>

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## Polling Question

Our Health Center or Clinic currently uses:

- ▶ Paper records #1
- ▶ Electronic records #2
- ▶ Hybrid: part paper and part electronic #3

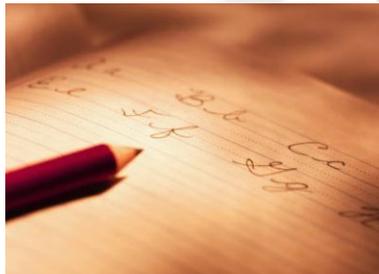
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## Documentation Rules

### **Legible (def):**

Capable of being read, understood, deciphered

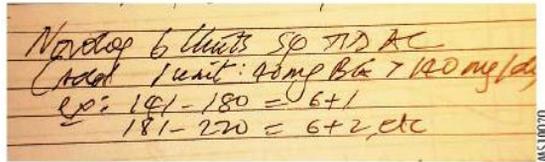


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## Legibility: Insulin Dosing

**Figure 1. Example of Ambiguous Insulin "Coverage" Order**



Reprinted with permission from the Institute for Safe Medication Practices, Horsham, Pennsylvania.

PA Patient Safety Authority, 2010 March;7(1):9-17  
([www.patientsafetyauthority.org](http://www.patientsafetyauthority.org))

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## Documentation Rules

- ▶ Patient name, identifier, date on each page or entry
- ▶ Document objectively, factual
- ▶ Entries should be timely and chronological
- ▶ Avoid error-prone abbreviations
  - <http://www.ismp.org/Tools/errorproneabbreviations.pdf>
- ▶ Joint Commission Ambulatory Care prohibited abbreviations
  - <http://www.jcrinc.com/Joint-Commission-Requirements/Ambulatory-Care/>

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## Prohibited Abbreviations, Acronyms, Symbols, and Dose

- ▶ U,u
- ▶ IU
- ▶ Q.D., QD, q.d., qd
- ▶ Q.O.D., QOD, q.o.d, qod
- ▶ Trailing zero (X.0 mg)
- ▶ Lack of leading zero (.X mg)
- ▶ MS, MSO4, MgSO4

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## Documentation Rules (cont.)

- ▶ Record all communication
  - With the patient: in the office or clinic, by telephone, email, keep a copy of information that is mailed
  - Among providers: within the clinic, also referrals and consultations
- ▶ Document
  - New or renewed prescriptions
  - Identification of a new symptom or problem
  - Alteration of the current plan of care
  - Home care advice

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## Other Rules (cont.)

- ▶ Read transcribed notes before signing
- ▶ Authentication
  - Signature: a legally authenticated document “a status in which a document or entry has been signed manually or electronically by the individual who is legally responsible for that document or entry”
- ▶ Faxes
  - Confidentiality concerns
  - Readability of prescriptions

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## Proper Error Correction

- ▶ Single line through the error
- ▶ Initials with date of correction
- ▶ Note “error” or “mistaken entry”
- ▶ Do not use white out or tape designed to obliterate typographical errors
- ▶ Never correct another provider’s error

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## Medical Record Documentation Adverse Event

- ▶ Date and time of the event
- ▶ A factual account of what happened
- ▶ Name of provider notified and time of notification (if applicable).
- ▶ Patient's condition after the event
- ▶ Any treatment or diagnostic tests rendered to the patient
- ▶ Follow up plan

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## What to keep out of the medical record

- ▶ Incident and event reports
- ▶ Alterations
- ▶ Disagreements (factual opinions ok)
- ▶ Disrespectful comments
  - SC<sup>3</sup>

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## Case Example

- ▶ 49 yr old man w critically high potassium level, creatinine, BUN following physical with family physician Nov 2005
- ▶ Patient instructed to repeat labs one week, increase fluids. Patient's repeat K+ normal.
- ▶ Chart noted patient called to repeat kidney function tests again but no follow up, patient denied contact for repeat labs
- ▶ August 2006, patient diagnosed w End Stage Renal Disease, underwent dialysis, failed kidney transplant
- ▶ Patient sued, alleged failure to repeat kidney function tests and treat kidney disease, alleged chart alteration
- ▶ Plaintiff Verdict, reduced

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## Pre-printed Forms and Templates

- ▶ Prompts clinician for key elements
- ▶ Improves legibility
- ▶ Standardizes content
- ▶ Facilitates data collection, quality auditing
- ▶ Supports E/M coding

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## EHRs and the ARRA of 2009

- ▶ “The Health Information Technology for Economic and Clinical Health Act, or the "HITECH Act" established programs under Medicare and Medicaid to provide incentive payments for the "meaningful use" of certified EHR technology. The Medicare and Medicaid EHR incentive programs will provide incentive payments to eligible professionals and eligible hospitals as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology.”
- ▶ For more information, go to: <https://www.cms.gov/EHRIncentivePrograms/>
- ▶ Draft test procedures are at issue to certify EHRs for meaningful use.

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## The Elephant in the Room: A Computer in the Middle

- ▶ Potential barriers to good documentation in an EHR:
  - Inability to demonstrate active listening techniques due to computer “distraction”
  - Difficulty maintaining eye contact because of need to look at screen
  - Falling behind schedule because EHR slow to navigate
  - Computer too slow or times out too quickly

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## The Elephant in the Room

- ▶ Potential barriers continued.....
  - Lack of computer mastery skills – making it difficult to type and organize information efficiently
  - Difficulty structuring interview around patient’s narrative, as logical inclination may be to structure around data-gathering demands of EHR.

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## Strategies to Expand Your EHR Skill Set: Connect, Collaborate, Close

- ▶ **CONNECT**
  - Make personal connection with greeting
  - Introduce computer
  - Acknowledge companions and address confidentiality
    - If family members accompany teens, assure them that their information is private, and move the computer screen in such a way that it can’t be seen.
  - Arrange the screen for shared viewing (when appropriate)

Reference: Baker, L. and Keller, V. (2002). Connected: Communicating and Computing in the Examination Room. *Journal of Clinical Outcomes Management*, 9(11): 621-624.

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## Strategies to Expand Your EHR Skill Set: Connect, Collaborate, Close

### ▶ COLLABORATE

- Explain what you're doing
- Ask permission to type and talk
- Show patient you are using information to share decision-making
- Invite patient to view

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## Strategies to Expand Your EHR Skill Set: Connect, Collaborate, Close

### ▶ CLOSE

- Log off and inform patient you are securing their record to ensure all information is confidential
- Briefly summarize visit
- Clarify what they are to do (if anything)
- Say goodbye

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## Risk Management Issues: Copy and Paste Work-Around

- ▶ The ability to go into a previous author's entry in the medical record, then "copy and paste" it forward into your own entry.
- ▶ Implications:
  - Potential to perpetuate errors forward in the electronic record, if erroneous or incomplete information was entered in the first place;

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## Risk Management Issues: Copy and Paste Work-Around

- ▶ Implications continued...
  - Patient safety issues if clinical decisions are based on inaccurate or outdated information;
    - Copying to wrong patient or wrong encounter
    - May be illegal or unethical, i.e. in clinical trials
  - Fraud and Abuse – copying previous information without updating it, then billing for the visit. *Have an audit version of the EHR which will indicate if this was done, and to enable patterns or detection of patterns of fraud or abuse.*
  - AHIMA Guidelines for EHR Documentation to Prevent Fraud. Found at:  
[http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1\\_033097.hcsp?dDocName=bok1\\_033097](http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_033097.hcsp?dDocName=bok1_033097)

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## Risk Management Issues: Templates and Defaults

- ▶ Helpful to use to lead the clinician through a standardized series of questions, BUT
  - Are templates customized based on **users** (for example, nurse, physician, or patient) or **purposes** (for example, for general assessment during an encounter, documenting preventive care or disease management activities)
    - Ensure appropriate options are in place for accurate documentation;

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## Risk Management Issues: Templates and Defaults

- ▶ Helpful to use to lead the clinician through a standardized series of questions, BUT
  - An important finding can become buried in template charting;
  - Defaults may be in place (i.e. to normal findings) that automatically stay in the record if no action is taken or they may be pre-populated with other information.
  - It may be easy to inadvertently select the wrong patient from drag-down menus.

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## Risk Management Issue: Computerized Physician Order Entry (CPOE)

- ▶ Internal software mistakes/programming errors
- ▶ Pediatric issues
- ▶ Override functions for free text
- ▶ Variation in effects of different systems
- ▶ Confusion among typewritten letters and numerals, for example:
  - Uppercase letter S and numeral 5
  - Lower case letter g and lower case letter q

Reference: <http://www.ismp.org/Newsletters/acutecare/articles/20090702.asp>

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## Risk Management Issue: Alert Fatigue

- ▶ “Alert fatigue” is the accumulation of disruptive decision-support “alerts” or unwanted suggestions about a patient’s care or status that requires attention.
- ▶ About 85% of alerts are ignored because:
  - Too many
  - Inaccurate / inappropriate
  - Ill-timed during encounter
  - Too far in the background
  - Not actionable

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## Electronic Discovery – it's time has come!

- ▶ “E-discovery”, refers to discovery in civil litigation which deals with information in *electronic format* also referred to as Electronically Stored Information (ESI). In this context, *electronic form* is the representation of information as binary numbers.
- ▶ Electronic information is different from paper information because of its intangible form, volume, transience, and persistence. Also, electronic information is usually accompanied by metadata, which is never present in paper information unless manually coded.
  - Reference: Federal Rules of Civil Procedures (FRCP) Rule 34: Producing Documents, Electronically Stored Information, and Tangible Things, or Entering onto Land, for Inspection and Other Purposes (effective December 2006).

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## References

- ▶ Baker, L. and Keller, V. (2002). Connected: Communicating and Computing in the Examination Room. *Journal of Clinical Outcomes Management*, 9(11): 621-624.
- ▶ Hanlon, JT. (2010). The electronic medical record: Diving into a shallow pool? *Cleveland Clinic Journal of Medicine*, 77(7), 408-411.
- ▶ Health Information Technology (HIT) Policy Committee Adoption/Certification Workgroup, February 25, 2010. Testimony of Jeffrey Shuren, Director of FDA's Center for Devices and Radiological Health.
- ▶ Singh H, Thomas EJ, Sittig DF, et al. (2010). Notification of abnormal lab test results in an electronic medical record: do any safety concerns remain. *American Journal of Medicine*, 123:238-244.

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## Resource

- ▶ AHIMA e-HIM Work Group on Maintaining the Legal EHR. "Update: Maintaining a Legally Sound Health Record—Paper and Electronic." *Journal of AHIMA* 76, no.10 (November-December 2005): 64A-L.

- [http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1\\_028509.hcsp?dDocName=bok1\\_028509](http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_028509.hcsp?dDocName=bok1_028509)

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## Web Site Resources

### Web site resources:

- CME courses in ECRI Institute eLearn system
- Guidance articles
- Self Assessment Questionnaire
- Standards and Guidelines

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Accessing your **ECRI Institute E-Learn** online course is easy as **1, 2, 3!**

1. Using your e-Learn course key code <sup>\*</sup>, [register](#) and give yourself a user name and password. Watch this [Tutorial](#) if you need help registering.
2. [Check](#) your computer settings.
3. Login and take your courses!

User Name:

Password:

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Challenges

Successes

Experiences

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**“Documentation-Paper and Electronic”  
program to be archived on Web site**



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Additional Questions?

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More info at:

[www.ecri.org/clinical\\_RM\\_program](http://www.ecri.org/clinical_RM_program)

Thank You!