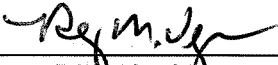


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Medical Records Completion and Deficiency Notice	POLICY NO: ADMR-02	Page 1 of 2
RESPONSIBILITY: Medical Records		
APPROVED BY:  _____ DIRECTOR	EFFECTIVE: NOV 28 2017	
	LAST REVIEWED/REVISED:	

PURPOSE:

The purpose of this policy is to ensure that chart completion at GBHWC fully and accurately reflects a consumer care and is in accordance with federal, state, CARF and GBHWC requirements. This policy pertains primarily to those stages of medical records processing and completion for which Direct Care Providers, are responsible. It also prescribes policy that must be adhered to by other GBHWC staff involved with the medical records.

POLICY:

- A. A medical record will be established for every person treated at this facility or at the expense of this agency, regardless of beneficiary status. Medical Records will be accurate and complete in accordance with Commission on Accreditation of Rehabilitative Facilities (CARF) current edition standards. Services and or clinical encounters will be accurately documented electronically, in a timely manner; that will be readily accessible and will permit prompt retrieval of consumer information.

- B. GBHWC will utilize a standardized medical records review checklist (ADMR-F-01) for determining incomplete medical records, determining when an incomplete medical records has reached a delinquent status and for documentation purposes.

- C. A discharged consumer's record shall be closed within fifteen (15) days of discharge. Employees who need to complete deficiencies will be informed through the Chart Deficiency Notice Form (ADMR-F-02) sent by the Medical Records Unit (MRU).

DEFINITION:

Incomplete Medical Record: Discharged consumer chart/medical record that are not complete at the time of medical record review.

Delinquent Medical Record: Incomplete consumer chart/medical record that was not completed within ten (10) business days from receipt of deficient notice.

PROCEDURE:

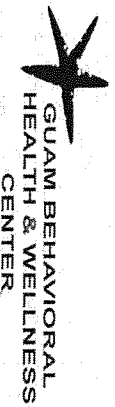
- A. A discharged consumer will be processed by the Lead provider; completing the discharge summary in AWARDS, and providing medical records with a copy of the discharge summary for medical records closure and filing.
- B. Medical Records staff shall review the discharged consumer chart both in the electronic behavioral health record and the paper chart for completeness using the medical records review checklist prior to closure and filing.
- C. If there are no deficiencies in the medical record, Medical Records staff will complete the discharge process and file the record in the closed chart section of the medical records.
- D. Incomplete chart will be listed on the form titled "Chart Deficiency Notice" (see attachment). This worksheet is placed on the top right side of the discharged record until all deficiencies are completed.
- E. Medical Records personnel shall highlight the Employee's name which is listed under the heading "Responsible Employee" to indicate whom the notice is for, and send a copy to the employee (this is the "First Notice").
- F. The "Responsible Employee" shall complete the deficient chart within ten (10) business days from receipt of notice. Employees on leave shall complete the incomplete chart first day upon their return.
- G. As deficiencies are completed, they are crossed off the original worksheet located in the record.
- H. When all deficiencies are completed, the original worksheet is removed, shredded, and discarded. Chart is then closed for filing.
- I. A photocopy or email of the deficient notice entitled "Second Notice" shall be sent to the employee's supervisor, if the "First Notice" was not address within 10 business days.
- J. The Supervisor has three (3) business days from the second notice date to have the employee complete the deficiency.
- K. Should steps I and J be not resolved, the medical records staff will issue a "Final Notice" to complete the chart within 24 hours otherwise, such action and inaction will be subject to applicable Personnel Rules and Regulations, Performance Evaluation and disciplinary action.

SUPERSEDES: Chart Deficiency Notice; ORG REC/C-12-1; 07/29/1997/07/29/1997;Elena I. Scragg

ATTACHMENT(S):

ADMR-F-02 Chart Deficiency Notice

ADMR-F-01 Medical Records Review Checklist



GBHWC Medical Records Review Checklist
F-ADMR-02

Medical Record No: _____
 Consumer Initials: _____
 Reviewer: _____

Lead Provider: _____
 Program: _____
 Date of Review: _____

Does individual record include:		The Consumer's:			
1. The date of admission.	Yes	No	1. Health history	Yes	No
2. Information about the individual's personal representative, conservator, guardian, or representative payee, if any of these have been appointed, including the name, address, and telephone number.	Yes	No	2. Current medications	Yes	No
3. Information about the person to contact in the event of an emergency, including the name, address, and telephone number.	Yes	No	3. Preadmission screening	Yes	No
4. The name of the person currently coordinating the services of the person served.	Yes	No	4. Documentation of Orientation	Yes	No
5. The location of any other records.	Yes	No	5. Assessments	Yes	No
6. Information about the individual's primary care physician, including the name, address, and telephone number, when available.	Yes	No	6. Person-centered plan, including reviews	Yes	No
7. Healthcare reimbursement information, if applicable.	Yes	No	7. Transition plan, when applicable	Yes	No
8. Financial agreement with the consumer if applicable	Yes	No	8. Progress Notes	Yes	No
9. Healthcare reimbursement information, if applicable	Yes	No	9. Correspondence pertinent to the consumer	Yes	No
10. Required signatures on all documents	Yes	No	10. Authorization for release of information	Yes	No
			11. Documentation of internal or external referrals	Yes	No

Reviewer Comments for Corrective Action:
 Deficient _____
 Complete _____

Chart Deficiency Notice
 Date Sent: _____
 Date Completed: _____

Recommendation _____ Medical Records Supervisor: _____



**GUAM BEHAVIORAL
HEALTH & WELLNESS
CENTER**

CHART DEFICIENCY NOTICE

*ALL DEFICIENCIES MUST BE COMPLETED WITHIN TEN (10) BUSINESS DAYS FROM RECEIPT OF THIS
NOTICE*

CONSUMER NAME: _____ CHART NUMBER: _____
INTAKE DATE: _____ VOLUME: _____
DISCHARGE DATE: _____

PLEASE REPORT TO THE MEDICAL RECORD UNIT BEFORE: _____
(Delinquent Date)

RESPONSIBLE EMPLOYEE	Discipline	Incomplete Section	Dated	Initial	Completion Date	NOTES

**GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER
REVIEW AND ENDORSEMENT CERTIFICATION**

The signatories on this document acknowledge that they have reviewed and approved the following:

Policies and Procedure

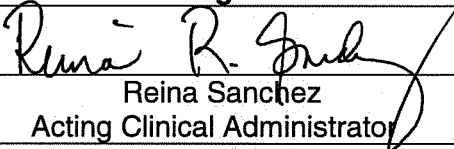
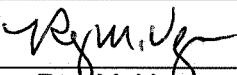
Submitted by: Quality Management

Protocol/Form

Policy No: ADMR-02

Bylaws

Title: Medical Records Completion and Deficiency Notice

<input type="checkbox"/> Reviewed <input type="checkbox"/> Endorsed Title	Date	Signature
	NOV 29 2017	
	Name Title	Reina Sanchez Acting Clinical Administrator
<input type="checkbox"/> Reviewed <input type="checkbox"/> Endorsed Title	Date	Signature
	NOV 28 2017	
	Name Title	Rey M. Vega Director