

**Marshall University**  
Joan C. Edwards School of Medicine  
University Physicians & Surgeons, Inc.

**AMBULATORY ELECTRONIC MEDICAL RECORDS  
COMPLIANCE POLICY**

**Rationale:** To provide a framework which defines the required behavior of all physicians and other providers employed by the SOM as it relates to the creation and completion of all records related to patient care and the role of UP&S staff in administering this policy.

**Goals:**

1. To provide and document high quality clinical care for our patients.
2. To provide an electronic documentation system which records all the necessary elements of the care provided, enhancing the safety of care and the communication and coordination of care among providers.
3. To assure that all records are current and timely in order to not only enhance accuracy and safety, but to comply with all state and federal regulations surrounding medical documentation and billing.

**Policy:**

1. All provider encounter notes and documentation should be completed and signed in as timely a fashion as possible. The associated billing for the service is to be submitted also in a timely fashion. The goal is to complete all such documentation within 48 hours of an outpatient visit.
2. Regular electronic reports regarding the status by provider of these activities are to be generated quarterly by the EHR Manager. Those providers out of compliance will be identified and reported to the relevant Department Chair and the SOM Compliance Officer. This report will monitor the providers' "tasks" (i.e. electronic listing of unfinished work). Department Chairs or designee should be monitoring providers on a monthly basis.
3. A provider who has more than 25 tasks greater than 30 days old will be considered in non-compliance with the goals of this policy.
4. Any provider who has a task older than 60 days old, regardless of total number, will be considered in non-compliance.
5. Resident physicians will be held to the same policy and standards outlined herein, except their reports will also be sent to the Residency Program Directors' office to coordinate the provisions of this policy.
6. The following procedure outlines an escalating intervention that will be applied to all providers to assist them in meeting the requirements of this policy.
  - a. Period one of non-compliance – the EHR Manager will notify the Department Chair or designee of any providers that are not in compliance with this policy. The expectation is that compliance will be

demonstrated by the next reporting period. Extenuating circumstances or requests for assistance or training should be described at this time.

- b. Period two of non-compliance – the EHR Manager will notify the Department Chair or designee and the Compliance Officer of any providers that are not in compliance for two consecutive periods. The Compliance Officer may request a personal meeting with the provider and the Chair of the Department to discuss a corrective action plan. Counseling and plans for remediation are formulated with a written report being filed in the provider's central file and with the Compliance Officer.
- c. Period three of non-compliance – the EHR Manager will notify the Department Chair or designee and the Compliance Officer of any providers that are not in compliance for three consecutive periods. The Compliance Officer will notify the Senior Associate Dean for Clinical Affairs and the Dean of the School of Medicine. The corrective action plan may involve the provider being placed on administrative leave to complete medical record requirements that would bring him/her into compliance with this policy. The provider's clinical work must be covered by the Chair or assigned colleagues until this work is completed.

7. If a provider's medical records cannot consistently be made current following this process, the School of Medicine reserves the right to pursue a non-renewal or termination of contract, following the appropriate University and employment protections surrounding such a process.

8. Non-compliant providers who are repeat offenders throughout the fiscal year and their departments may incur financial penalties.

September 21, 2010 - Approved