A Year in Review

Establishing a Chart Audit Process

Presented by,

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Objectives:

Participants will:

- **Understand the difference between administrative and collaborative medical record reviews**
- **Review documentation requirements**
- **Discover helpful tools to establish their chart audit process**

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2 Types of Chart Audits

Collaborative Chart Audit	Administrative Chart Audit
Number and Frequency based on your State OR policy	50 or 5%, whichever is less
Medical oversight between MD/DO and NP/PA	Determination if required elements are being captured
Covers all APPs	Covers all providers
Maintain documentation as proof of compliance	Includes closed record(s) and feeds into program evaluation

Appendix G: Collaborative Review (pg. 60)

A physician must review periodically the RHC's patient clinical records. In States where State law requires a collaborating physician to review medical records, co-sign medical records, or both for outpatients whose care is managed by a non-physician practitioner, an RHC physician must review and sign all such records. If there is more than one physician on the RHC's staff, it is permissible for staff physicians other than/in addition to the medical director to review and co-sign the records.

The RHC's NP(s) and/or PA(s) must participate in the physician's review of the clinical records. Participation may be face-to-face or via telecommunications. If there is more than one NP or PA in the clinic, the NP or PA would participate only in the review of records of those patients for which the NP or PA provided care.

Appendix G: Collaborative Review (pg. 60)

Where co-signature is not required, the regulation still requires periodic physician review of the clinical records of patients cared for by non-physician practitioners. **If the RHC has more than one physician on its staff, it is permissible for physicians other than/in addition to the medical director to conduct the periodic review of clinical records, so that this task might be divided or shared among the physicians.**

If the RHC has more than one physician, its policies and procedures must specify who is authorized (i.e. whether it is the medical director alone, or may include other staff physicians) to review and, if required under State law, co-sign clinical records of patients cared for by a non-physician practitioner.

Appendix G: Collaborative Review (pg. 60)

The regulation does not specify a particular timeframe to satisfy the requirement for "periodic" review of clinical records, but the RHC must specify a maximum interval between record reviews in its policies and procedures. **The RHC is expected to take into account the volume and types of services it offers in developing its policy. For example, an RHC that has office hours only one day per week would likely establish a different requirement for record review than an RHC that is open 6 days per week/ 10 hours per day. Further, there is no regulatory requirement for the review of records to be performed on site and in person. Thus, if the RHC has electronic clinical records that can be accessed and digitally signed remotely by the physician, this method of review is acceptable. Therefore, RHCs with and without the capability for electronic record review and signature might also develop different policies for the maximum interval between reviews.**

Medical Record Review Tool

For the Month of _____ Year_____

Supervising Physician:_____ Non-Physician Provider:_____

If there is a concern place N and respond in Notes.

Pt ID	DOS	H & P	ROS	Meds	Plan/Treatment	Education	Tests Ordered	Notes:

Supervising Physician Signature:_____ Date:_____

Non-Physician provider is required to respond to EACH notation from Supervising Physician.

Pt ID	DOS	Notes/Feedback & Response:

Non-Physician Signature:_____ Date:_____

Appendix G: Administrative Review (pg. 87)

The evaluation must also include a review of a representative sample of both active and closed clinical records of RHC patients. The sample must also include at least 5 percent of the RHC's current patients or 50 records, whichever is less. The purpose of the review is to determine whether utilization of the RHC's services was appropriate, i.e., whether practitioners adhere to accepted standards of practice and adhere to the RHC's guidelines for medical management when diagnosing or treating patients. The review also must evaluate whether all personnel providing direct patient care adhere to the RHC's patient care policies.

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Patient Chart Audit
Name of Clinic:
Date Reviewed:

Prepared by:
Reviewer:

Practitioner	Date of Service	Account Number	Chief Complaint	Consent	Social Data	H&P	Provider Signature	Labs Signed	Treatment Reports	Instructions to Patients	Evidence of Follow-up	Med. List	Allergies	Comments
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

1
2
3
4
5
6

491.10 Patient Health Records

For each patient receiving health care services, the clinic . . .. maintains a record that includes, as applicable:

(i) Identification and social data, evidence of consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the patient;

(ii) Reports of physical examinations, diagnostic and laboratory test results, and consultative findings;

(iii) All physician's orders, reports of treatments and medications, and other pertinent information necessary to monitor the patient's progress;

(iv) Signatures of the physician or other health care professional.

Common Struggles:

- Consent to treat
- Instructions to patient
- Follow-up

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4 Key Areas of Follow-Up:

Laboratory services:

- Provider order
- Labs drawn
- Results received
- Provider review
- Results to patient

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4 Key Areas of Follow-Up:

Consultative services:

- Provider order
- Pre-authorization
- Scheduled with specialist
- Consultative note brought back into patient record

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4 Key Areas of Follow-Up:

No-show appointments:

- Process in policy
- Documentation in record of actions taken

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4 Key Areas of Follow-Up:

Return visits:

- Acute visits
  - PRN (as necessary)
- Chronic visits
  - Provider request
- Preventative visits

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DON'T FORGET:

New Medications

- Documentation of administration or prescription
- Education documented about adverse reactions

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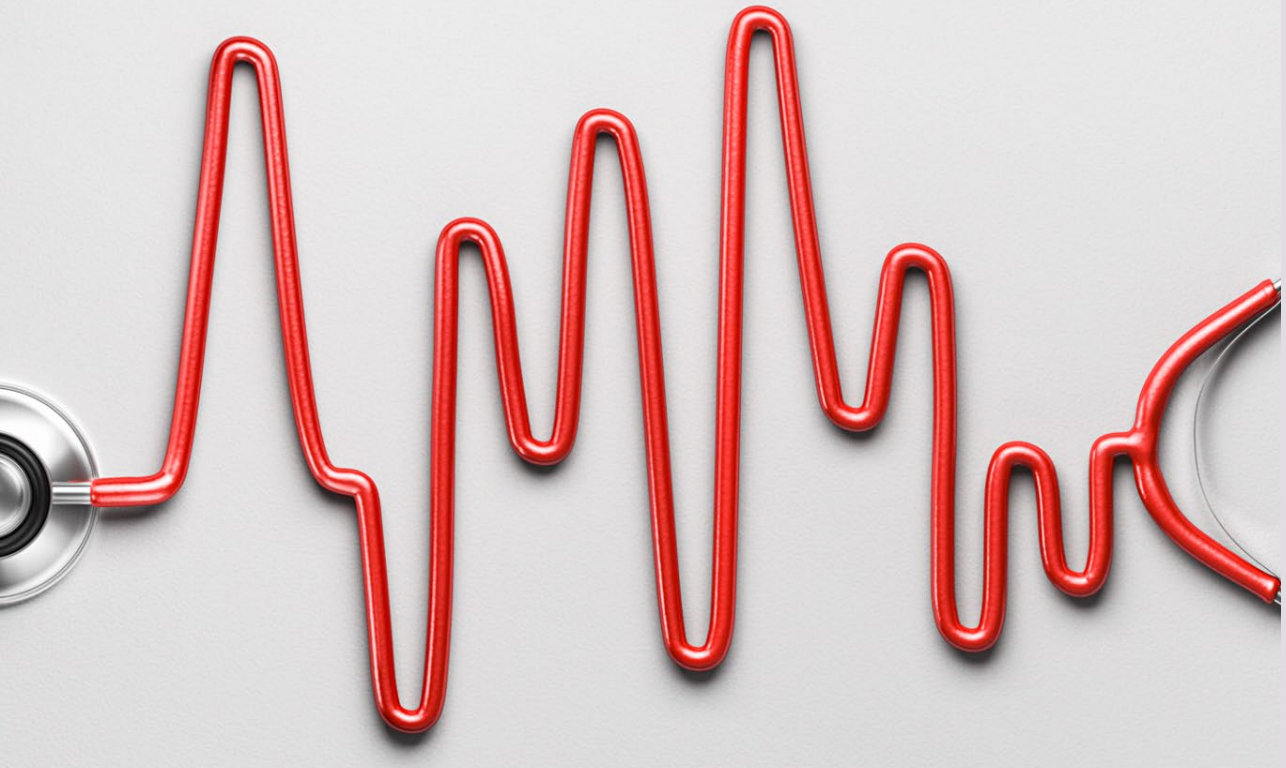

Roadblocks

- Schedule availability
- Staffing levels
- Policy development
- Non-compliance

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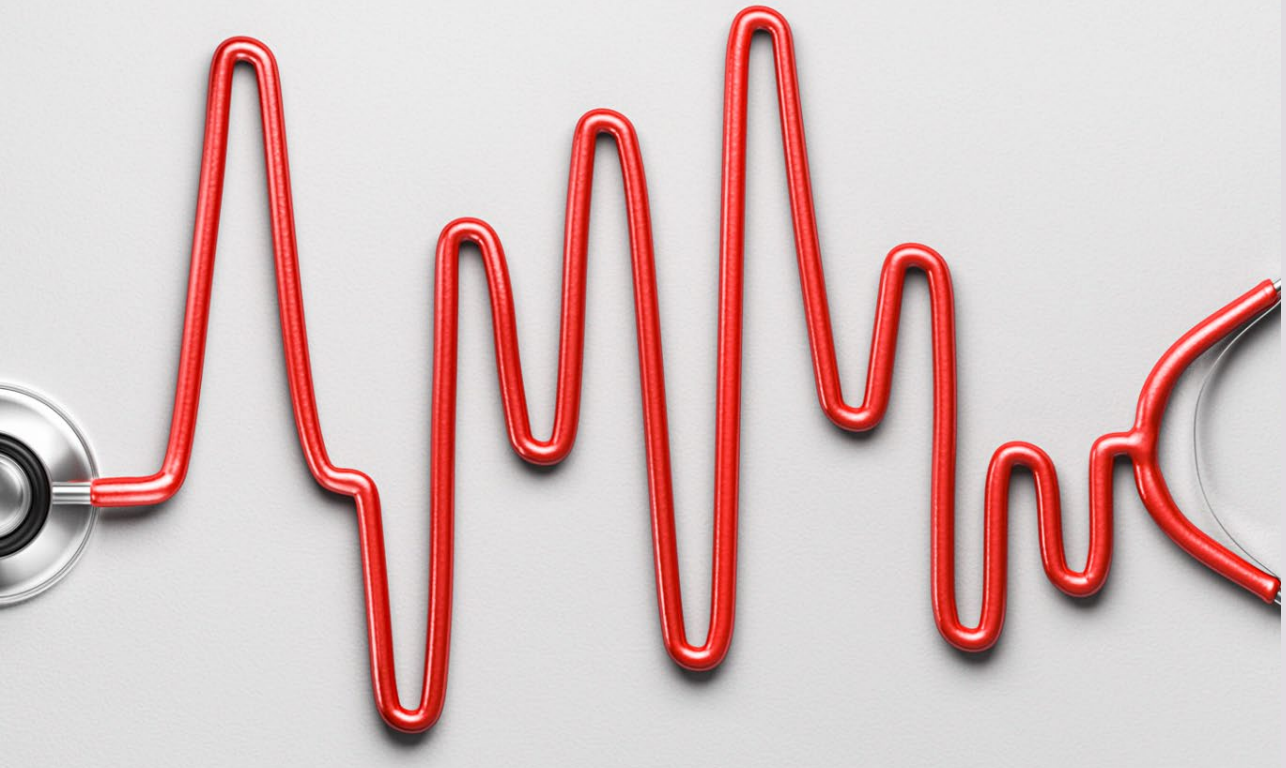
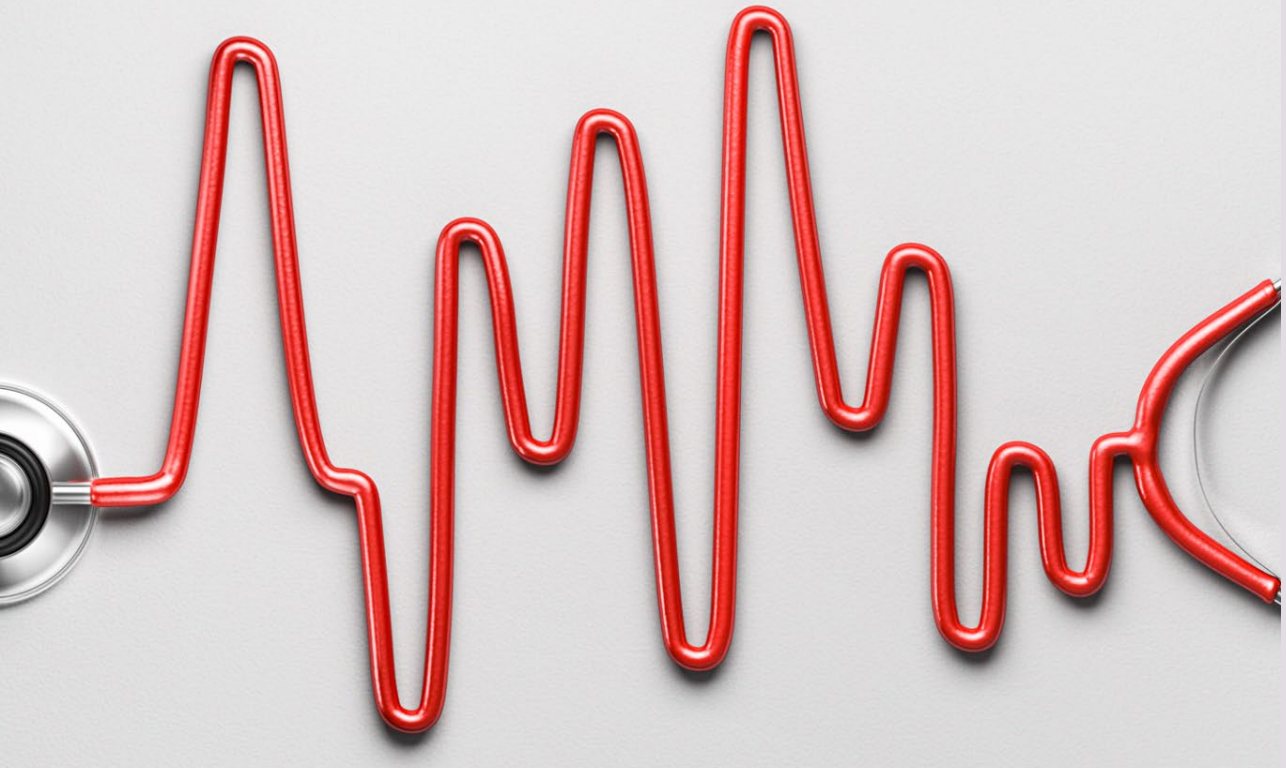


Safety Nets

- Medication refills
- Tracking tools
- Chart audits
- Staff training



Common Findings

- Results not sent to patient
- Follow-up appointment not scheduled
- Tracking system not established

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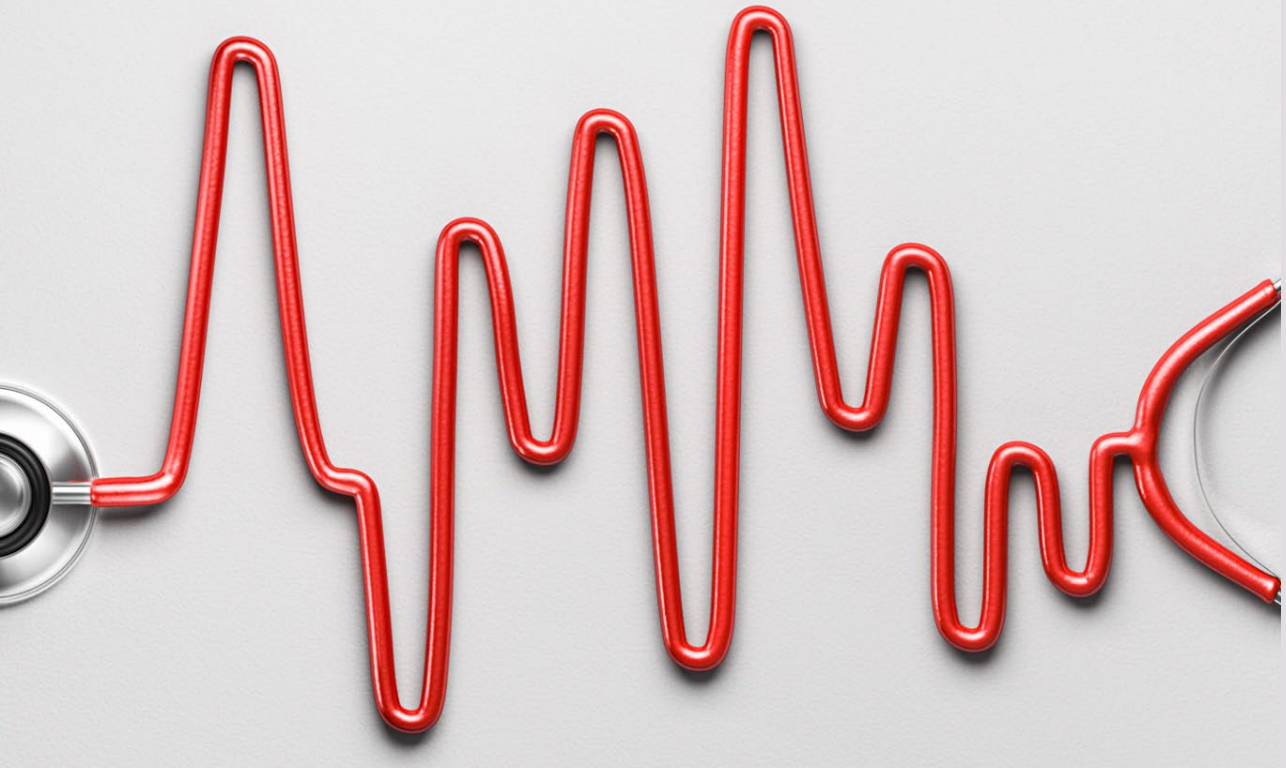

Helpful Tips

- Administrative Chart Audits
- Spreadsheets
- Referral Coordinator
- Chronic Care Management (CCM)

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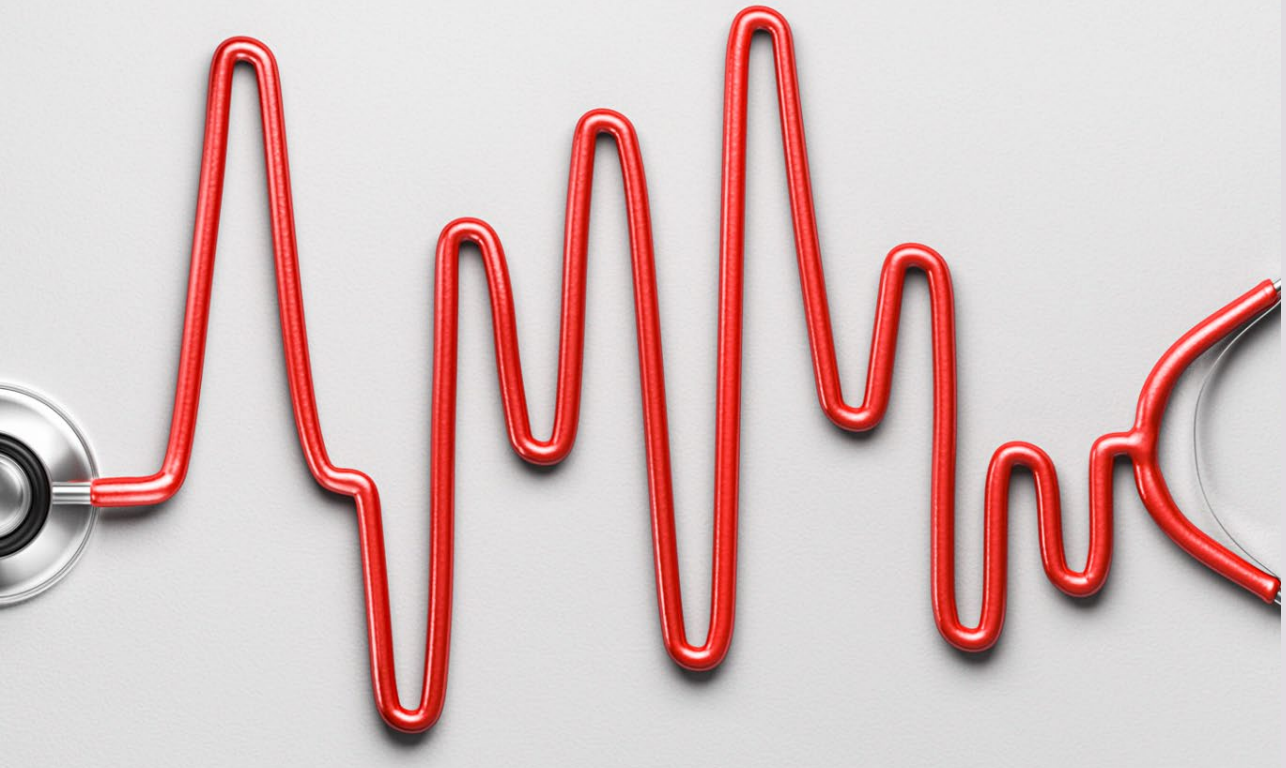

Documentation

- Notes in record of all communication
- Patient portal
- Patient summaries

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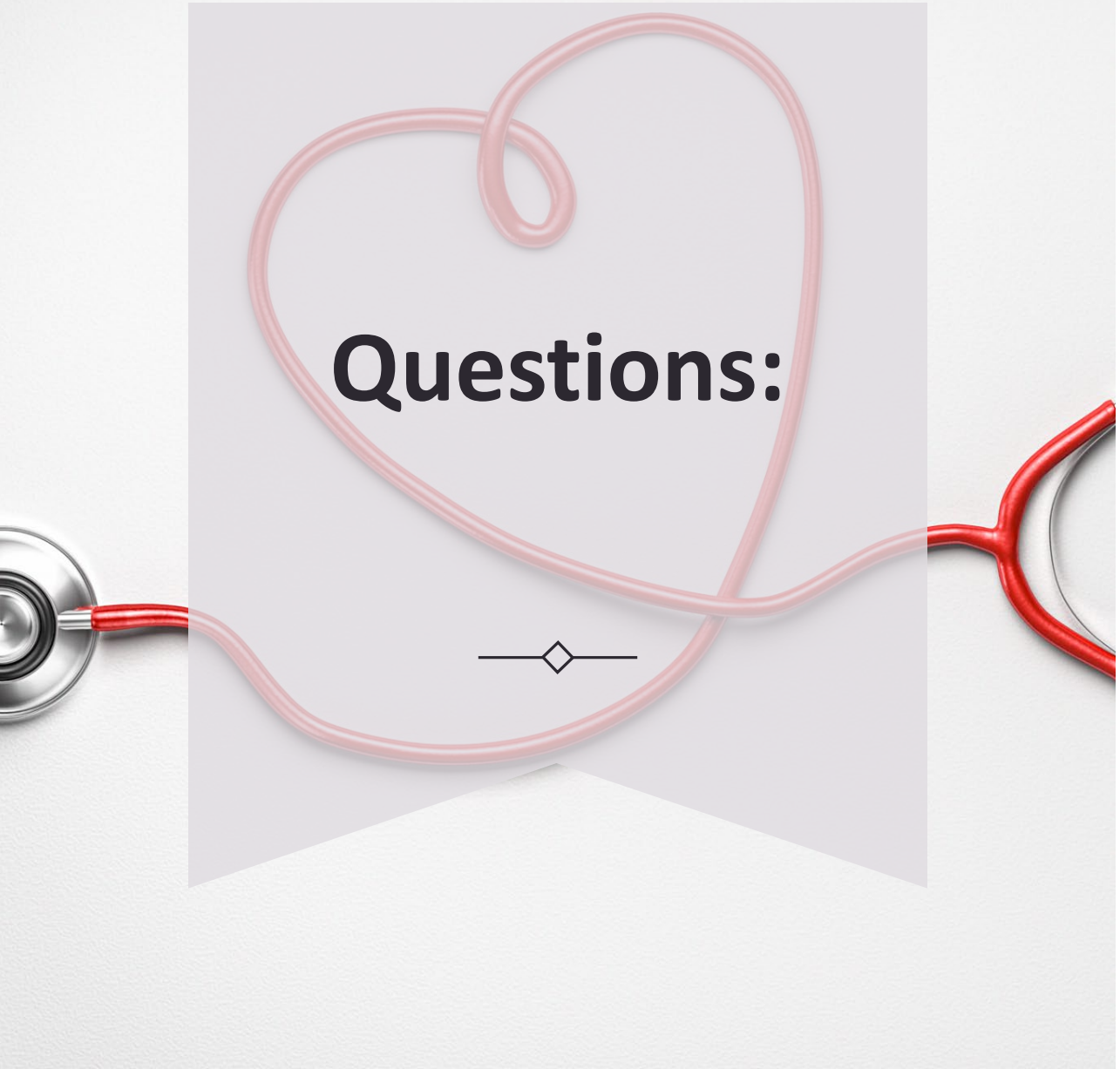

Questions:

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