Practice Toolkit: Medical Record Completion

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by Ronald Hirsch, MD

Medical record completion compliance has always been a problem at Sherman Hospital, a medium-sized community hospital in Elgin, IL. The number of incomplete charts often exceeded the standard set by the Joint Commission on Accreditation of Healthcare Organizations, risking a type I violation. Previous HIM committee chairpersons had tried multiple methods to improve compliance, all failing.

As at many institutions, Sherman's bylaws authorized the withdrawal of clinical privileges for medical record violations. Since many of the worst offenders were also the biggest admitters to the hospital, the administration backed off when faced with loss of patient volume to competing hospitals.

One short-lived alternative to suspension was to deactivate the parking garage card key of any physician in bad standing. This was effective until an obstetrician broke through the gate when his card key did not work and he had to rush to a delivery.

A New Plan

A Joint Commission visit a few years ago, however, changed the landscape at Sherman Hospital, as medical record completion and compliance with bylaws became a key target. The organization determined that dramatic change was necessary or accreditation was at risk.

The HIM committee proposed a radical plan—remove the provision of suspension from the bylaws and implement a fining system that was sure to result in compliance. The plan also included rewarding physicians who were always compliant with their record completion.

In 2004 the organization instituted the following procedure. Physicians with records that were six weeks delinquent were placed on a list, which was updated every two weeks. If they were on the list three consecutive times, they were fined $250. An additional fine of $125 was assessed if the physician failed to complete the records after another two weeks. After each subsequent two weeks, if the records were not completed, the fine doubled and was added to the previously accumulated fines. So the next fine was $250, then $500, then $1,000, and so on.

Physicians were required to pay all of their fines prior to medical staff reappointment, with those fines deposited into a medical staff account to benefit physicians. The monetary fining began 12 weeks after the delinquent document was due, allowing a liberal grace period. HIM staff were also available 24 hours a day to assist physicians in completing their records.

As a reward system, every month a physician was randomly selected from those who had not appeared on the delinquent list in the last six months and given a $100 restaurant gift certificate. Every six months 10 physicians were chosen as finalists, with the final drawing held at the quarterly staff meeting. The winner received $1,000 cash. Funds for this were allocated from the medical staff account. We publicized the criteria for prize eligibility and prominently displayed the winners' names.

Money Talks

The results were excellent. The number of incomplete records quickly dropped and stayed far below the Joint Commission standard. We still had the same chronic offenders waiting until the day before the first fine was to be assessed, and we had one physician pay an $8,000 fine. But overall we were ecstatic with the results.

But the true test of the fining and reward system came in November 2004 when Sherman Hospital implemented an electronic health record management system. Because we required physicians use the system for electronic signature of dictated documents and accessing all clinical data, the administration suspended fining for several months during the training period.

Within two months our delinquent chart counts were at their highest levels ever, approaching double the Joint Commission standard. After six months we felt physicians were comfortable with the system. The bugs had been worked out, and we feared the delinquent chart number would climb even higher, so we reinstituted the fines and rewards.

Within three weeks of publicizing the reinstitution of the fines and rewards, we were back below the standard. As a reward for the medical staff's help in catching up and to symbolize our move to the electronic age of medical records, we awarded an iPod to a randomly chosen physician at the quarterly staff meeting.

Although we are not sure if the prospect of a reward or the threat of a fine has gotten us to this point, we are happy with the result. And as long as the medical staff will finance the rewards, we will continue with our "carrot and stick" method for medical record completion compliance.

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