

## MEDICAL RECORD SERVICES

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
<b>ORGANIZATION</b>					
Does each outpatient and inpatient who have been evaluated or treated at your hospital have a medical record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-0431 COP §482.24					
Does your Medical Record Service have a system that assures:					
a. timely processing of records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. coding/indexing of the record system that protects the confidentiality of medical information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. compiling and retrieval of data and quality assurance activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. authentication and security of patient records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. assuring patients direct access to his/her entire medical record except for information reasonably likely to cause substantial harm to the individual or another person as determined by the patient's physician and the patient's representative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. a written authorization of the patient or legal representative is required for access to, or for the release of information, copies or excerpts to persons not otherwise permitted to receive this information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. electronic patient records is controlled access through standard measures, such as business rules defining access, passwords, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. medical records may only be removed from the hospital premises by court order, subpoena, or Federal or State laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. electronic records are stored by a mechanism that prevents the loss of part or all of the record from the medical record system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. completion of records demonstrated by randomly sampling patient charts for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. circumstances in which incomplete medical records may be closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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A-0432 COP §482.24(a) A-0438 COP §482.24(b) A-0441 COP §482.24(b)(3) A-0148 COP §482.13(d)(2) RSMo 191.227					
Does your hospital have policies in place that defines the process for limiting the disclosure of a patient's medical record with and without permission?  A-0441 COP §482.24(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>STAFF</b>					
Do you employ adequate personnel to ensure prompt completion, filing and retrieval of records as demonstrated by staffing schedules?  A-0432 COP §482.24(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>RECORD RETENTION</b>					
Are records maintained:					
a. for all inpatient and outpatient encounters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. so that inpatient and outpatient records can be cross-referenced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. at least 10 years for adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. until a minor reaches his/her 20th birthday or 10 years whichever occurs later?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. in their original or legally reproduced form in hard copy, microfilm, computer memory or electronic storage media?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. so as to safeguard them against unauthorized access, loss, theft, defacement, tampering, reproduction and damage from fire and/or water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. according to hospital policy that ensures that the "original" medical records are retained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<p>unless their release is mandated by Federal or State law, court order or subpoena?</p> <p>A-0438 COP §482.24(b)  A-0439 COP §482.24(b)(1)  A-441 COP §482.24(b)(3)  19 CSR 30-20.015(17)</p>					
<p>Can records be quickly retrieved by diagnosis and procedure?</p> <p>A-0440 COP §482.24(b)(2)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Are precautions taken to ensure the accuracy and security of all patient records?</p> <p>A-0438 COP §482.24(b)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Can you demonstrate through a random chart audit the precautions that are in place to prevent physical or electronic altering of content previously recorded in the medical record?</p> <p>A-0441 COP §482.24(b)(3)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Are medical records only disclosed, without a patient's authorization, when related to payment operations and/or health care operations (e.g. QAPI activities, utilization review, audits, competency assessment, etc.)?</p> <p>A-0441 COP §482.24(b)(3)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Can you demonstrate, through written proof from the patient, approval for release or access to their health information for anyone not otherwise authorized to receive this information?</p> <p>A-0441 COP §482.24(b)(3)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>RECORD CONTENT</b>					
<p>Are all entries in the medical record:</p> <p>a. legible and complete?</p> <p>b. only made by individuals specified in hospital and medical staff policies?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<p>c. timed, dated and authenticated by name and discipline by the individual responsible for ordering, providing or evaluating the service furnished?</p> <p>A-0449 COP §482.24(c) A-0450 COP §482.24(c)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does your hospital specify the methods by which medical records may be authenticated?</p> <p>A-0450 COP §482.24(c)(1)</p> <p>Note: Medical records maybe authenticated by signatures initials; reviewing documents on-line and entering a computer code; reviewing individual records then signing off against a list of entries; a mail system in which transcripts are sent to the physician for review and he/she signs and returns a postcard identifying the record and verifying its accuracy; and rubber stamps.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>If rubber (signature) stamps are permitted:</p> <p>a. does the hospital have a statement signed by the practitioner that he/she is the only one who has and uses the stamp?</p> <p>b. is the statement kept in administration along with a copy in medical records?</p> <p>A-0450 COP §482.24(c)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Can you verify that rubber (signature) stamps only are used by the practitioner who has that signature and that its use is not delegated to anyone else?</p> <p>A-0450 COP §482.24(c)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>If computer or other codes are used, are the codes and written signatures readily available and maintained under adequate safeguards?</p> <p>A-0450 COP §482.24(c)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>When parts of the medical record which are the responsibility of the physician are delegated to a non-physician, are they reviewed, dated and authenticated by the responsible physician within the required time period?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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A-0450 COP §482.24(c)(1)					
Can you verify that physicians do not authenticate reports before transcription?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-0450 COP §482.24(c)(1)					
Do all medical records contain the following:					
a. admitting diagnosis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. results of all consultative evaluations and appropriate findings by clinical and other staff involved in the patients care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. reports of complications, healthcare-associated infections and unfavorable reactions to drugs and anesthesia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. history and physical including family history, completed by a physician , an oromaxillofacial surgeon, or other qualified individual in accordance with state law and hospital policy no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia except in cases of emergency or according to hospital policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. documentation of an updated examination being done within 24 hours of admission or prior to surgery/procedure requiring anesthesia, including any changes in the patient's condition, if the H&P was completed within 30 days or according to hospital policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. a history and physical placed in the medical record within 24 hours after admission and registration but prior to surgery or procedure requiring anesthesia services, except in the care of emergencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. an assessment completed and documented after registration, but prior to surgery or a procedure requiring anesthesia services, when the patient is receiving specific outpatient surgical or procedural services and when the medical staff has chosen to develop and maintain a policy that identifies specific patients as not requiring a comprehensive medical history and physical examination, or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		





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Can you demonstrate that standing orders are not used for restraints or seclusion?  A-0457 COP §482.24(c)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>If your facility utilizes standing orders:</p> <p>a. are policies and procedures in place to address the process by which a standing order is developed, approved, monitored, initiated by authorized staff, and subsequently authenticated by physicians or other practitioners responsible for the patient's care?</p> <p>b. do they contain specific criteria for which a nurse or other authorized person can initiate a particular standing order?</p> <p>c. do policies and procedures address training and education of staff regarding when and how to initiate standing orders?</p> <p>d. is the order added to the chart as soon as possible at the time or shortly thereafter initiation?</p> <p>e. does the practitioner responsible for the care of the patient acknowledge and authenticates the initiation of all standing orders?</p> <p>Note: Influenza and pneumococcal vaccines are exempt.</p> <p>A-0457 §482.24(c)(3)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>INFORMED CONSENT</b>					
Does the medical record also include properly executed informed consent forms for procedures and treatments as specified by the medical staff, or by Federal or state law?  A-0466 COP §482.24(c)(4)(v)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>At a minimum, does the informed consent contain:</p> <p>a. name of hospital where the procedure or other type of medical treatment is to take place?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



**Key Resources and Links**

[CMS State Operations Manual Appendix A](#)