

CRITICAL ACCESS HOSPITALS

MEDICAL RECORD SERVICES					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Does your Medical Record Services 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. the use of authentication systems including appropriate sanctions for the unauthorized or improper use of computer codes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. that 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"/>		
h. that medical records may only be removed from the hospital premises by court order, subpoena, to microfilm or for off-site storage approved by the governing body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. circumstances in which incomplete medical records may be permanently filed by order of the medical record committee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. should the hospital cease to be licensed, arrangements have been made for the disposition of the patient medical records with nearby hospitals, the patient's physician or a reliable storage company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. that the Department of Health and Senior Services is notified of the disposition of these records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. that if separate inpatient and outpatient records are maintained, the records can be appropriately cross referenced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there a mechanism for the review and evaluation on a regular basis of the quality of medical record services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you employ adequate personnel to ensure prompt completion, filing and retrieval of records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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as demonstrated by staffing schedules?					
Is the director of medical records: a. a qualified registered record administrator, or b. an accredited record technician, or c. an individual with demonstrated competence and knowledge of medical record activities supervised by a qualified consultant who is a registered record administrator or accredited record technician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does every medical record contain a unique identifying record number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are admission forms designed to record pertinent identifying and personal data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are records maintained: a. for all inpatient and outpatient encounters? b. so that inpatient and outpatient records can be cross-referenced? c. at least 10 years for adults? d. until a minor reaches his/her 23rd birthday or 10 years whichever occurs later? e. in their original or legally reproduced form in hard copy, microfilm or electronic form? f. so as to safeguard them against loss, defacement, tampering and damage from fire and/or water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Can records be quickly retrieved by diagnosis and procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the medical record of any patient treated in the past 6 years at any location of the CAH promptly retrievable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are precautions taken to ensure the accuracy and security of all patient records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are medical records only released for patient care evaluation, utilization review, treatment, quality assurance, in-house educational purposes or as dictated federal or state law or by hospital policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all patient records: a. accurate and promptly completed? b. easily retrieved and readily accessible? c. recorded in ink, typewritten or electronically recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<p>Are all entries in the medical record:</p> <p>a. only made by individuals specified in hospital and medical staff policies?</p> <p>b. timed, dated and authenticated by name and discipline by the individual responsible for ordering, providing or evaluating the service furnished?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does your hospital specify the methods by which medical records may be authenticated? (Medical records maybe authenticated by: 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>	<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>	<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>	<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"/>		
<p>Can you verify that physicians do not authenticate reports before transcription?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Is the verbal order signed or initialed by the prescribing practitioner (must be the earlier of the following):</p> <p>a. the next time the prescribing practitioner provides care to the patient, assesses the patient or documents information in the</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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medical record b. within time frames defined by the medical staff in cooperation with nursing and administration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
When the ordering practitioner is not able to authenticate his or her verbal order, does a covering practitioner co-sign the verbal order indicating that the covering practitioner assumes responsibility for his/her colleague's order as being complete, accurate and final?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are only abbreviations and symbols approved by the medical staff used in the medical records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does each abbreviation or symbol only have one meaning and is an explanatory legend available (unless otherwise readily defined in the context of use per 3/6/07 DHSS letter)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do all medical records contain the following: a. unique identifying record numbers and pertinent, identifying personal data? b. admitting diagnosis and if injury, how the injury occurred? c. consultation report documented as required by medical staff policy? d. reports of complications, hospital-acquired infections and unfavorable reactions to drugs and anesthesia? e. consent forms that include the name and signature of patient or legal guardian if appropriate, hospital name, procedure, practitioner(s), date and time consent obtained, statement that procedure was explained to patient or guardian and signature of the professional person witnessing the consent and name/signature of person who explained the procedure to the patient or guardian? f. history and physical including family history, completed by a physician (or delegated to other practitioners and reviewed, signed and approved by the physician) no more than seven days before or 24 hours after admission? (A H&P completed in the last 30 days may be used if a physician re-assesses the patient and makes a note in the chart regarding the reassessment.) g. timed and dated practitioners' orders and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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Helpful Hints

Key Resources and Links

- [19 CSR 30-20.094](#)
- [19 CSR 10-10.040](#)
- [19 CSR 10-10.060](#)
- [COP §485.635\(b\)\(1\)](#)
- [COP §485.635\(d\)\(3\)](#)
- [COP §485.638](#)
- [COP §485.639](#)
- [RSMo 194.384](#)