



## MEDICAL RECORD SERVICES

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Is there a mechanism for the review and evaluation on a regular basis of the quality of medical record services? 19 CSR 30-20.94(15)	<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"/>		
Is the director of medical records: a. a qualified registered health information administrator, or b. an accredited health information technician, or c. an individual with demonstrated competence and knowledge of medical record activities supervised by a qualified consultant who is a registered health information administrator or accredited health information technician? 19 CSR 30-20.94 (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>RECORD RETENTION</b>					
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 20th birthday or 10 years whichever occurs later? e. in their original or legally reproduced form in hard copy, microfilm, computer memory or electronic storage media? f. so as to safeguard them against unauthorized access, loss, theft, defacement, tampering, reproduction and damage from fire and/or water? g. according to hospital policy that ensures that the "original" medical records are retained unless their release is mandated by Federal or State law, court order or subpoena? A-0438 COP §482.24(b) A-0439 COP §482.24(b)(1) A-441 COP §482.24(b)(3) 19 CSR 30-20.094(14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Can records be quickly retrieved by diagnosis and procedure? A-0440 COP §482.24(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are precautions taken to ensure the accuracy and security of all patient records? A-0438 COP §482.24(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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? A-0441 COP §482.24(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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.)? A-0441 COP §482.24(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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? 19 CSR 30-20.94(5) A-0441 COP §482.24(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have an arrangement for disposition of medical records with a nearby hospital, patient's physician, or a reliable storage company if your hospital should cease to be licensed and notified the DHSS of the disposition? 19 CSR 30-20.94(16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>RECORD CONTENT</b>					
Are all entries in the medical record: a. legible and complete? b. only made by individuals specified in hospital and medical staff policies? c. timed, dated and authenticated by name and discipline by the individual responsible for ordering, providing or evaluating the service furnished? 19 CSR 30-20.94(2) A-0450 COP §482.24(c)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does your hospital specify the methods by which medical records may be authenticated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<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> <p><b>Note: Under 19 CSR 30-20.094(3) orders may only be authenticated by written signatures, initials or computer generated codes.</b></p>					
<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"/>  <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> <p>A-0450 COP §482.24(c)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Can you verify that physicians do not authenticate reports before transcription?</p> <p>A-0450 COP §482.24(c)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the hospital have a policy that includes abbreviations, acronyms, symbols, and dose designations approved by the medical staff for use in the hospital and those prohibited from use?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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19 CSR 30-20.94(4)					
Do you have a list of prohibited abbreviations (called unapproved abbreviations by TJC) approved by the medical staff and ensure that they are not used on orders, preprinted forms, and medication-related documents? 19 CSR 30-20.94(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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?	<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?	<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. practitioners' orders and progress notes, nursing notes, treatment reports, medication records, (if applicable, radiology, laboratory, ECGs, surgical procedures, therapy, anesthesia, pathology and autopsy reports), vital signs and other information necessary to monitor the patient's condition, justify admission and continued hospitalization, support the diagnosis, and describe the patient's progress and response to medications and services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. discharge summary with outcome of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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hospitalization, disposition and provisions for follow-up care? i. final diagnosis with completion of medical records within 30 days of discharge? A-0463 COP §482.13(c)(4)(ii) A-0464 COP §482.24(c)(4)(iii) A-0465 COP §482.24(c)(4)(iv) A-0458 COP §482.24(c)(4)(i)(A) A-0461 COP §482.24(c)(4)(i)(B) A-0467 COP §482.24(c)(4)(vi) A-0468 COP §482.24(c)(4)(vii) A-0469 COP §482.24(c)(4)(viii) 19 CSR 30-20.94(9)(C) 19 CSR 30-20.094(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>ORDERS</b>					
If preprinted order sets are used, a. does the practitioner sign, date, and time the last page of the orders? b. does the last page also identify the total number of pages in the order set? c. are any changes (additions, deletions, or strike outs) initialed/signed at the bottom of that page and where the specific change is made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If a pre-established electronic order set is used, does the practitioner sign, date and time the final order that contains all the selections made? A-0450 COP §482.24(c)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all orders, including verbal orders recorded in the medical record and authenticated by the ordering practitioner or other practitioner responsible for the care of the patient according to hospital policy but no later than 30 days?  Note: Order authentication under 19 CSR 30-20.094(3) only includes written signatures, initials or computer generated codes. 19 CSR 30-20.094(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all orders, including verbal orders, received dated, timed and authenticated by the receiver according to hospital policy? A-0454 COP §482.24(c)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the verbal order promptly authenticated, dated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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and timed by the prescribing practitioner or other practitioner responsible for the patient's care in accordance with the hospital policies and medical staff bylaws and scope of practice? 19 CSR 30-20.94(3) A-0454 COP §482.24(c)(2)					
If the verbal order is authenticated, dated and timed by a practitioner other than the prescribing practitioner, does the prescribing practitioner also sign the verbal order within a time frame established by the hospital? A-454 COP §482.24(c)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are your pre-printed and electronic standing orders, order sets, and protocols: a. approved by medical staff, nursing, and pharmacy? b. aligned and consistent with nationally recognized and evidence-based guidelines? c. reviewed and revised regularly, at a minimum annually, to determine continued usefulness by medical staff, nursing, and pharmacy? d. dated, timed, and authenticated promptly in the patient's medical record by the ordering practitioner or another practitioner responsible for the care of the patient only if such practitioner is acting in accordance with State law, including scope of practice laws, hospital policies, and medical staff bylaws, rules and regulations? A-0457 COP §482.24(c)(3)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
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"/>		
If your facility utilizes standing orders: 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? b. do they contain specific criteria for which a nurse or other authorized person can initiate a particular standing order? c. do policies and procedures address training	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		





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<p>which material risks, benefits and alternatives will be discussed with the patient.</p> <p>e. signature of the patient or the patient's legal representative?</p> <p>f. date and time the informed consent form is signed by the patient or patient's representative?</p> <p>A-0466 COP §482.24(c)(4)(v)</p> <p>Note: All see A-0466 Interpretive Guidelines for additional recommendations for informed consent, surgical services section and COP §482.51(b)(2).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>OTHER</b>					
<p>Is a certificate of each child born alive prepared by the physician or other person in attendance and forwarded to the local registrar within five days after delivery date?</p> <p>Note: If the physician or other person in attendance does not complete within five days, the person in charge of the institution may complete and sign the certificate. See also 19 CSR 10-10.040 Filing a Certificate of Live Birth 19 CSR 30-20.94(10)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>For each dead fetus that is delivered, is a certificate prepared by the person in charge of the institution or his/her designated representative and forwarded to the local registrar within seven days after delivery? See also 19 CSR 10-10.060 Report of Fetal Death 19 CSR 30-20.94(11)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the medical record contain evidence that the mother was given options for the disposition of the fetal remains in accordance with 194.384 RSMo?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Do medical records of deceased patients contain the date and time of death, autopsy permit if granted, disposition of the body by whom and when?</p> <p>19 CSR 30-20.94(12)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Is the state anatomical board notified of</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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unclaimed dead bodies and a record of this notification maintained? 19 CSR 30-20.94(13)					

### Helpful Hints

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### Key Resources and Links

- [COP §482.57](#)
- [COP §482.24](#)
- [COP §482.51](#)
- [19 CSR 10-10.060](#)
- [19 CSR 10-10.040](#)
- [19 CSR 30-20.94](#)
- [RSMo 194.384](#)
- [RSMo 191.227](#)